

End of Life Care in Gynaecological Cancer in the UK: Impact Factors

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Background

- In 2010, 53% died in hospital in the UK. However, literature suggests 50-75% wish to die at home.
- This suggests a discrepancy in the accessibility and availability of palliative and end of life care services available to patients in the UK.
- Limited data on factors impacting on the quality of end of life care in women with gynaecological cancers (C51-C56), in the UK are available.
- We hypothesized that age, socio-economic deprivation status and postcode impacted on place of death, type of admissions and length of stay.
- This information is essential to inform future planning of services and resource allocation.

Objectives

To assess the age, socio-economic deprivation status and place of residence on gynaecological oncology patients in the last year of life on:

1. Place of death
2. Type of admission
3. length of stay

Methods

Data was extracted from the Office for National Statistics mortality extract and a linked database of deaths details and hospital inpatient activity. Trends were observed from 2001 to 2010.

Key Results

1. The total number of patients who died from 2004-2008 were 27,908. Hospital deaths for the duration were 12,481.
2. The number of admissions in the last year of life during this period were: 81,637 [26,286 elective (32%) versus 55,351 emergency (68%)]
3. The younger patient was more likely to prefer a hospice than hospital death.
4. The total length of stay for the most deprived quintile is 5 days longer than the least deprived (36 versus 31 days; $p < 0.05$)
5. The most deprived were more likely than the least deprived to die in hospital (49% versus 41%; $p < 0.001$).
6. The most deprived quintile were more likely to be admitted as an emergency (2.3 versus 2.1 per person; $p < 0.05$)
7. Death was more likely to occur in a hospice if resident in the south east of England than the east midlands (32% versus 17%; $p < 0.001$).

Conclusions

- Death in an acute care setting is significantly related to advanced age, lower socio-economic status and emergency admissions; with an increased length of stay.
- This data may help inform on future planning of services.

Results:

Figure 1: Trends in place of death from 2001 to 2010. 6 point increase in home deaths following 2004 NHS end of care programme.

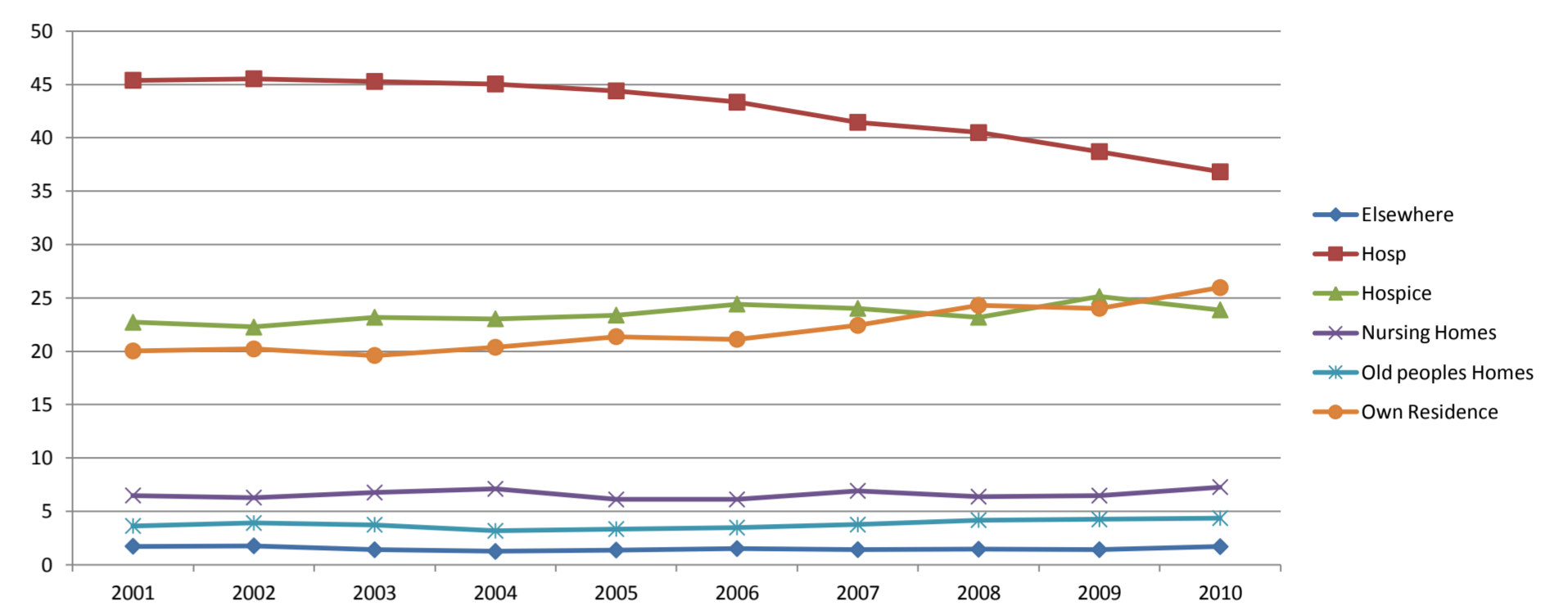


Figure 2: Place of death as a function of age. 10 point difference in home versus hospital deaths.

