About this Release
Published for the third time, this release provides information on Quality Outcome Measure 10: Percentage of time in the last six months of life spent at home or in a community setting. These data are presented by financial year from 2008/09 to 2012/13 at Scotland, Health Board, Council Area and Community Health Partnership level. Tables providing a breakdown of the national figures by: Gender, Age, Deprivation and Rurality are also included.

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%.
Background
This Quality Outcome Measure focuses on measuring the impact of “Living and Dying Well” and in particular on its objective to “produce achievable and measurable changes which will ensure quality improvement and enhance patient and carer experience”.

The percentage 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.

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Further Information
Further information can be found in the Full Publication Report or on the End of Life Care section of the ISD website.

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