

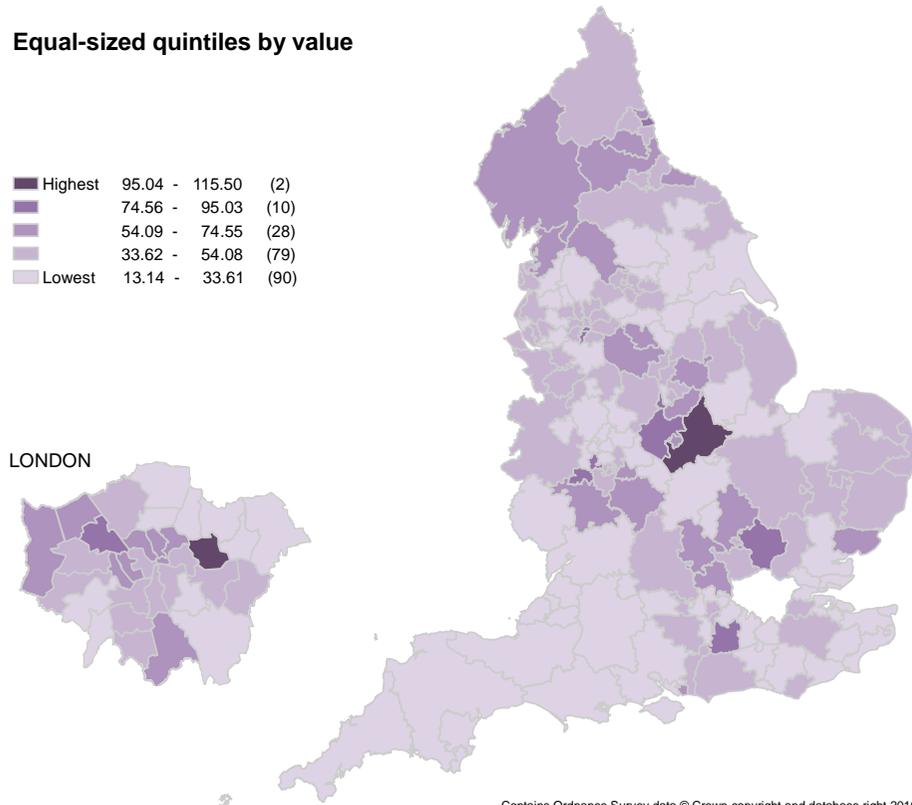
SECTION 3: PALLIATIVE AND END OF LIFE CARE IN THE COMMUNITY

**Map 19:** Variation in the number of patients in need of palliative care/support, as recorded on GP disease registers per 100 deaths by CCG (2015/16)

**Equal-sized quintiles by value**

■ Highest	95.04 - 115.50	(2)
■	74.56 - 95.03	(10)
■	54.09 - 74.55	(28)
■	33.62 - 54.08	(79)
■ Lowest	13.14 - 33.61	(90)

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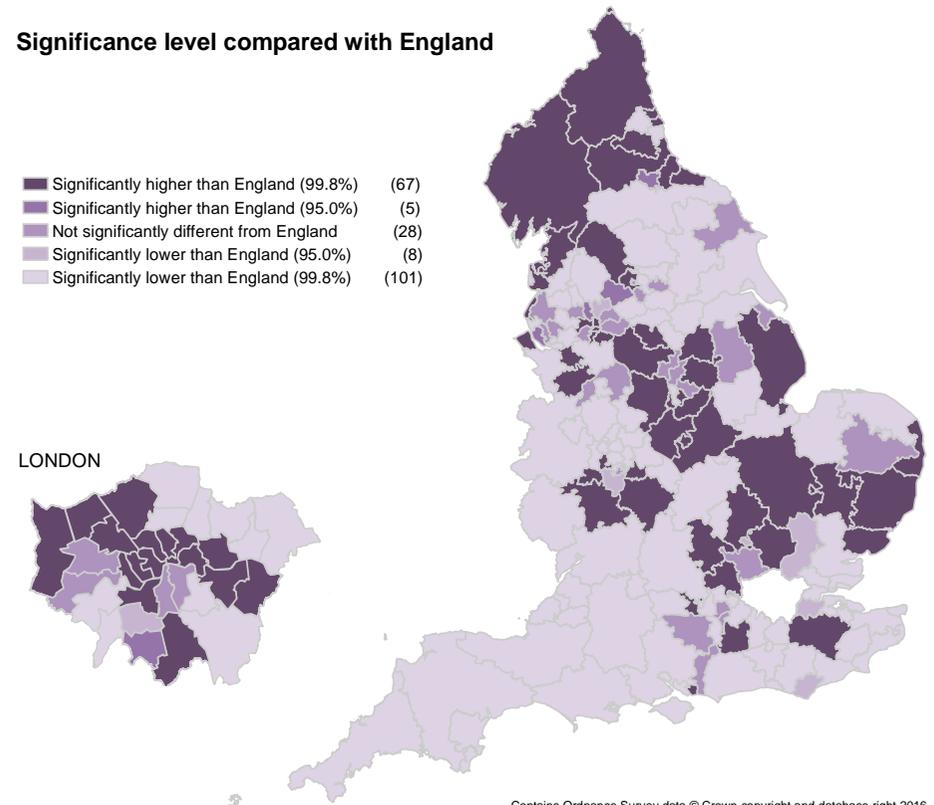


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**Significance level compared with England**

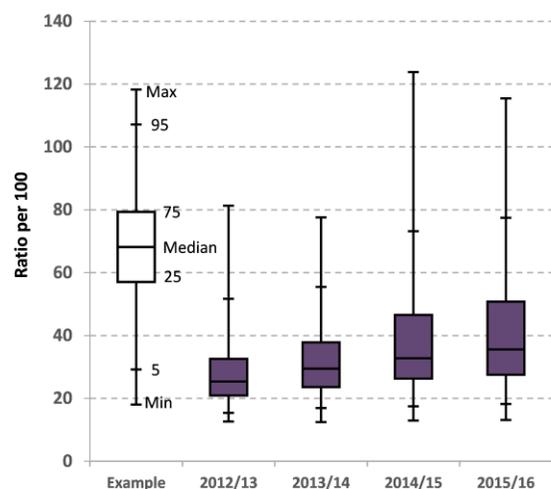
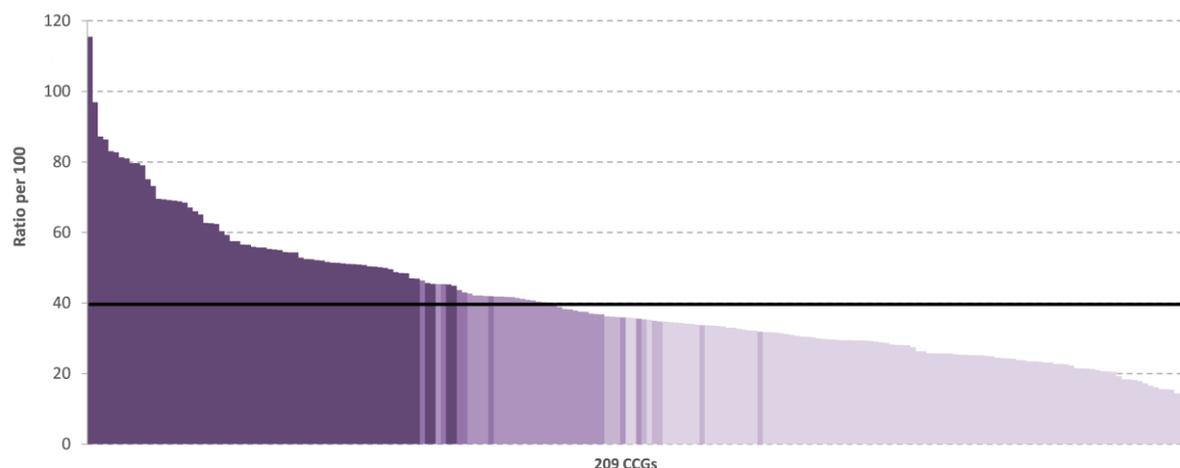
■	Significantly higher than England (99.8%)	(67)
■	Significantly higher than England (95.0%)	(5)
■	Not significantly different from England	(28)
■	Significantly lower than England (95.0%)	(8)
■	Significantly lower than England (99.8%)	(101)

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Variation in the number of patients in need of palliative care/support, as recorded on GP disease registers per 100 deaths by CCG (2015/16)



Max - Min (Range)		68.7	65.1	110.9	102.4	No significant change
95th - 5th Percentile		36.3	38.5	55.7	59.2	No significant change
75th - 25th Percentile		11.7	14.3	20.3	23.3	WIDENING Significant
Median		25.4	29.5	32.7	35.6	INCREASING Significant

## Introduction

This indicator is a proxy indicator of the extent to which patients are being recognised by their general practitioner (GP) as approaching the end of life and discussions are being held to consider care options and plans. High values suggest a comprehensive approach to identifying patients. A low value could impact on the ability to co-ordinate care and enable people to be cared for and die in their place of choosing. Approximately 75% of deaths are expected<sup>1</sup>.

## Trends and magnitude of variation

In England 2015/16 the number of patients in need of palliative care/support recorded on GP disease registers was 39.6 per 100 deaths. The variation was between 13.1 per 100 deaths and 115.5 per 100 deaths by CCG, an 8.8-fold difference. (The maximum value of 115.5 per 100 deaths indicates there is a CCG with more patients in need of palliative care/support recorded on GP disease registers than died in a single year). The median by CCG increased significantly from 25.4 per 100 deaths in 2012/13 to 35.6 per 100 deaths in 2015/16. The 75<sup>th</sup> to 25<sup>th</sup> percentile gap widened significantly between 2012/13 and 2015/16.

## Local considerations

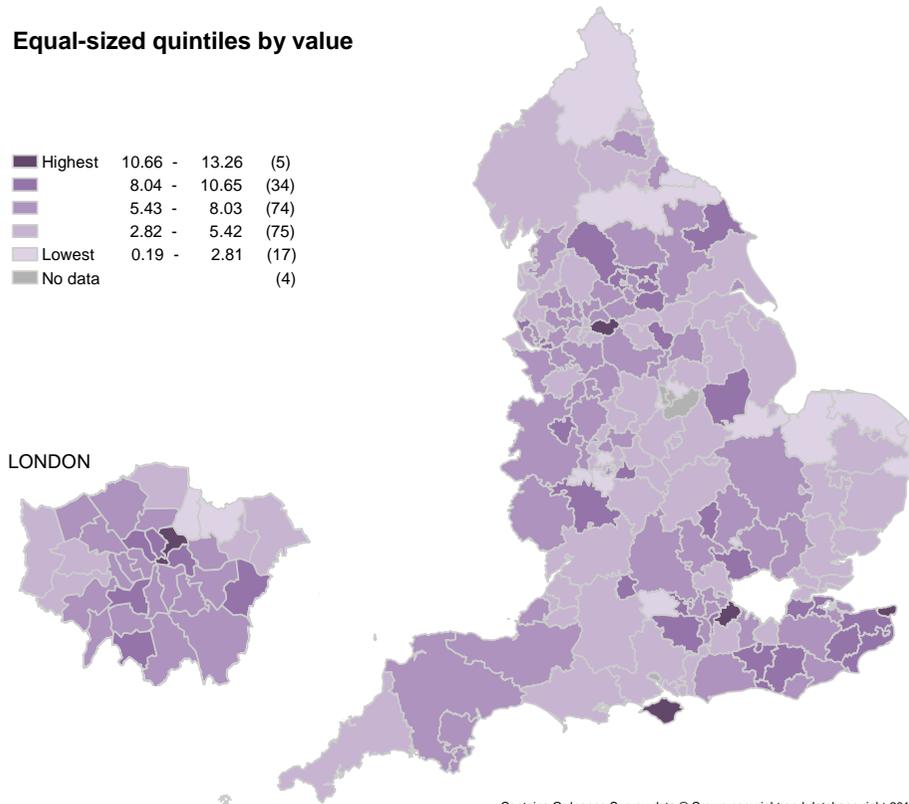
Commissioners and providers should review this map and underlying data in combination with other maps in particular map 23, the proportion of deaths in usual place of residence and maps 24 and 25, deaths at home and in a care home. Data for this Quality Outcome Framework (QOF) measure is provided at general practice level on the National General Practice profiles<sup>2</sup>.

