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Report raises questions over equality of access to end of life care community services

People who live in deprived areas are more likely to die in hospital than those living in affluent areas, research published today suggests.

The report reveals that 61% of deaths amongst people living in the most deprived quintile (the poorest 20% of areas) occurred in hospital – compared to 54% amongst the two least deprived quintiles.

Published by the National End of Life Care Intelligence Network (NEoLCIN), the report concludes that the gap is not solely accounted for by factors such as differences in the causes of death between the social groups.

Surveys consistently show that most people would choose to die at home or in a community setting such as a hospice. Reducing the percentage of deaths that occur in hospital is a key goal of the Department of Health's 2008 national End of Life Care Strategy.

The report, Deprivation and Death: Variations in place and cause of death, offers some evidence that the NHS and its partners are making progress in delivering on that goal: the percentage of deaths taking place in hospital across all population groups fell from 58% in the period 2005–07 to 57% between 2007 and 2009.

Claire Henry, director of the National End of Life Care Programme, who manages the NEoLCIN, urged commissioners and providers to examine the inequalities unearthed by the research team.

Ms Henry, who is also the joint national lead for the end of life care work stream within the Quality, Improvement, Productivity and Prevention challenge, said: "The national strategy stated that everyone has the right to high quality care at the end of life. Whenever possible that care should be provided in the individual's preferred setting.

"Commissioners and providers of services cannot ignore research showing a stark variation in place of death between deprived and more affluent areas. A number of factors influence where someone dies – including cause of death and the pace of disease progression – but this report confirms there are equity of access issues which need to be taken into account when services are commissioned.

“Good assessment and advance care planning by clinicians working with individuals and their families or carers can also help identify potential problems in accessing community services and support.”

Professor Julia Verne, lead author of the report and clinical lead for the NEOLCIN, said: “The Marmot Review confirmed that health inequalities flow from social inequalities. This report is evidence that inequalities at the end of life arise in part from social inequalities. The underlying factors, for example, housing quality, financial resources and family support, which influence these differences, need to be investigated.”

As with other NEOLCIN work, today’s report consolidates and analyses data from a variety of sources to present it in a form that will best help end of life care commissioners and providers.

It confirms wide variations in the age and cause of death among different social groups. People in the most deprived fifth of the population are more likely to die before the age of 65 and from respiratory illness or smoking related cancers.

Nearly a quarter (24%) of deaths amongst the most deprived quintile involved people under 65, compared to an average of 15.5% across the other four social groups. The gap between the most deprived (24%) and the second most deprived (17.9%) was the widest.

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Notes to Editors:

1) For further information about this report, the NEOLCIN or NEO LCP please contact (media only) Chris Mahony on 0207 923 7677 or 0781 2692722 or Kate Henry on 07795 684897.

2) The NEOLCIN collates and analyses data and information on end of life care and related issues in England. This report, Deprivation and Death: Variations in place and cause of death, is available from <http://www.endoflifecare-intelligence.org.uk/resources/publications/default.aspx>

3) The NEO LCP is an NHS programme and information on its work can be found at www.endoflifecareforadults.nhs.uk. Information on the work of the NEOLCIN can be found at <http://www.endoflifecare-intelligence.org.uk>