

# Publication Report



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

Financial years ending 31 March 2009 to 2013

26 August 2014

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## 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 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 third time, these data are presented by financial year from 2008/09 to 2012/13 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.

## Key points

- In total for all people dying in Scotland during 2012-3 the percentage of the last 6 months of life spent at home or in a community was 91.2% continuing the trend of marginal increases year on year since 2008-9 when the rate was 90.4%
- Across health boards the percentage of the last 6 months of life spent at home or in a community setting varied between 89.0% and 93.9% in part reflecting the different use of community hospitals in different parts of the country
- The percentage of the last 6 months of life spent at home or in a community setting does not vary greatly but tends to be slightly lower among those in most deprived areas (89.9%) compared to less deprived areas (91.8%) and lower in large urban areas (90.2%) compared to remote areas (93.9%)
- There is little difference between males and females in the percentage of the last 6 months of life spent at home or in a community setting, while the oldest patients aged 85+ had the highest percentage at 92.2%.

## Results and Commentary

Table 1 below shows the percentage of the last six 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 2008/09 to 2012/13 at Scotland and Health Board level. For Council Area and CHP level information, please refer to the [data tables](#).

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

Health Board of Residence	2008/09	2009/10	2010/11	2011/12	2012/13
Ayrshire & Arran	90.0	90.4	90.8	91.0	91.1
Borders	89.3	91.2	91.1	90.8	91.7
Dumfries & Galloway	93.5	92.7	92.6	93.4	93.3
Fife	90.1	89.8	90.5	90.6	90.9
Forth Valley	90.2	90.9	91.2	91.8	91.6
Grampian	92.9	93.5	93.6	94.2	93.9
Greater Glasgow & Clyde	88.4	88.2	88.1	88.4	89.0
Highland	92.3	92.1	93.1	93.4	93.7
Lanarkshire	89.5	89.5	89.6	90.0	90.6
Lothian	91.3	91.5	91.4	91.9	91.5
Orkney	87.9	90.2	88.8	91.2	91.0
Shetland	92.1	90.4	91.3	91.6	89.1
Tayside	91.6	91.9	92.0	92.3	92.1
Western Isles	89.7	89.6	89.1	90.5	92.1
<b>Scotland</b>	<b>90.4</b>	<b>90.5</b>	<b>90.7</b>	<b>91.1</b>	<b>91.2</b>

At Scotland level there has been a marginal increase (0.8%) in the percentage of the last six months spent at home or in a community setting (from 90.4% in 2008/09 to 91.2% in 2012/13).