SECTION 3: PALLIATIVE AND END OF LIFE CARE IN THE COMMUNITY

**Map 20: Variation in the proportion of all people who died in a hospice by CCG (2015)**

**Equal-sized quintiles by value**

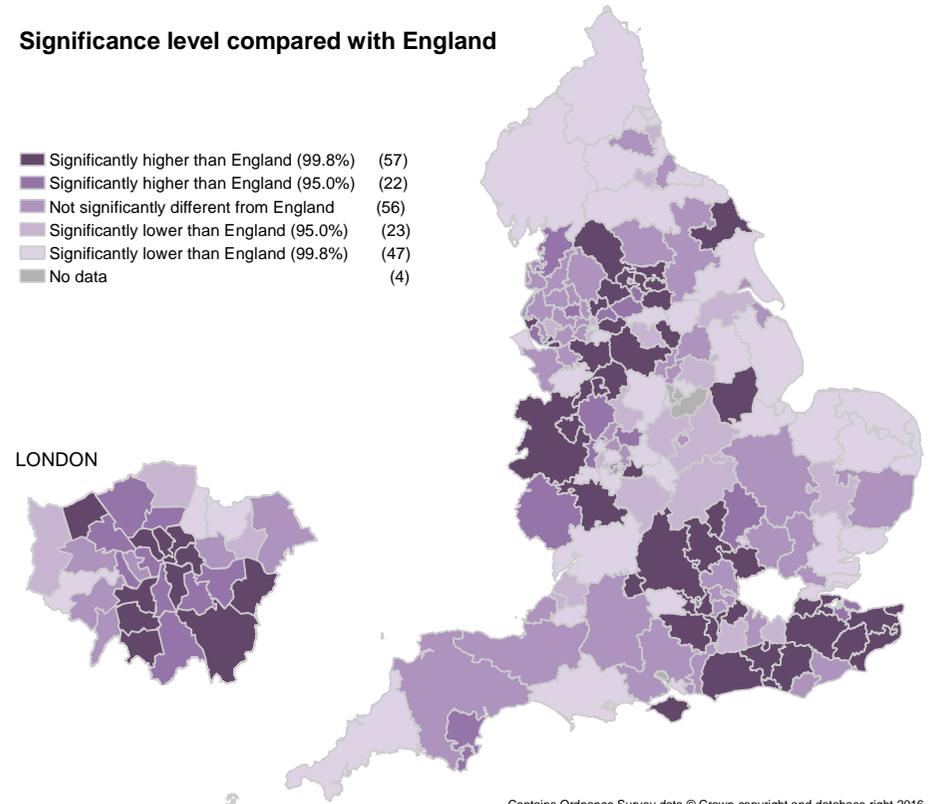
■ Highest	10.66 - 13.26	(5)
■	8.04 - 10.65	(34)
■	5.43 - 8.03	(74)
■	2.82 - 5.42	(75)
■ Lowest	0.19 - 2.81	(17)
■ No data		(4)



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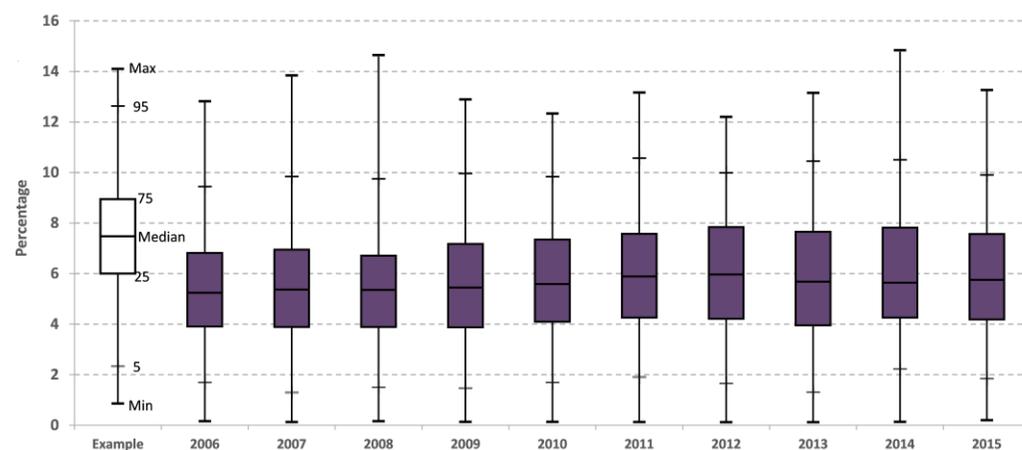
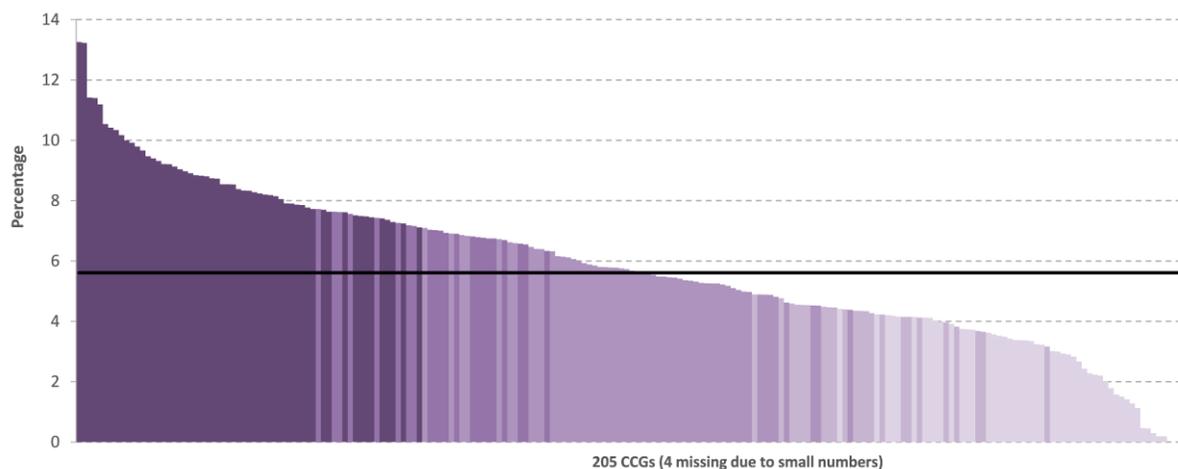
**Significance level compared with England**

■ Significantly higher than England (99.8%)	(57)
■ Significantly higher than England (95.0%)	(22)
■ Not significantly different from England	(56)
■ Significantly lower than England (95.0%)	(23)
■ Significantly lower than England (99.8%)	(47)
■ No data	(4)



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Variation in the proportion of all people who died in a hospice by CCG (2015)



	Example	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Max - Min (Range)		12.7	13.7	14.5	12.8	12.2	13.0	12.1	13.0	14.7	13.1	No significant change
95th - 5th Percentile		7.8	8.5	8.3	8.5	8.1	8.7	8.3	9.1	8.3	8.1	No significant change
75th - 25th Percentile		2.9	3.1	2.8	3.3	3.3	3.3	3.6	3.7	3.6	3.4	WIDENING Significant
Median		5.2	5.4	5.4	5.4	5.6	5.9	6.0	5.7	5.6	5.8	INCREASING Significant

## Introduction

In a national survey, 8% of bereaved people believed the deceased wanted to die in a hospice<sup>1</sup>. This is more than the percentage of deaths that actually occur there. In a few areas in England a hospice is located on the site of an acute hospital and deaths in these hospices are attributed to the hospital. In other parts of the country the hospice provides care in the community and at home rather than in a hospice building. There is no routine data available to accurately show the number of patients who die at home supported by a hospice but specialist palliative and hospice care is estimated to reach over a third of dying people<sup>2</sup>. Hospices also provide some support to care homes mainly in the form of training and education and varying levels of clinical support<sup>3</sup>.

## Trends and magnitude of variation

In England (2015), the proportion of deaths in a hospice was on average 5.6%, varying by CCG up to 13.3%. The CCG median increased significantly from 5.2% in 2006 to 5.8% in 2015 and the 75<sup>th</sup> to 25<sup>th</sup> percentile gap widened significantly.

## Local considerations

Commissioners and providers should review this map and underlying data in combination with map 21, the proportion of deaths in hospice with a recorded cause of death as cancer. They should also consider local data on specialist palliative care provision – both inpatient and community. Additional guidance is provided in ‘Specialist Level Palliative Care: Information for commissioners’<sup>14</sup>.

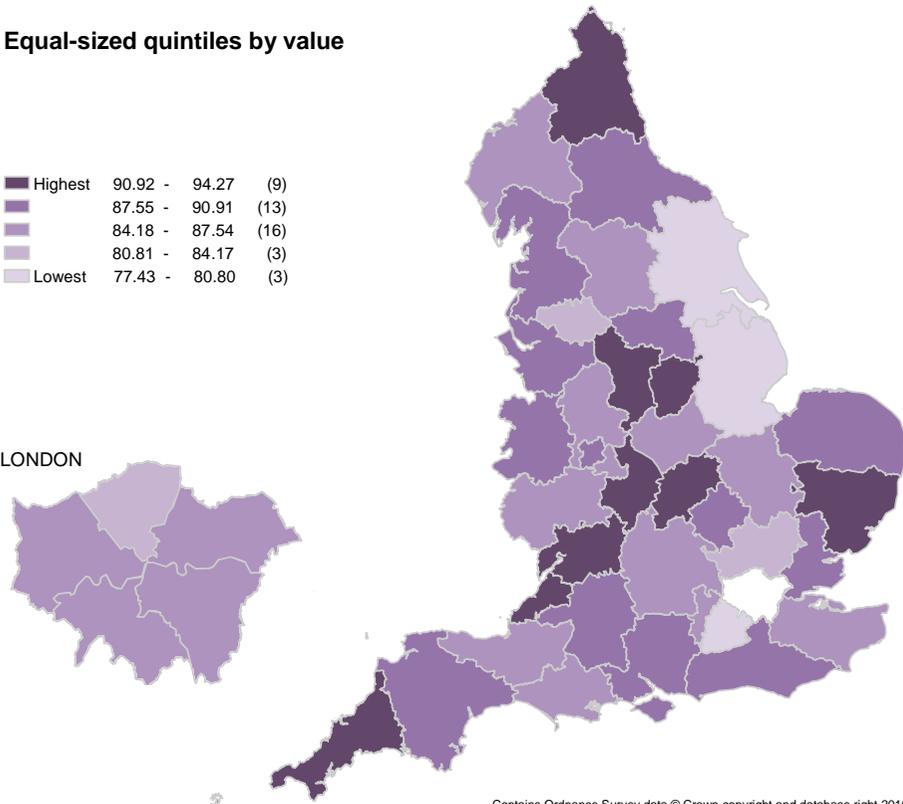
SECTION 3: PALLIATIVE AND END OF LIFE CARE IN THE COMMUNITY

**Map 21:** Variation in the proportion of all people that died in a hospice with a recorded cause of death as cancer by STP (2015)

