

Publication Report



Percentage of End of Life Spent at Home or in a Community Setting

Financial years ending 31 March 2006 to 2010

30 August 2011

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About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

Introduction

The [NHS Healthcare Quality Strategy](#) was launched in May 2010 by the Scottish Government with the aim of delivering high quality healthcare services to all the people of Scotland. A direct action identified by the Quality Strategy was to develop a [Quality Measurement Framework](#) supporting a number of Quality Outcome Measures (QOMs). These measures cover a range of healthcare topics including; care experience, healthcare acquired infections, hospital mortality rates and end of life care.

Quality Outcome Measure 10: Percentage of last six months of life spent at home or in a community setting

QOM10 focuses on measuring the impact of "[Living and Dying Well: A National Action Plan for Palliative and End of Life Care in Scotland](#)" and in particular on its objective to "produce achievable and measurable changes which will ensure quality improvement and enhance patient and carer experience".

Ideally, this measure would relate directly to the preferred place of care at the end of life. However, this can change over time and is, therefore, difficult to track. National data is not currently available at this level of detail so it is not possible to focus the measure directly on preferred place of death.

In the meantime, the proportion of time spent at home or in a community setting towards the end of life provides a high level indication of progress in implementation of the national action plan. These data can be inferred by measuring the amount of time spent in an acute setting during the last months of life (using hospital admissions data) and from this estimating the time spent at home or in a community setting.

It is envisaged that an increase in this measure will reflect both quality and value through more effective, person centred and efficient end of life care with people being better able to be cared for at home or closer to home with a planned approach to end of life care resulting in less time in an acute setting.

Published for the first time, these data are presented by financial year from 2005/06 to 2009/10 at Scotland, Health Board, Council Area and Community Health Partnership level.

The measure is under development and the definitions are subject to change in light of stakeholder feedback. This may result in future revisions to the published data in accordance with ISD's revisions policy.

ISD is currently engaging in a consultation exercise with NHS boards, local authorities, voluntary sector organisations and Scottish Government on the definitions of this measure. The responses received will inform the measure's further development and it is our intention to enhance future presentations of the data to include demographic and equality group detail such as age, gender and ethnicity (when data becomes available).

Key points

- At Scotland level 2009/10 data shows that, on average, the proportion of the last 6 months of life spent at home or in a community setting is 90.7%.
- This represents a marginal increase from 90.4% in 2005/06.
- Across health boards, the proportion of the last six months of life spent at home or in a community setting in 2009/10 varies between 88.4% and 93.6%.

Results and Commentary

Table 1 below shows the percentage of the last 6 months of life spent at home or in a community setting. These data are also illustrated in Figure 1. Data are shown for financial year 2005/06 to 2009/10 at Scotland and health board level. For Council and C HP level information, please see [data tables](#).

Table 1: Percentage of last 6 months of life spent at home or in a community setting (Health Board of Residence)