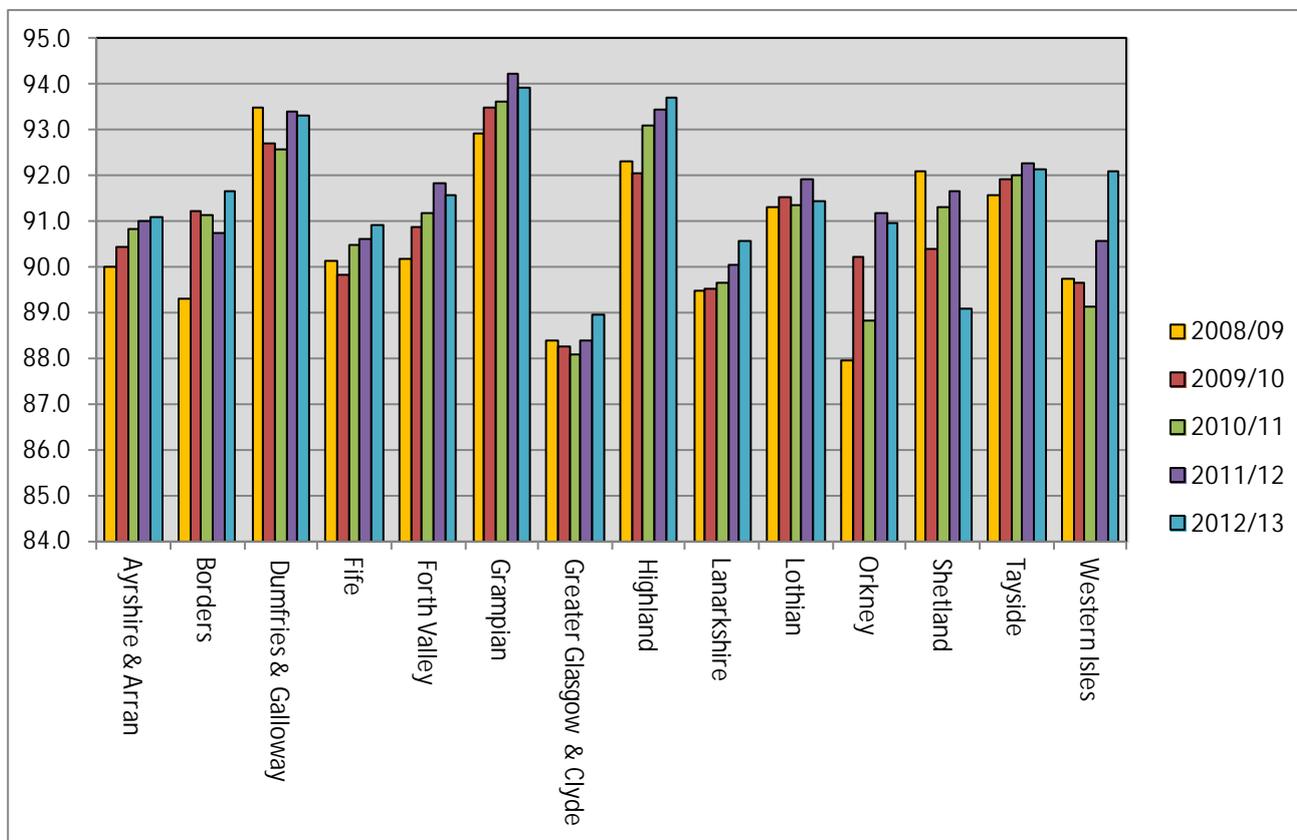
In 2012/13 at health board level, the percentage of time spent at home or in a community setting ranged from 89.0% (approximately 162.4 days out of a possible 182.5 days) to 93.9% (approximately 171.4 days out of a possible 182.5 days).

*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.*

Of those who died in 2008/09, an average of 165 days out of the possible six months (182.5 days) was spent at home or in a community setting. The other 17.5 days were spent in an acute hospital. Of those who died in 2012/13, an average of 166 days out of the possible six months (182.5 days) was spent at home or in a community setting. Over the last five financial years there has been an increase of 1 day spent at home or in a community setting for people in the last six months of their life.

Overall these data show that there is only slight 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 six 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.

Table 2, below, shows the percentage of the last six months of life spent at home or in a community setting broken down by age group and gender.

**Table 2: Percentage of last six months of life spent at home or in a community setting (Age Group and Gender)**

Age Group	Gender	2008/09	2009/10	2010/11	2011/12	2012/13
0-54	Female	90.0	91.0	90.0	90.7	90.6
	Male	92.1	92.0	92.2	93.0	93.3
	Both	91.2	91.6	91.3	92.0	92.1
55-64	Female	90.2	89.4	89.8	89.7	90.3
	Male	91.4	91.3	91.3	91.6	91.9
	Both	90.9	90.5	90.7	90.8	91.3
65-74	Female	88.9	89.5	89.5	89.9	90.2
	Male	90.1	90.3	90.7	90.7	90.8
	Both	89.6	90.0	90.2	90.4	90.5
75-84	Female	89.4	89.6	90.0	90.3	90.1
	Male	89.7	90.1	89.9	90.3	90.5
	Both	89.5	89.8	89.9	90.3	90.3
85+	Female	91.9	91.7	92.1	92.6	92.8
	Male	90.4	90.6	90.5	90.9	91.1
	Both	91.4	91.4	91.6	92.0	92.2
All Ages	Female	90.4	90.5	90.7	91.2	91.3
	Male	90.4	90.6	90.6	90.9	91.1
	Both	90.4	90.5	90.7	91.1	91.2

<sup>1</sup> Due to small numbers of annual deaths the measure becomes less robust in the younger age groups. In order to avoid misinterpretation people aged 0-54 have been aggregated into a single age group.

Across all ages, there is little difference between males (91.1%) and females (91.3%) in the percentage of the last six months of life spent at home or in a community setting in 2012/13.

The percentage of the last six months of life spent at home or in the community in the youngest and oldest age groups (92.1% and 92.2% respectively), is marginally higher than figures for the intervening groups. This variation is due to slightly higher figures for males aged 0-54 (93.3%) and females aged 85+ (92.8%).