**Equal-sized quintiles by value**

■ Highest	90.92 - 94.27	(9)
■	87.55 - 90.91	(13)
■	84.18 - 87.54	(16)
■	80.81 - 84.17	(3)
■ Lowest	77.43 - 80.80	(3)

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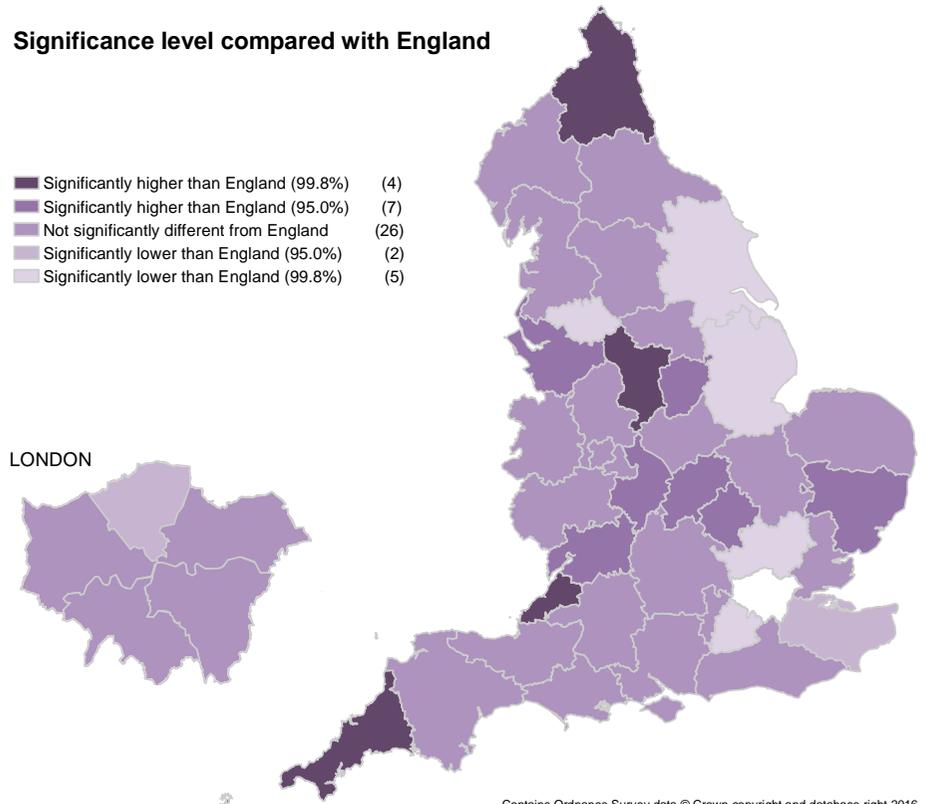


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**Significance level compared with England**

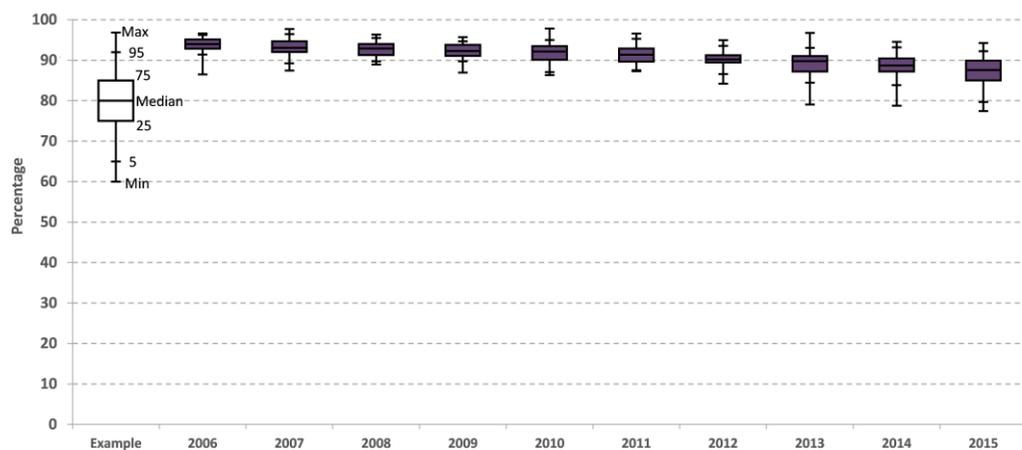
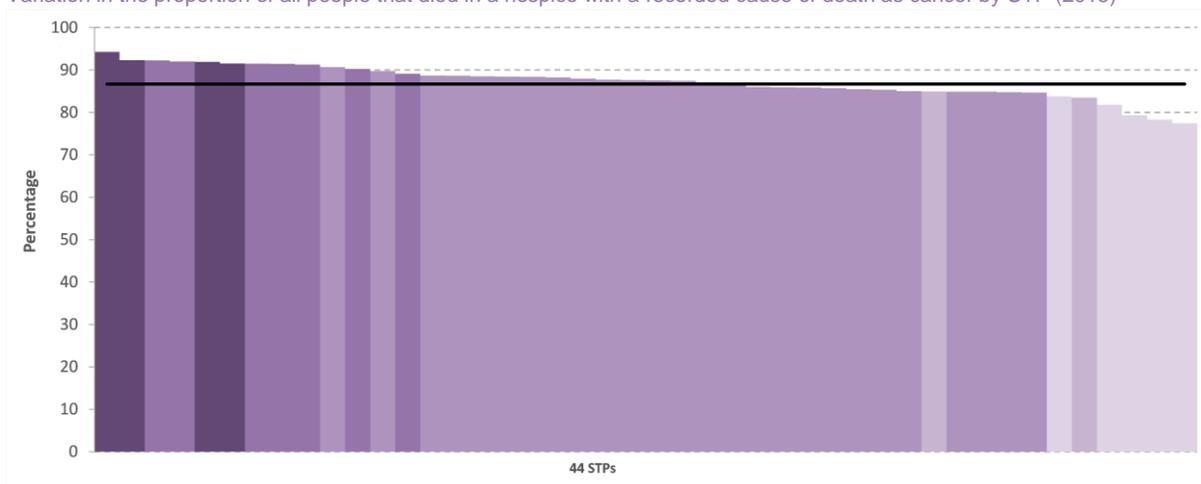
■ Significantly higher than England (99.8%)	(4)
■ Significantly higher than England (95.0%)	(7)
■ Not significantly different from England	(26)
■ Significantly lower than England (95.0%)	(2)
■ Significantly lower than England (99.8%)	(5)

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Variation in the proportion of all people that died in a hospice with a recorded cause of death as cancer by STP (2015)



Max - Min (Range)		10.1	10.3	7.4	8.8	11.5	9.3	10.7	17.7	15.8	16.8	WIDENING Significant
95th - 5th Percentile		4.9	7.2	5.8	5.0	7.9	7.8	7.0	8.6	9.3	12.5	WIDENING Significant
75th - 25th Percentile		2.3	2.7	2.7	2.7	3.4	3.3	1.8	3.8	3.2	4.9	WIDENING Significant
Median		94.0	93.1	92.9	92.3	92.1	91.4	90.2	89.8	88.7	87.6	DECREASING Significant

## Introduction

Traditionally hospices have predominantly cared for people with cancer and currently about 9 in 10 of deaths in hospice have a recorded cause of cancer. Hospices also provide outreach care for people in their own home and in care homes, again mostly supporting cancer patients. The Care Quality Commission (CQC) encourages specialist palliative care services to take a proactive approach to meeting the needs of people with non-cancer conditions<sup>1</sup>.

## Trends and magnitude of variation

In England (2015), an average of 86.7% of deaths in a hospice had an underlying cause of death of cancer, with a variation by Sustainability and Transformation Partnership (STP) of between 77.4% and 94.3%, a 1.2-fold difference. The STP median decreased significantly from 94.0% in 2006 to 87.6% in 2015 and there has been significant widening of all 3 measures of variation.

## Local considerations

Commissioners and providers should review this map and underlying data in combination with other maps in particular the proportion of deaths in hospice (map 20), cause of death (maps 4 to 9), and patients in need of palliative care/support recorded on GP disease registers (map 19). More detailed data on disease distribution at death and place of death are available from the End of life care profiles<sup>2</sup>. In addition, they should consider local data on specialist palliative care provision and support for non-cancer patients, both inpatient and in the wider community.

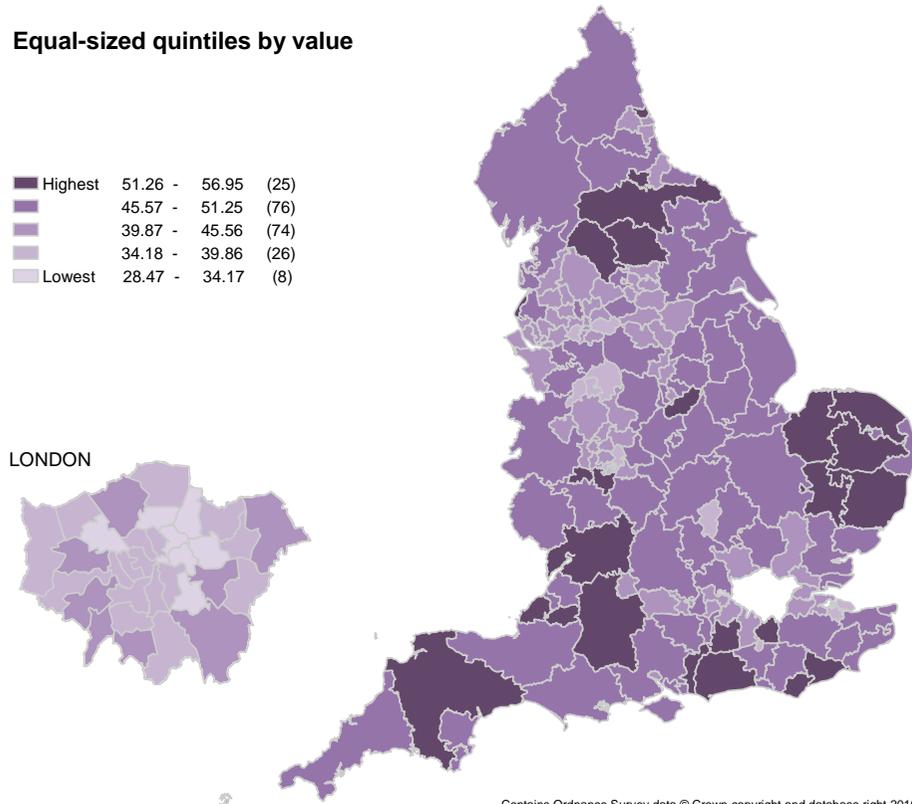
SECTION 3: PALLIATIVE AND END OF LIFE CARE IN THE COMMUNITY

**Map 22:** Variation in the proportion of all people who died in their usual place of residence by CCG (2015)

**Equal-sized quintiles by value**

■ Highest	51.26 - 56.95	(25)
■	45.57 - 51.25	(76)
■	39.87 - 45.56	(74)
■	34.18 - 39.86	(26)
■ Lowest	28.47 - 34.17	(8)

