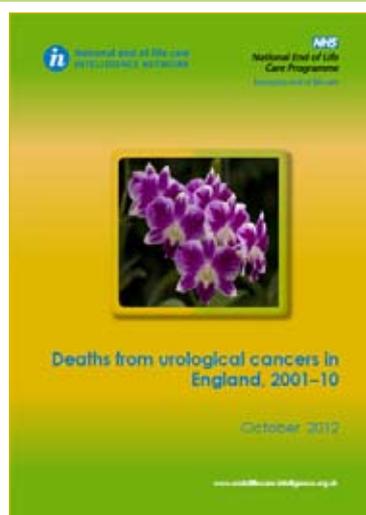


Executive Summary

This summary presents the key findings, conclusions and recommendations from the report 'Deaths from urological cancers in England'. The report is one in a series produced by the National End of Life Care Intelligence Network that explores the implications of variations in death for end of life care commissioning and planning of services.

Deaths from urological cancers in England, 2001–10



Introduction

This report presents the latest available data on deaths from urological cancers in England.

Urological cancers include penile, prostate, testicular, kidney, renal pelvis and ureter, and bladder cancers.

The aim of the report is to help end of life care commissioners and providers improve planning and service delivery in line with the needs and wishes of patients.

People dying with a urological cancer will have specific end of life care needs. The report highlights variations by cancer type, age, sex, region, place of death and socioeconomic status, which help us understand those needs better.

The report also includes information on hospital admission costs in the last year of life and how they vary by type of urological cancer.

Key findings

- Nearly 16,000 people die from a urological cancer each year, and about 5,000 more die with a urological cancer as a contributory cause.
- Urological cancers account for 3.3% of all deaths, and over half of these are from prostate cancer.

Variations by age and sex

- When taken as a percentage of all deaths for that sex, more men (5.8%) die from urological cancers than women (1%). This reflects the patterns of incidence.
- 62% of urological cancer deaths occur in those aged 65–84. Testicular cancer shows a different pattern with 79% of deaths in under 65s.
- As a proportion of all deaths in that age group, kidney and testicular cancer deaths are highest in the under 65s. All other urological cancer deaths are highest in the 65–84 age group.

Variations by cause and place of death

- The proportional increase in deaths which mention urological cancer over deaths caused by urological cancer is greatest for prostate cancer. The proportion of all male deaths which have a mention of prostate cancer is 5.2% overall but this increases to 6.9% (2.3% of people) for those dying aged 85 or older.
- Hospital is the main place of death for those dying from a urological cancer, with 46% of deaths occurring in hospital. This is lower than the average for all deaths which is 54% (2008–10 data). 23% of urological cancer deaths occur in people's own homes.

- There is variation in place of death by urological cancer type, with testicular cancer patients most likely to die in hospital and kidney cancer patients most likely to die at home.
- There is also regional variation in place of death, which mirrors the variation in all-cause place of death. In London, 53% of urological cancer deaths are in hospital. In the South West, 25% of urological cancer deaths are at home.

Variations by time spent in hospital and cost in the last year of life

- The amount of time spent in hospital and the cost of inpatient care in the last year of life varies between the urological cancer types.
- Emergency admissions tend to be longer and more costly. In the three largest groups (prostate, bladder and kidney cancers), emergency admissions are more common than planned admissions.
- The final admission is more costly than the last year of life average, even for those not dying in hospital. Between one-quarter (testicular cancer) and one-half (prostate cancer) of the total cost is accounted for by the final admission.
- The highest inpatient costs in the last year of life are for testicular cancers, at just over £13,000 per person. Prostate cancer has the lowest cost at less than £7,000 per person.

Conclusions and recommendations

The variations presented in this report should inform the local commissioning and delivery of end of life care for urological cancer patients.

The differences, for example, in age profiles are important as they will determine the needs of the individuals affected, along with their families and carers. They also determine where people are likely to receive end of life care at the time of their final illness.

People dying with a urological cancer recorded as either an underlying or contributory cause of death are likely to have specific end of life care needs related to these conditions, which need to be taken into account.

The variation in hospital activity and costs between urological cancers is to some extent due to inherent variation in complications and the profile of people dying from these cancers. However, in all cases emergency admissions are longer and more costly. Services which help avoid emergency admissions should be considered as they will benefit both the patient (in terms of reduced hospital stay) and reduce total expenditure. End of life care needs to be considered within the broader spectrum of 'overall care' for individuals living with a urological cancer. This could be achieved through raising awareness and enhancing skills for clinical staff working in cancer medicine. Appropriate configuration of services and infrastructure may improve patient and family/carer experience with possibly a need for better responsiveness and pre-emptive management.

Further information

The report is available at:
www.endoflifecare-intelligence.org.uk

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About the National End of Life Care Intelligence Network

The Department of Health's National End of Life Care Strategy, published in 2008, pledged to commission a National End of Life Care Intelligence Network (NEoLCIN). The Network was launched in May 2010. It is tasked with collating existing data and information on end of life care for adults in England. This is with the aim of helping the NHS and its partners commission and deliver high quality end of life care, in a way that makes the most efficient use of resources and responds to the wishes of dying people and their families.

The South West Public Health Observatory is the lead public health observatory for end of life care and hosts the NEoLCIN website. The SWPHO has been commissioned to produce key outputs and analyses for the Network, including the national End of Life Care Profiles.

See www.endoflifecare-intelligence.org.uk for more information about the Network and its partners.

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