Further demographic information by Scottish Index of Multiple Deprivation (SIMD) and Urban / Rural Classification can be found in Table 5 and Table 6 in the [data tables](#).

SIMD 2012 shows that there has been a marginal increase (0.9%) in the percentage of the last six months of life spent at home or in a community setting in the 20% most deprived areas in Scotland (from 89.1% in 2008/09 to 89.9% in 2012/13). Similarly, there has been an increase (0.3%) in the measure in the 20% least deprived areas in Scotland (from 91.5% in 2008/09 to 91.8% in 2012/13).

There has also been a slight increase in the percentage of the last six months of life spent at home or in a community setting both in urban areas (from 90.1% in 2008/09 to 90.9% in 2012/13) and in rural areas (from 91.9% in 2008/09 to 92.8% in 2012/13).

Across the [urban rural 6-fold classification](#), the percentage of the last six months of life spent at home or in a community setting varies between 90.2% (large urban areas) and 93.9% (remote small towns) in 2012/13 and, according to the [2-fold classification](#), has remained consistently higher in rural areas compared to urban areas over the last five financial years. This may be in part due to the greater number and accessibility of acute hospitals in urban areas and the different uses of community hospitals in urban and rural areas.

### 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, 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 (e.g. unintentional injuries) as these are unlikely to be related to the palliative care agenda. It should be noted however, that deaths where a fall is recorded on the death record are included as national falls prevention strategies specifically target elderly people with the aim of reducing the need for stays in hospital and thereby improving patient outcomes.

Please refer to the [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 the 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 e.g. home, care home, hospice, community hospital.

## List of Tables

Table No.	Name	Time period	File & size
1	<a href="#">Percentage of end of life spent at home or in a community setting</a> <ul style="list-style-type: none"> <li>· Health Board</li> <li>· Local Authority</li> <li>· Community Health Partnership</li> <li>· Age &amp; Gender</li> <li>· Deprivation (SIMD)</li> <li>· Urban / Rural Classification</li> </ul>	2008/09-2012/13	Excel [170kb]

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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](#).

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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, in 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 six 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.

<u>Calculation of Measure</u>	
Actual bed days	= Total bed days in an acute hospital in the 6 months prior to death for those people who died within specific year
Possible bed days	= Total number of deaths in specified period x 182.5
% of time in an acute hospital in last 6 months of life	= (Actual bed days/ possible bed days) x 100
% of time in a community setting in last 6 months of life	= 100 – % time in acute hospital in last 6 months

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 end of life spent at home or in a community setting
Description	Percentage of time in the last six months of life that is spent outside of an acute hospital setting. Figures are presented at health board, local authority and CHP levels with further demographic breaks on Gender, Age, Deprivation and Rurality.
Theme	Health and Social Care
Topic	Health and Social Care
Format	PDF publication report Excel tables
Data source(s)	SMR01/NRS deaths
Date that data are acquired	July 2014
Release date	27 August 2014
Frequency	Annual
Timeframe of data and timeliness	Years ending 31 March 2009 - 2013
Continuity of data	N/A
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	N/A
Concepts and definitions	Policy concepts; <a href="http://www.scotland.gov.uk/Topics/Health/Policy/Quality-Strategy">http://www.scotland.gov.uk/Topics/Health/Policy/Quality-Strategy</a>  Methodology; <a href="#">Appendix 1 – Background Information</a>
Relevance and key uses of the statistics	Making information publicly available; Allowing assessment of 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 2012/13 <a href="http://www.isdscotland.org/Products-and-Services/Hospital-Records-Data-Monitoring/SMR-Completeness/">http://www.isdscotland.org/Products-and-Services/Hospital-Records-Data-Monitoring/SMR-Completeness/</a>
Comparability	Percentage of last six months of life spent at home or in a community setting
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .
Coherence and clarity	N/A
Value type and unit of measurement	Proportion expressed as a percentage.
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	Official Statistics

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)

#### **Early Access for Management Information**

These statistics will also have been made available to those who needed access to 'management information', ie as part of the delivery of health and care:

#### **Early Access for Quality Assurance**

These statistics will also have been made available to those who needed access to help quality assure the publication:

## A4 – ISD and Official Statistics

### 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.