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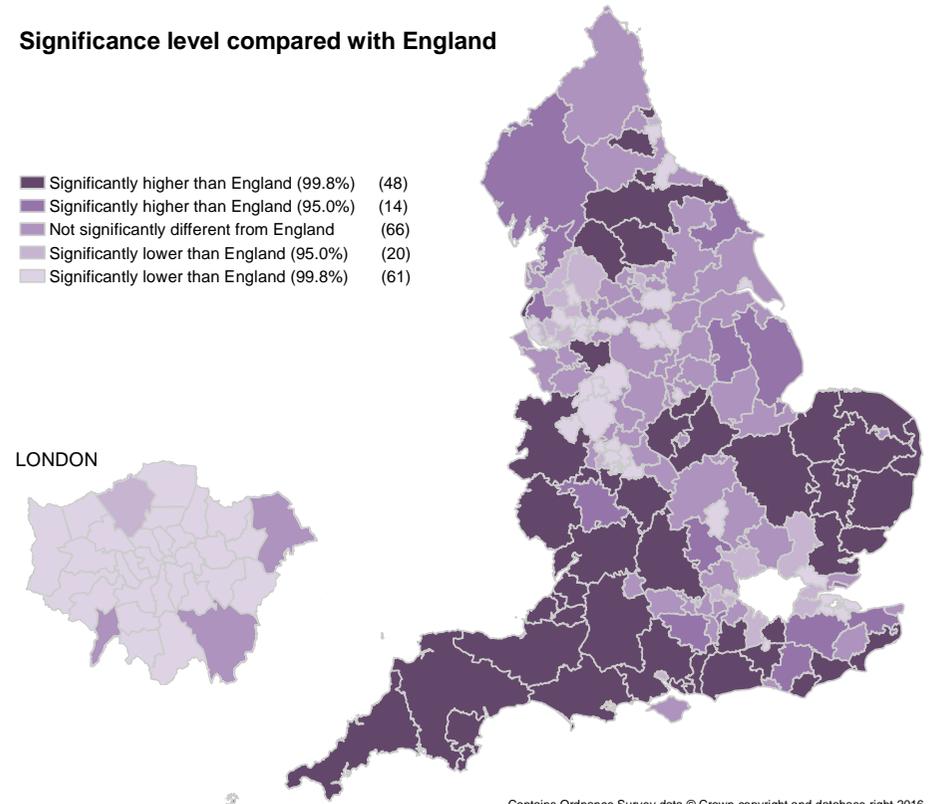


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**Significance level compared with England**

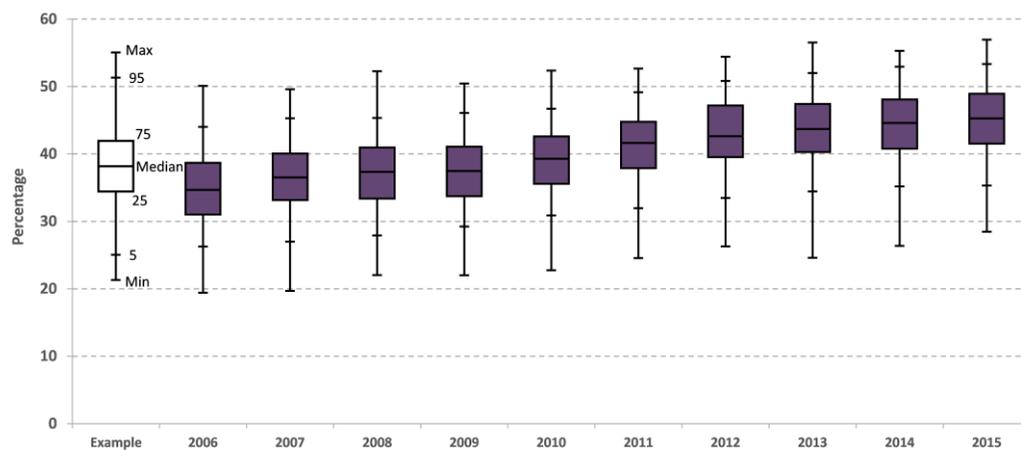
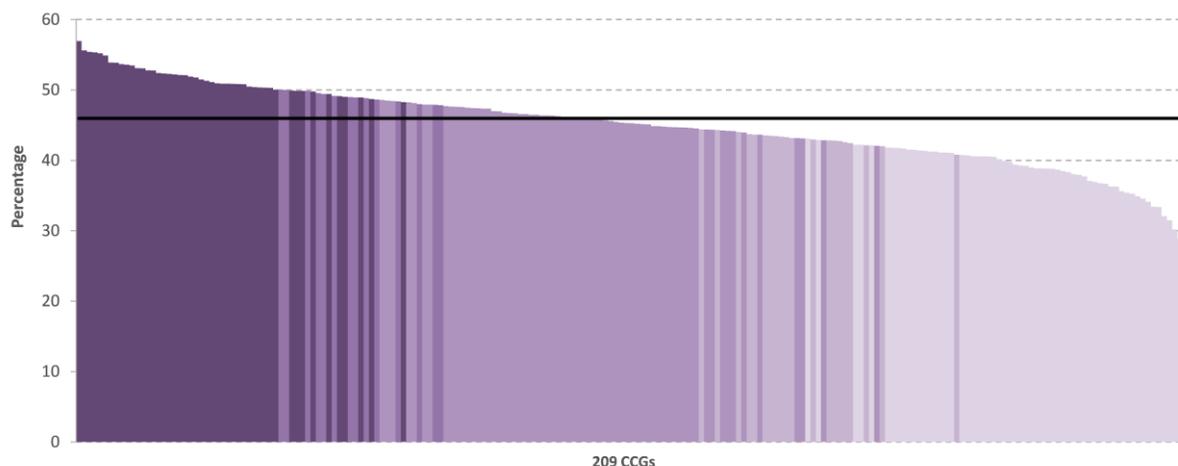
■ Significantly higher than England (99.8%)	(48)
■ Significantly higher than England (95.0%)	(14)
■ Not significantly different from England	(66)
■ Significantly lower than England (95.0%)	(20)
■ Significantly lower than England (99.8%)	(61)

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Variation in the proportion of all people who died in their usual place of residence by CCG (2015)



Max - Min (Range)		30.7	29.9	30.2	28.4	29.6	28.1	28.1	31.9	28.9	28.5	No significant change
95th - 5th Percentile		17.7	18.3	17.4	16.8	15.8	17.2	17.3	17.5	17.7	18.0	No significant change
75th - 25th Percentile		7.7	6.9	7.6	7.4	7.0	6.9	7.7	7.1	7.3	7.4	No significant change
Median		34.7	36.5	37.3	37.5	39.3	41.6	42.6	43.7	44.6	45.3	INCREASING Significant

## Introduction

Surveys have suggested that many people would prefer to die at home<sup>1</sup>. One of the aims of good end of life care is to respect patient choice<sup>2</sup>. The End of life care strategy<sup>3</sup> recognised the importance of people's preferences for where they chose to die. This measure was developed as a proxy indicator of patient choice and quality of end of life care and is still produced quarterly to support local planning<sup>4</sup>. It combines death at home with death in a care home. However, recent research shows that a care home is not the permanent home for up to a third of people who die in a care home<sup>5</sup>. Advance care plans and electronic palliative care co-ordination systems (EPaCCS) enable people's choices to be recorded and shared across hospital and community providers facilitating more people to die in their preferred place.

## Trends and magnitude of variation

In England 2015, 46.0% of deaths occurred in usual place of residence with a variation by CCG from 28.5% and 56.9%, a 2.0-fold difference. The CCG median increased significantly from 34.7% in 2006 to 45.3% in 2015. There was no significant change in any of the 3 variation measures between 2006 and 2015.

## Local considerations

Commissioners and providers should review this map and underlying data in combination with map 19 - patients in need of palliative care/support recorded on GP disease registers, map 28 - permanent care home residents who die in a care home, map 23 deaths at home and map 24 - deaths in a care home. The death in usual place of residence domain on the End of life care profiles<sup>6</sup> provides detailed data on this measure.

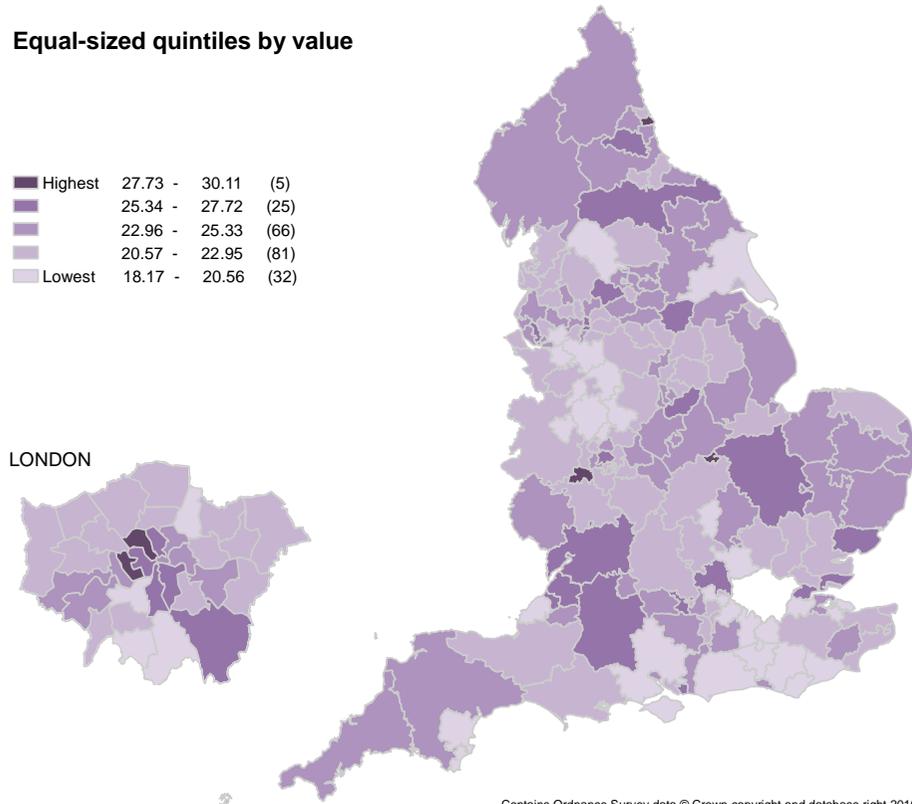
SECTION 3: PALLIATIVE AND END OF LIFE CARE IN THE COMMUNITY

Map 23: Variation in the proportion of people that died at home by CCG (2015)

Equal-sized quintiles by value

■ Highest	27.73 - 30.11	(5)
■	25.34 - 27.72	(25)
■	22.96 - 25.33	(66)
■	20.57 - 22.95	(81)
■ Lowest	18.17 - 20.56	(32)