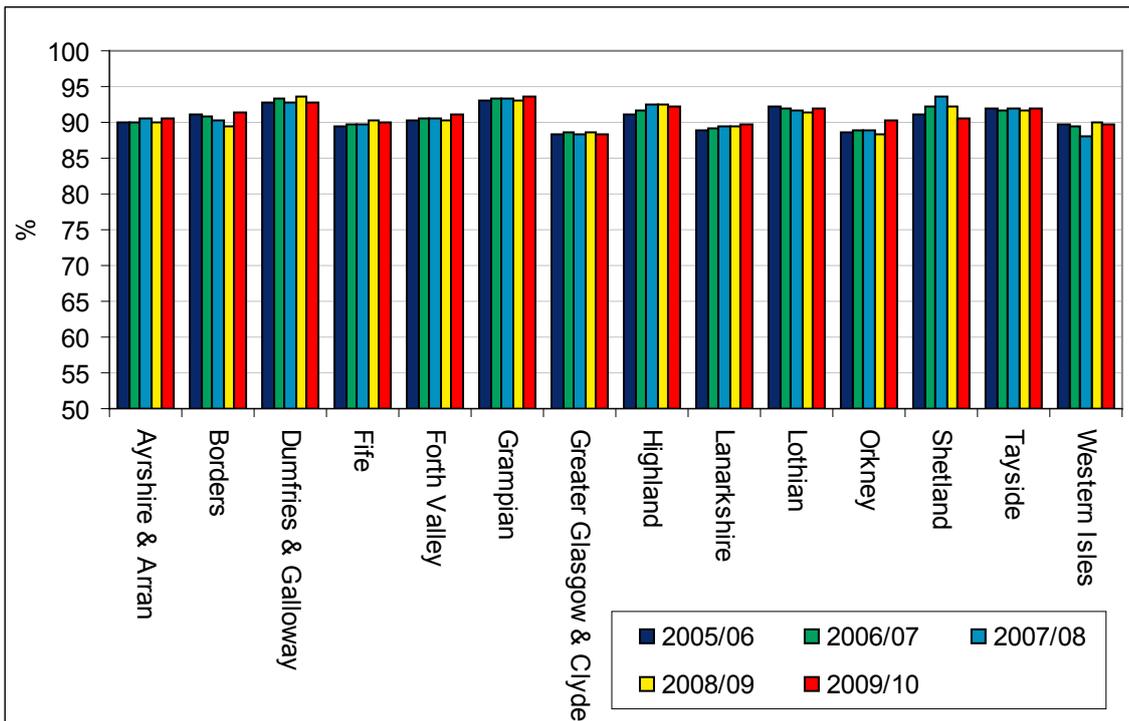
Health Board of Residence	2005/06	2006/07	2007/08	2008/09	2009/10
Ayrshire & Arran	90.1	90.1	90.6	90.1	90.5
Borders	91.1	90.9	90.2	89.4	91.4
Dumfries & Galloway	92.7	93.4	92.7	93.5	92.7
Fife	89.5	89.7	89.8	90.3	90.1
Forth Valley	90.3	90.7	90.6	90.3	91.1
Grampian	93.1	93.2	93.5	93.0	93.6
Greater Glasgow & Clyde	88.4	88.6	88.3	88.5	88.4
Highland	91.0	91.7	92.6	92.5	92.2
Lanarkshire	88.9	89.3	89.5	89.6	89.7
Lothian	92.1	92.0	91.8	91.5	91.9
Orkney	88.6	89.0	89.0	88.4	90.3
Shetland	91.1	92.1	93.7	92.2	90.6
Tayside	91.9	91.6	91.9	91.7	92.0
Western Isles	89.7	89.4	88.1	89.9	89.6
Scotland	90.4	90.5	90.6	90.5	90.7

At Scotland level, there has been a marginal increase in the proportion of the last 6 months of life spent at home or in a community setting (from 90.4% in 2005/06 to 90.7% to 2009/10). Since this calculation is based on the 6 months prior to death, it means that for people who died in 2005/06, on average 165 of a possible 182.5 days in this period were spent at home or in a community setting. The other 17.5 days were spent in an acute hospital. In 2009/10, 165.5 days were spent at home or in a community setting. Thus, there has been an increase in 0.5 days spent at home or in a community setting for people in the last six months of life.

In 2009/10 at health board level, the percentage of time spent at home or in a community setting ranged from 88.4% (approximately 161 days out of a possible 182.5 days) to 93.6% (approximately 171 days out of a possible 182.5 days). It should be noted, however, that caution should be used when comparing health board data due to different uses of community hospitals in urban and rural areas.

Overall these data show that there is little variance over time in the percentage of the last six months of life spent at home or in a community setting.

Figure 1: Percentage of last 6 months of life spent at home or in a community setting (Health Board of Residence)



Please note: Caution should be used when comparing health board data due to different uses of community hospitals in urban and rural areas.

Source: ISD SMR01 linked catalogue / GRO(S) deaths

Notes on interpretation:

In order to calculate bed days spent in an acute hospital, all hospitals which appear on the hospital admission dataset (SMR01) have been categorised as either “acute” or “other”. Community hospitals fall into the “other” category and are excluded when calculating acute bed days. There are limitations to defining the exclusions in this way particularly as the use of community hospitals differ across Scotland. In broad terms, however, bed days spent in community hospitals represent a step closer to primary / community health care.

The measure currently includes people of all ages, however it is recognised that older people are more likely to require palliative care services.

The measure excludes deaths due to external causes (eg unintentional injuries) as these are unlikely to be related to the palliative care agenda.

Please see [data tables](#) for a full listing of these criteria.