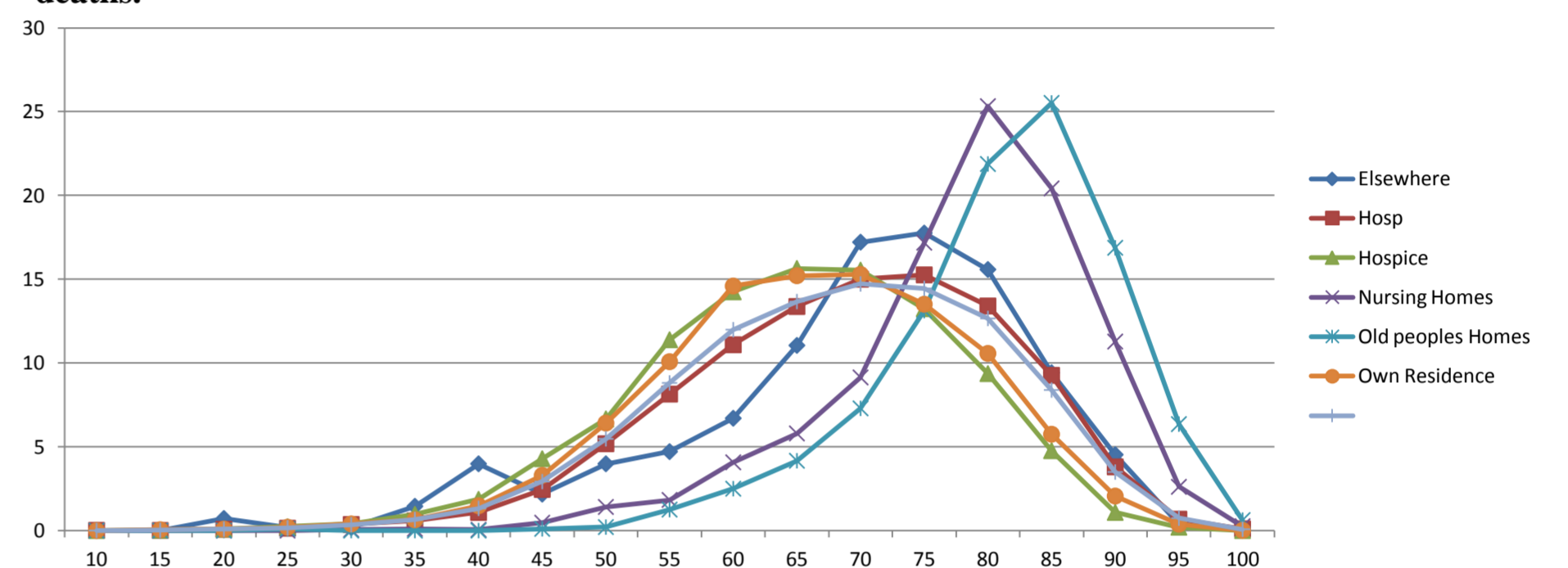


Table 1: Socio-economic quintiles and type of admission and length of stay. 1: Most deprived; 5 Least deprived

	Elective	Emergency	Elsewhere	Total
1	5.8	26.2	2.7	34.8
2	6.0	25.5	2.0	33.5
3	6.1	23.2	2.0	31.4
4	5.7	22.3	2.0	29.9
5	6.7	21.7	1.8	30.1

Table 2: Socio-economic deprivation quintiles and place of death. 1: Most deprived; 5 Least deprived

	Elsewhere	Hospital	Hospice	Nursing Home	Old People's Home	Own Home
1	2%	49%	23%	4%	1%	21%
2	2%	48%	24%	5%	2%	19%
3	1%	46%	25%	5%	2%	20%
4	1%	42%	26%	5%	2%	23%
5	1%	41%	28%	4%	2%	24%

Table 3: Place of residence and place of death.

	Elsewhere	Hospital	Hospice	Nursing Home	Old People's Home	Own Home
North East	1%	48%	18%	6%	2%	24%
North West	1%	43%	27%	6%	2%	21%
Yorkshire and the Humber	1%	44%	24%	7%	4%	20%
East Midlands	1%	48%	17%	7%	3%	23%
West Midlands	2%	47%	21%	6%	2%	22%
East of England	2%	42%	22%	7%	3%	24%
London	1%	49%	26%	4%	2%	17%
South East	1%	40%	32%	6%	3%	18%
South West	2%	45%	22%	6%	4%	21%