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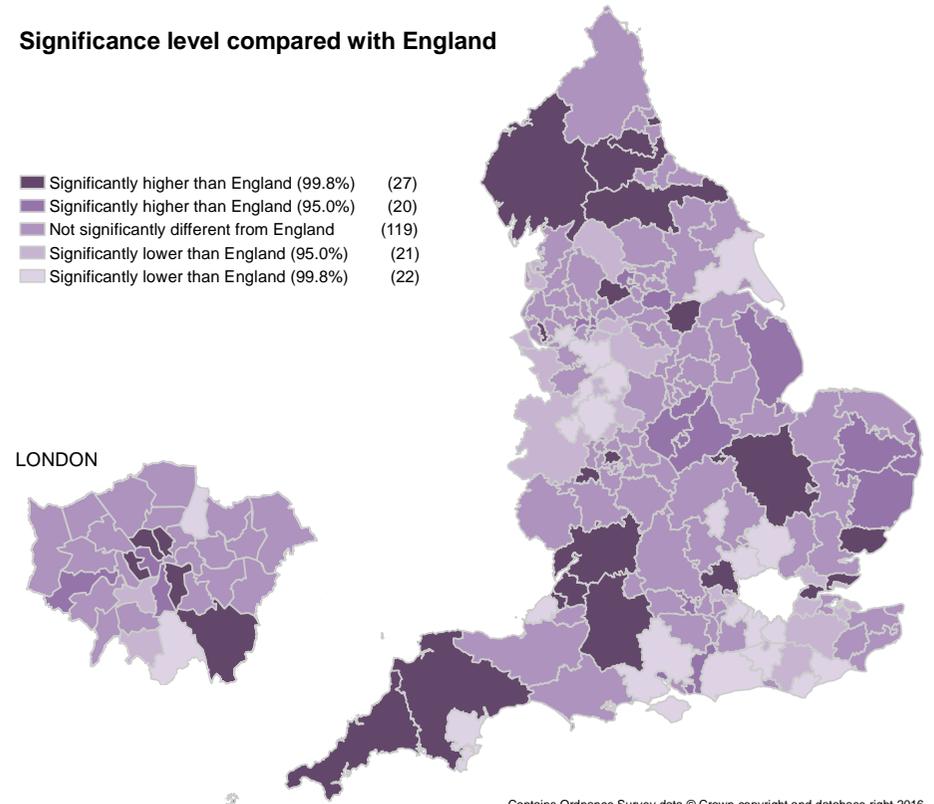


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Significance level compared with England

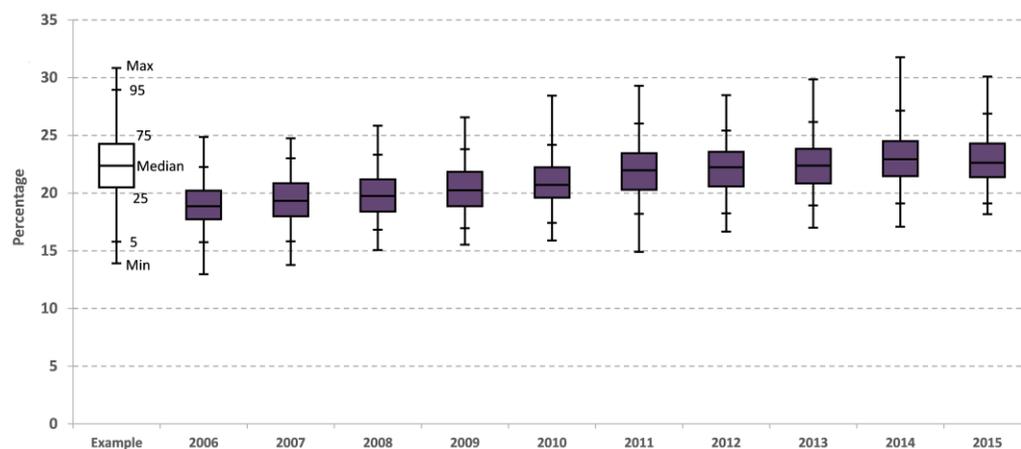
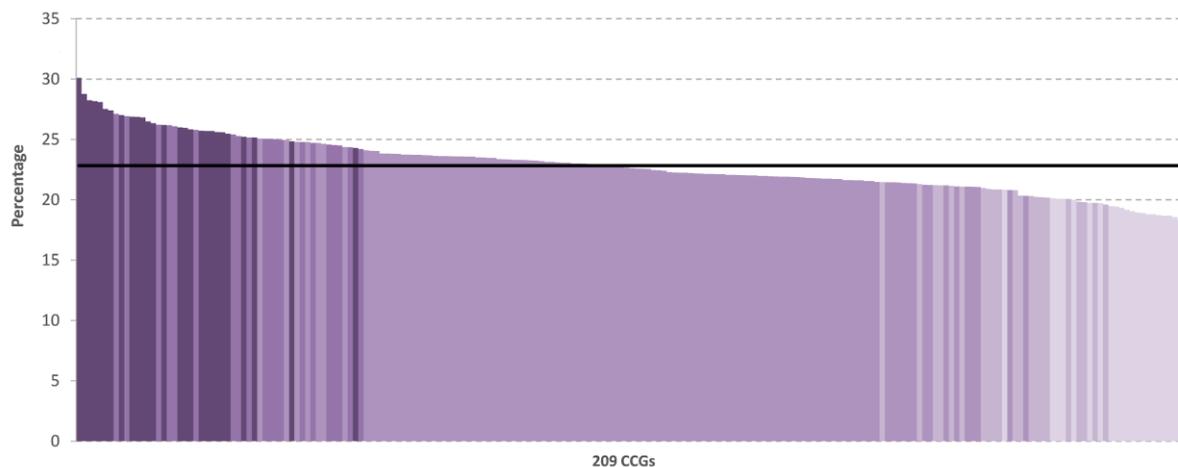
■ Significantly higher than England (99.8%)	(27)
■ Significantly higher than England (95.0%)	(20)
■ Not significantly different from England	(119)
■ Significantly lower than England (95.0%)	(21)
■ Significantly lower than England (99.8%)	(22)

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Variation in the proportion of people that died at home by CCG (2015)



Max - Min (Range)		11.9	11.0	10.8	11.0	12.6	14.4	11.8	12.8	14.7	11.9	No significant change
95th - 5th Percentile		6.5	7.2	6.5	6.8	6.8	7.8	7.2	7.2	8.1	7.8	WIDENING Significant
75th - 25th Percentile		2.5	2.9	2.8	3.0	2.6	3.2	3.0	3.0	3.0	2.9	No significant change
Median		18.9	19.3	19.7	20.2	20.7	22.0	22.2	22.4	22.9	22.6	INCREASING Significant

## Introduction

A national survey reported that many people would prefer to die at home if they have sufficient support<sup>1</sup>. The evidence is not clear that this is the preference of the majority<sup>2</sup>. Indeed some research suggests that the quality of end of life care in the home can be compromised if adequate support services are not available, for example, a national survey of the bereaved reported that pain relief was less effective in the home setting compared with hospitals, care homes and hospice<sup>3</sup>. The Ambitions framework recommends that good end of life care at home requires co-ordinated access to resources and support of carers<sup>4</sup>.

## Trends and magnitude of variation

In England (2015), 22.8% of deaths occurred at home, with a variation by CCG of between 18.2% and 30.1%, a 1.7-fold difference.

The CCG median increased significantly from 18.9% in 2006 to 22.6% in 2015. The 95<sup>th</sup> to 5<sup>th</sup> percentile gap widened significantly.

## Local considerations

Commissioners and providers should review this map and underlying data in combination with map 19, patients in need of palliative care/support recorded on GP disease registers and demographic data (maps 1 to 3). In addition they should explore local data on community specialist palliative and social care home services.

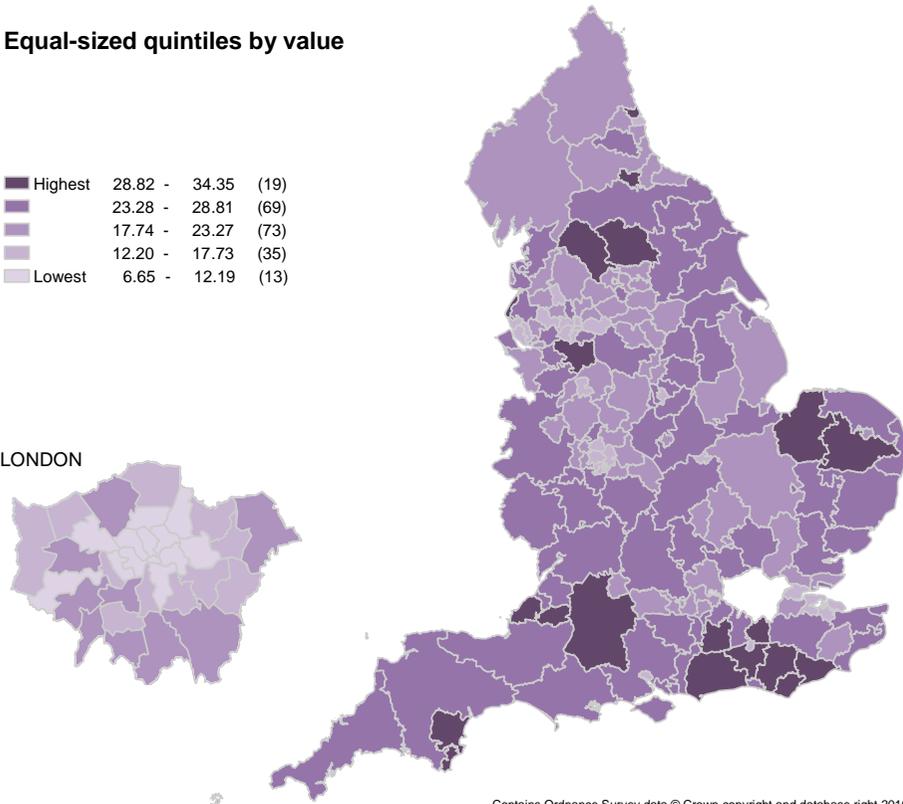
SECTION 3: PALLIATIVE AND END OF LIFE CARE IN THE COMMUNITY

Map 24: Variation in the proportion of people that died in a care home by CCG (2015)

Equal-sized quintiles by value

■ Highest	28.82 - 34.35	(19)
■	23.28 - 28.81	(69)
■	17.74 - 23.27	(73)
■	12.20 - 17.73	(35)
■ Lowest	6.65 - 12.19	(13)