Glossary

Palliative Care	Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.
Bed day	Unit of measurement relating to an overnight stay in an inpatient hospital bed
Acute Hospital	Acute hospitals are those intended for short-term medical and/or surgical treatment and care. In context of this measure the definition excludes dental, psychiatric and obstetric hospitals
Community Hospital	A local hospital, unit or centre providing an appropriate range and format of accessible health care facilities and resources.
Community setting	Any residential setting outside of acute hospitals eg home, care home, hospice, community hospital.

List of Tables

Table No.	Name	Time period	File & size
1	Percentage of end of life spent at home or in a community setting	2005/06-2009/10	Excel [119kb]

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Further Information

Further details on End of Life Care can be found on the [End of Life Care](#) section of the ISD website.

Further information on ISD publications can be found on the [ISD website](#)

Appendix

A1 Background Information

End of life care (palliative care) is an important, integral aspect of the health care provided to those living with and dying from any advanced or progressive and life-threatening condition. It is now possible to predict the progress of many of these conditions, enabling a planned approach to end of life care in ways which reflect, as far as possible, the needs and wishes of patients, carers and their families.

[Living and Dying Well: A National Action Plan for Palliative and End of Life Care in Scotland](#) was published in 2008 with the aim to provide focus and momentum to improve palliative and end of life care for everyone in Scotland who requires it regardless of their geographic or demographic circumstances, and to encourage efficient collaborative practice across health care, social care and voluntary sectors.

More recently (May 2010), the [NHS Healthcare Quality Strategy](#) was launched with the aim of delivering high quality healthcare services to people in Scotland. A direct action identified by the Quality Strategy was to develop a [Quality Measurement Framework](#) supporting a number of Quality Outcome Measures (QOMs). These measures cover a range of healthcare topics including; care experience, healthcare acquired infections, hospital mortality rates and end of life care.

ISD have been working in support of the Quality Measurement Framework to develop Quality Outcome Measure 10: *'The percentage of last 6 months of life spent at home or in a community setting'*.

The proportion of time spent at home or in a community setting towards the end of life provides a high level indication of progress in implementation of the national action plan. These data can be inferred by measuring the amount of time spent in an acute setting during the last months of life (using hospital admissions data) and from this estimating the time spent at home or in a community setting.

It is envisaged that an increase in this measure will reflect both quality and value through more effective, person centred and efficient end of life care with people being better able to be cared for at home or closer to home with a planned approach to end of life care resulting in less time in an acute setting.

Over time, an increase in the proportion of time spent at home / in a community setting at the end of life would indicate an improvement in the quality and efficiency of palliative care. This increase would be expected in the medium to long term as a result of an increase in the use of anticipatory care plans and electronic palliative care summaries.

This measure is based on SMR01 returns covering non-obstetric, non-psychiatric hospitals in Scotland. Information on SMR data completeness can be found on the [ISD Data Monitoring Service webpage](#).

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Percentage of last 6 months of life spent at home or in a community setting
Description	Percentage of time in the last 6 months of life that are spent outside of an acute hospital setting. Figures are presented at health board, local authority and CHP levels.
Theme	Health and Social Care
Topic	Health and Social Care
Format	PDF publication report Excel tables
Data source(s)	SMR01/GRO
Date that data are acquired	13 July 2011
Release date	30 August 2011
Frequency	Annual
Timeframe of data and timeliness	Years ending 31 March 2005 - 2010 Year ending 31 March 2011 to be published later this year when data available
Continuity of data	
Revisions statement	This measure is at an early stage of development and is subject to review in future as feedback is received. Revisions to the published data may be necessary.
Revisions relevant to this publication	
Concepts and definitions	Policy concepts; http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality/QualityStrategy Methodology; Appendix 1 – Background Information
Relevance and key uses of the statistics	Making information publicly available; Allowing assessment of on implementation/impact of policies or targets
Accuracy	SMR01 standard validation processes; Wide stakeholder consultation on technical methodology
Completeness	SMR01 considered more than 99% complete for 2009/10 http://www.isdscotland.org/Products-and-Services/Hospital-Records-Data-Monitoring/SMR-Completeness/
Comparability	
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines. See attached link for further details: http://www.isdscotland.org/About-ISD/Accessibility/
Coherence and clarity	
Value type and unit of measurement	Proportion expressed as a percentage.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed: http://www.isdscotland.org/Products-and-Services/Data-

	Protection-and-Confidentiality/
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UK Statistics Authority Assessment	Not currently put forward for assessment
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A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)