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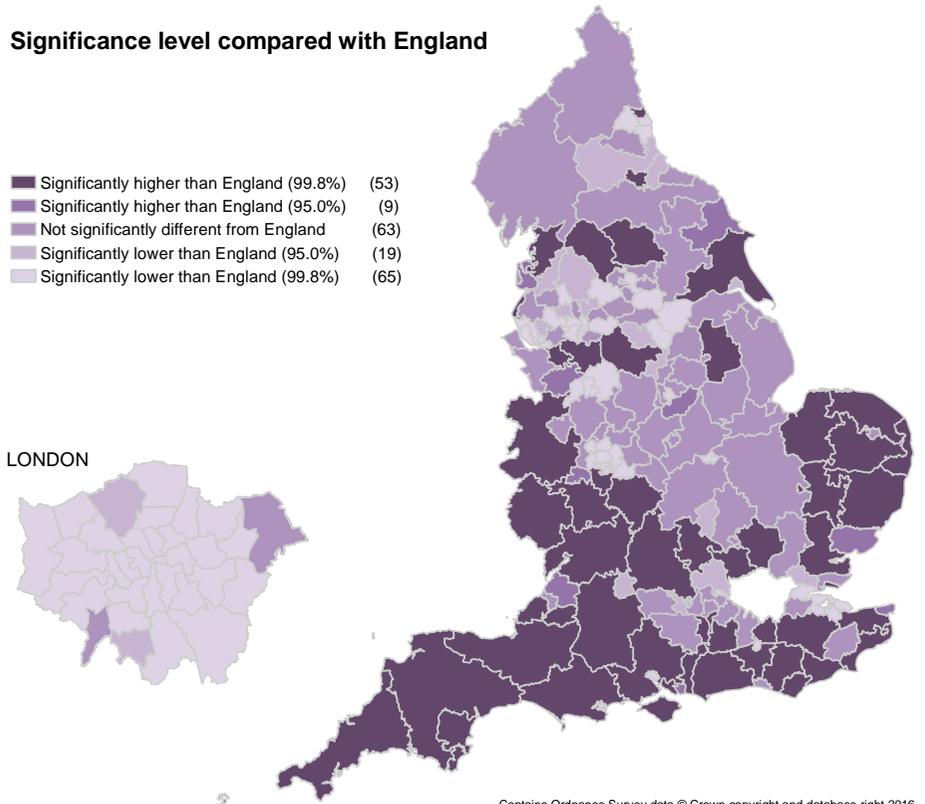


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Significance level compared with England

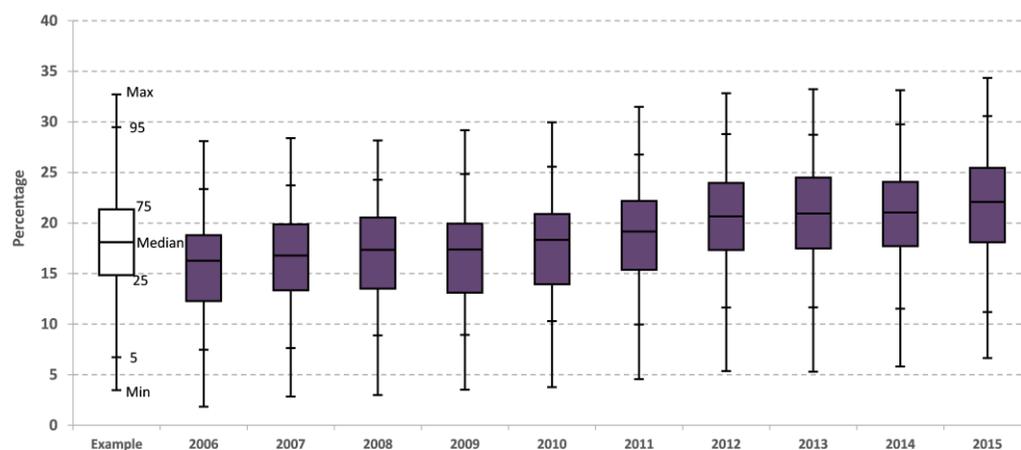
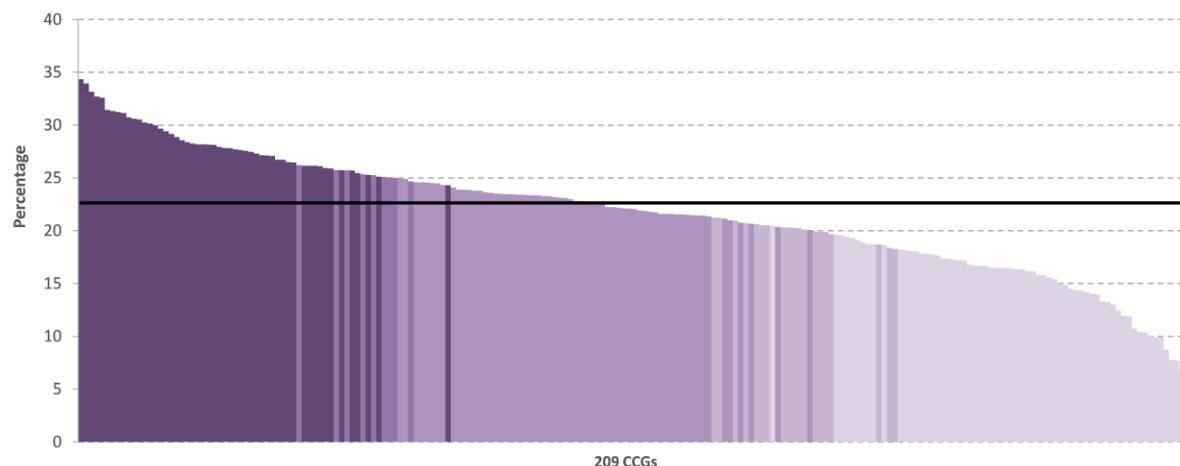
■ Significantly higher than England (99.8%)	(53)
■ Significantly higher than England (95.0%)	(9)
■ Not significantly different from England	(63)
■ Significantly lower than England (95.0%)	(19)
■ Significantly lower than England (99.8%)	(65)

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Variation in the proportion of people that died in a care home by CCG (2015)



Max - Min (Range)		26.3	25.6	25.2	25.7	26.2	26.9	27.5	27.9	27.3	27.7	WIDENING Significant
95th - 5th Percentile		15.9	16.1	15.4	15.9	15.3	16.8	17.2	17.1	18.2	19.4	WIDENING Significant
75th - 25th Percentile		6.5	6.5	7.0	6.8	6.9	6.8	6.6	7.0	6.3	7.4	No significant change
Median		16.3	16.8	17.4	17.4	18.3	19.2	20.7	20.9	21.0	22.1	INCREASING Significant

## Introduction

Care homes (residential and nursing homes combined) look after some of the most vulnerable in society. Older people are more likely to live and die in this setting<sup>1</sup>. It is therefore important that commissioners and planners consider the provision of palliative and end of life care in care homes. There has been concerted effort by improvement programmes<sup>2</sup> and training from specialist palliative care providers to improve the quality of end of life care in care homes<sup>3</sup>. More than half of all deaths with dementia recorded as a contributory cause of death occur in a care home. CQC have expressed concern at recent falls in the availability of nursing home beds in the context of increased demands of an ageing population and increasing number of deaths<sup>4</sup>.

## Trends and magnitude of variation

In England 2015, an average of 22.6% of deaths occurred in a care home, with a variation of between 6.7% and 34.4% by CCG, a 5.2-fold difference. The CCG median increased significantly from 16.3% in 2006 to 22.1% in 2015. Both the maximum to minimum range and the 95<sup>th</sup> to 5<sup>th</sup> percentile gap widened significantly.

## Local considerations

Commissioners and providers should review this map and underlying data in combination with other maps in particular map 25 the population in care homes, maps 26 and 27 describing the availability of care home/nursing home beds together with maps 29 and 30 which describe the residential status of people who die in care homes. Additional data can be found in the care home domain in the End of life care profiles<sup>5</sup> and 'The framework for enhanced health in care homes' provides guidance<sup>6</sup>.

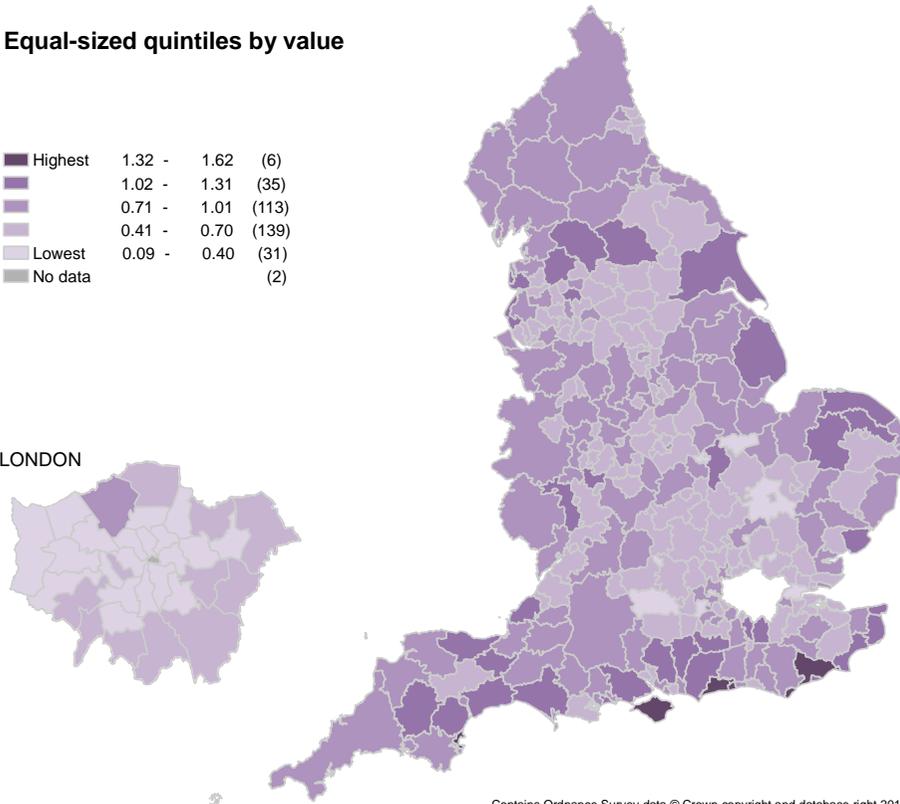
SECTION 3: PALLIATIVE AND END OF LIFE CARE IN THE COMMUNITY

**Map 25:** Variation in the proportion of the population who are living in a care home by lower tier local authority (2011)

**Equal-sized quintiles by value**

■ Highest	1.32 - 1.62	(6)
■	1.02 - 1.31	(35)
■	0.71 - 1.01	(113)
■	0.41 - 0.70	(139)
■ Lowest	0.09 - 0.40	(31)
■ No data		(2)

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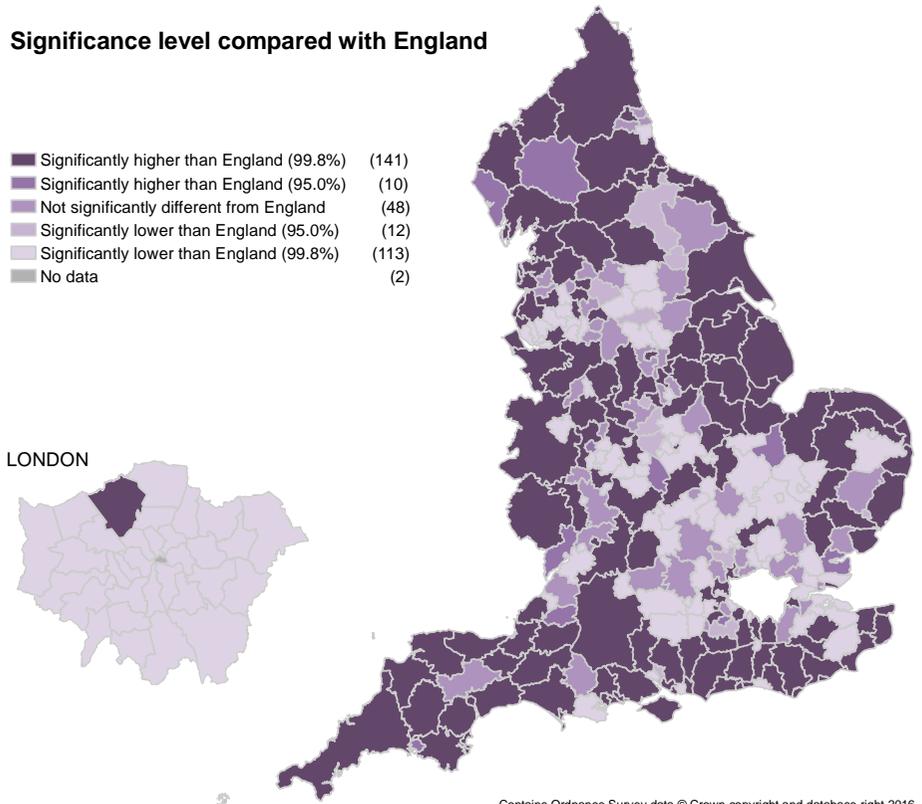


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**Significance level compared with England**

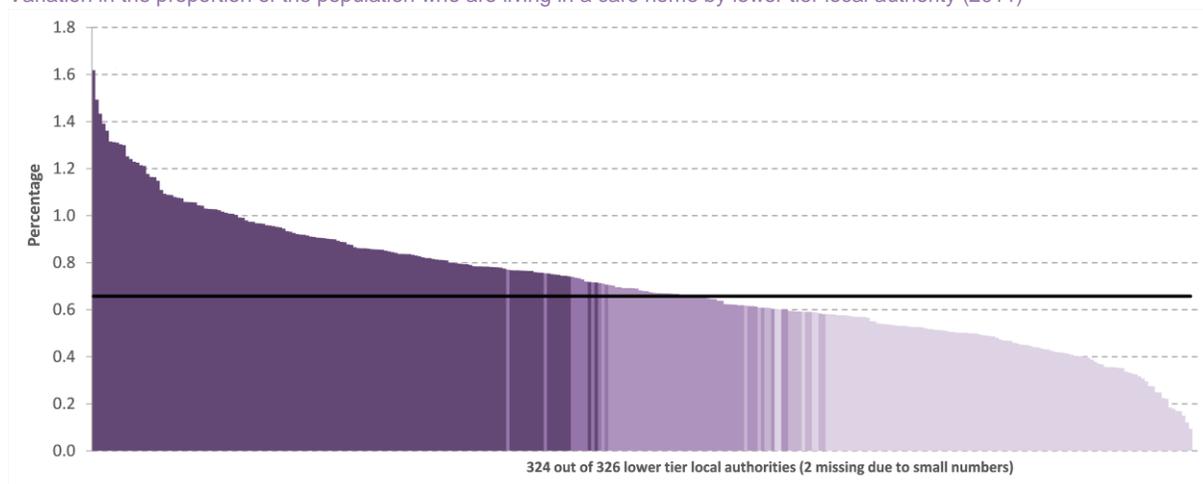
■ Significantly higher than England (99.8%)	(141)
■ Significantly higher than England (95.0%)	(10)
■ Not significantly different from England	(48)
■ Significantly lower than England (95.0%)	(12)
■ Significantly lower than England (99.8%)	(113)
■ No data	(2)

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Variation in the proportion of the population who are living in a care home by lower tier local authority (2011)



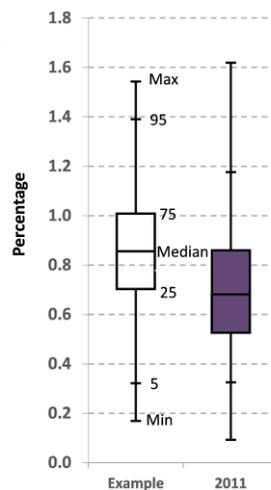
## Introduction

Over the past decade the size of the care home population has remained stable<sup>1</sup>. This population is ageing, and although most residents are women, the gender gap is closing<sup>1</sup>. The number of people who live in care homes will vary, amongst other things, according to the age and health of the local population and the availability of care home places. It is anticipated that the demand for care home beds will increase<sup>2</sup>.

Care Quality Commission (CQC) have expressed concern at recent falls in the availability of nursing home beds in the context of increased demands of an ageing population<sup>2</sup>.

## Magnitude of variation

In England (2011), 0.7% of the adult population were living in a care home and aged 65 or older, with a variation of between 0.1% and 1.6% by local authority, a 17.5-fold difference. The median value by local authority was 0.7%.



Max - Min (Range)		1.5
95th - 5th Percentile		0.9
75th - 25th Percentile		0.3
Median		0.7

## Local considerations

Commissioners and providers should review this map and underlying data in combination with care homes map (24-29), demographics data (maps 1, 2 and 10), deaths with dementia (map 5) and appendix 2 projected deaths for 2030. Additional data is also available from PHE's suite of analytical resources describing the role of care homes in end of life care<sup>3</sup>.

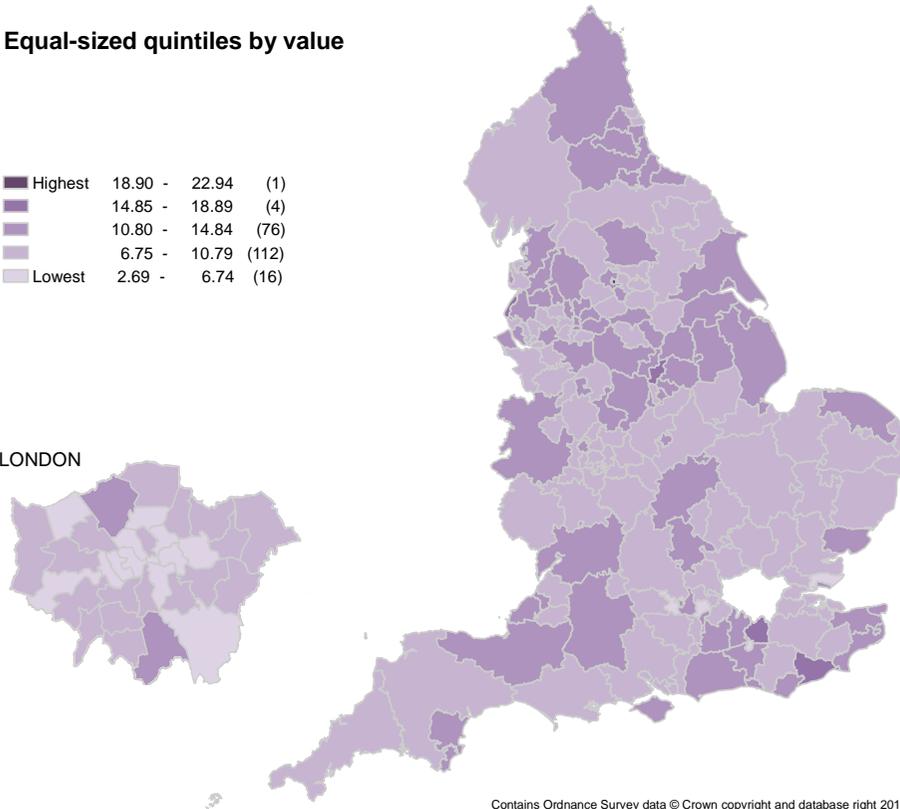
## SECTION 3: PALLIATIVE AND END OF LIFE CARE IN THE COMMUNITY

## Map 26: Variation in the number of care home beds per 100 people living who are aged 75 years or older by CCG (2017)

### Equal-sized quintiles by value

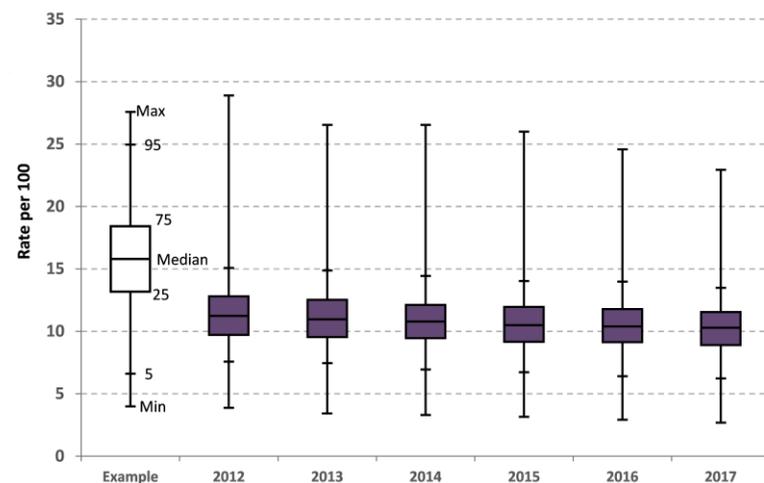
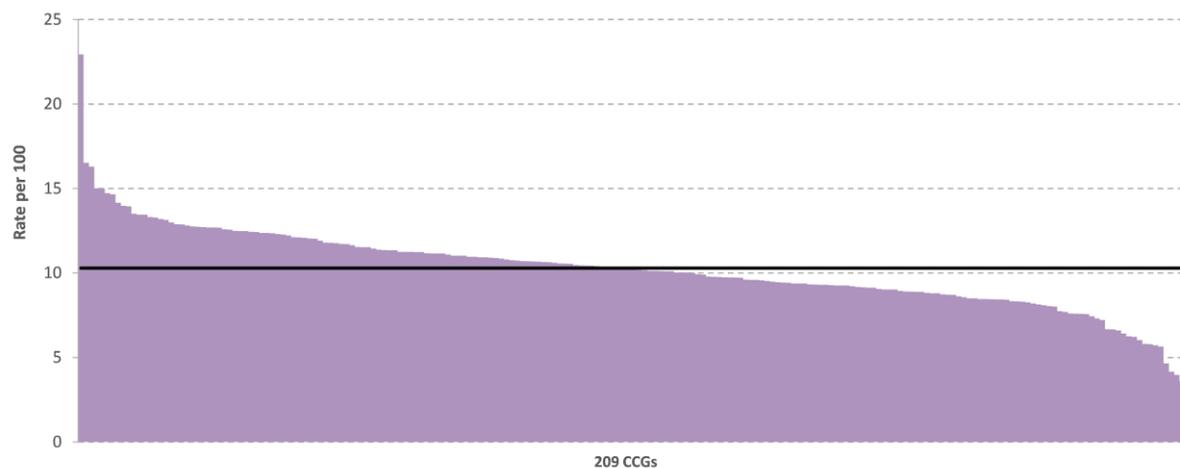
Highest	18.90 - 22.94	(1)
	14.85 - 18.89	(4)
	10.80 - 14.84	(76)
	6.75 - 10.79	(112)
Lowest	2.69 - 6.74	(16)

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Variation in the number of care home beds per 100 people living who are aged 75 years or older by CCG (2017)



Max - Min (Range)		25.0	23.1	23.2	22.8	21.7	20.3	NARROWING Significant
95th - 5th Percentile		7.5	7.4	7.5	7.3	7.6	7.2	No significant change
75th - 25th Percentile		3.1	3.0	2.7	2.8	2.7	2.6	NARROWING Significant
Median		11.2	11.0	10.8	10.5	10.4	10.3	DECREASING Significant

## Introduction

It has been estimated that demographic factors may increase demand for care home beds by as much as 71,000 by 2025<sup>1</sup>. This indicator uses data from Care Quality Commission (CQC) to describe the availability of care home beds (residential and nursing homes) in comparison with the size of the older population. This gives a crude measure of care home bed availability. The total beds available have remained broadly stable since 2010<sup>2</sup>. Many factors determine the number of care home beds, not only need but local policy too. In recent years some localities placed more emphasis on providing care in people's own homes. There are also complex economic and staffing dynamics which affect the relationship between residential and nursing home beds.

## Trends and magnitude of variation

In England (2017) there were 10.3 care home beds for every 100 people aged 75 years or older with a variation by CCG of between 2.7 to 22.9, an 8.5-fold difference.

The CCG median decreased significantly from 11.2 in 2012 to 10.3 in 2017. Both the maximum to minimum range and the 75<sup>th</sup> to 25<sup>th</sup> percentile gap narrowed significantly.

## Local considerations

Commissioners and providers should review this map and underlying data in combination with map 25 the population living in care homes and map 1 deaths aged 75 and older. Data on care homes is available in the care home domain on the End of life care profiles<sup>3</sup>. Additional data is also available from PHE's suite of analytical resources describing the role of care homes in end of life care<sup>4</sup>.

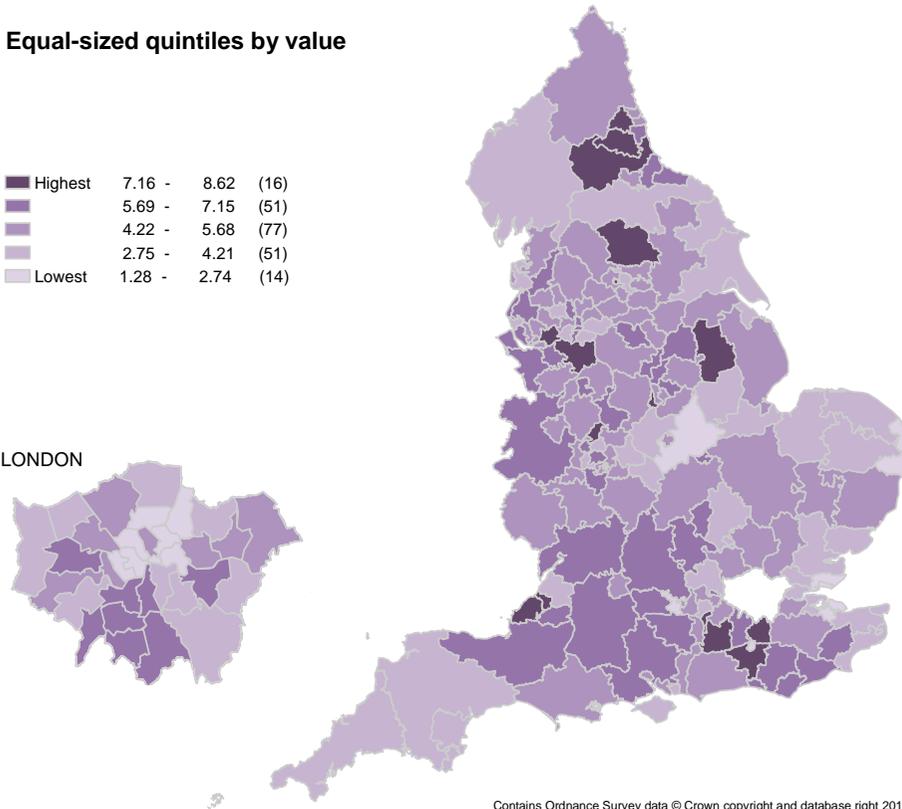
## SECTION 3: PALLIATIVE AND END OF LIFE CARE IN THE COMMUNITY

## Map 27: Variation in the number of nursing home beds per 100 people living who are aged 75 years or older by CCG (2017)

### Equal-sized quintiles by value

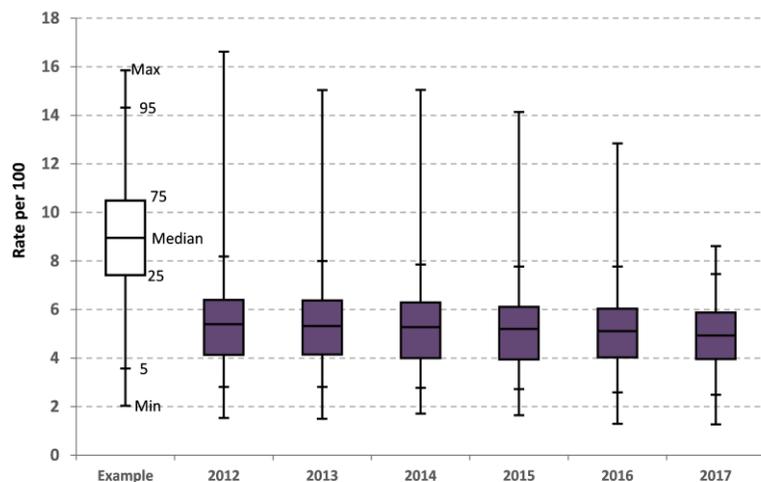
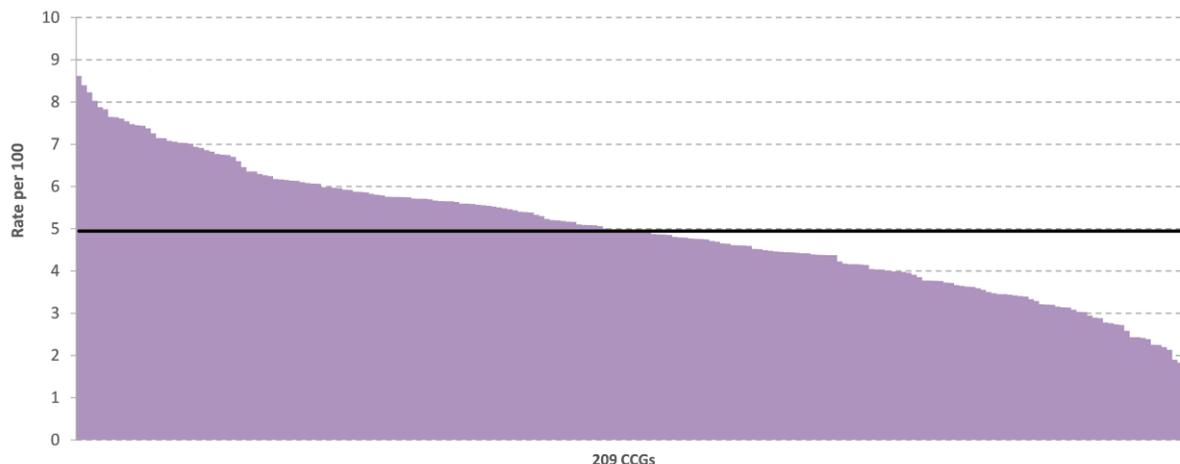
Highest	7.16 - 8.62	(16)
	5.69 - 7.15	(51)
	4.22 - 5.68	(77)
	2.75 - 4.21	(51)
Lowest	1.28 - 2.74	(14)

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Variation in the number of nursing home beds per 100 people living who are aged 75 years or older by CCG (2017)



Max - Min (Range)		15.1	13.5	13.3	12.5	11.5	7.3	NARROWING Significant
95th - 5th Percentile		5.4	5.2	5.1	5.0	5.2	5.0	No significant change
75th - 25th Percentile		2.3	2.2	2.3	2.2	2.0	1.9	NARROWING Significant
Median		5.4	5.3	5.3	5.2	5.1	4.9	DECREASING Significant

## Introduction

This indicator uses data from the Care Quality Commission (CQC) to describe the availability of nursing home beds in comparison with the size of the older population to give a measure of nursing home bed availability. The underlying total of nursing home beds available has increased since 2010 although this trend came to a halt in 2015 and in 2017 the total had fallen back to the number of beds available in 2014<sup>1</sup>. CQC reported concern in 2017 that although 67% of nursing homes were rated as good and 1% as outstanding, 29% were rated as requires improvement and 3% as inadequate. Considerable regional variation in care quality was also identified<sup>1</sup>. This comes at a time of considerable financial stress for care homes in general and questioning of many homes' continuing viability<sup>2</sup>.

## Trend and magnitude of variation

In England (2017), there was on average 4.9 beds in nursing homes for every 100 people aged 75 or older. Variation by CCG was between 1.3 and 8.6, a 6.8-fold difference.

The CCG median decreased significantly from 5.4 in 2012 to 4.9 in 2017. Both the maximum to minimum range and the 75<sup>th</sup> to 25<sup>th</sup> percentile gap narrowed significantly.

## Local considerations

Commissioners and providers should review this map and underlying data in combination with other maps in particular map 25 the population living in care homes, map 26 the care home bed rate and map 1 deaths aged 75 and older. Data on care homes is available in the care home domain on the End of life care profiles<sup>3</sup>. Additional data is also available from PHE's suite of analytical resources describing the role of care homes in end of life care<sup>4</sup>.

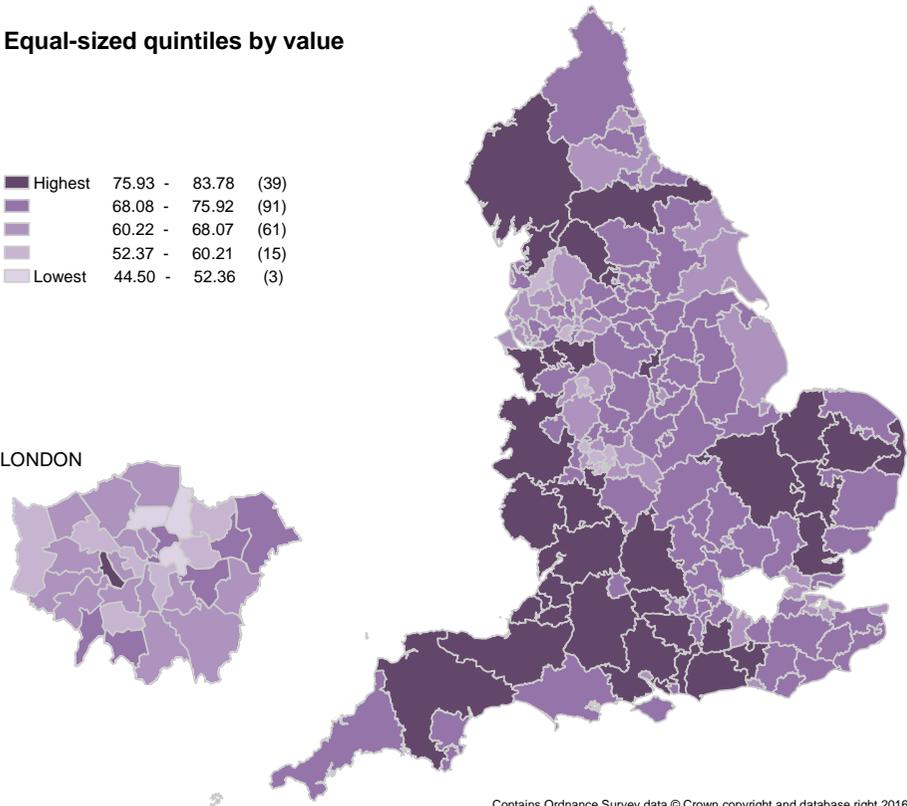
SECTION 3: PALLIATIVE AND END OF LIFE CARE IN THE COMMUNITY

**Map 28: Variation in the proportion of care home residents that died in a care home by CCG (2015)**

**Equal-sized quintiles by value**

■ Highest	75.93 - 83.78	(39)
■	68.08 - 75.92	(91)
■	60.22 - 68.07	(61)
■	52.37 - 60.21	(15)
■ Lowest	44.50 - 52.36	(3)

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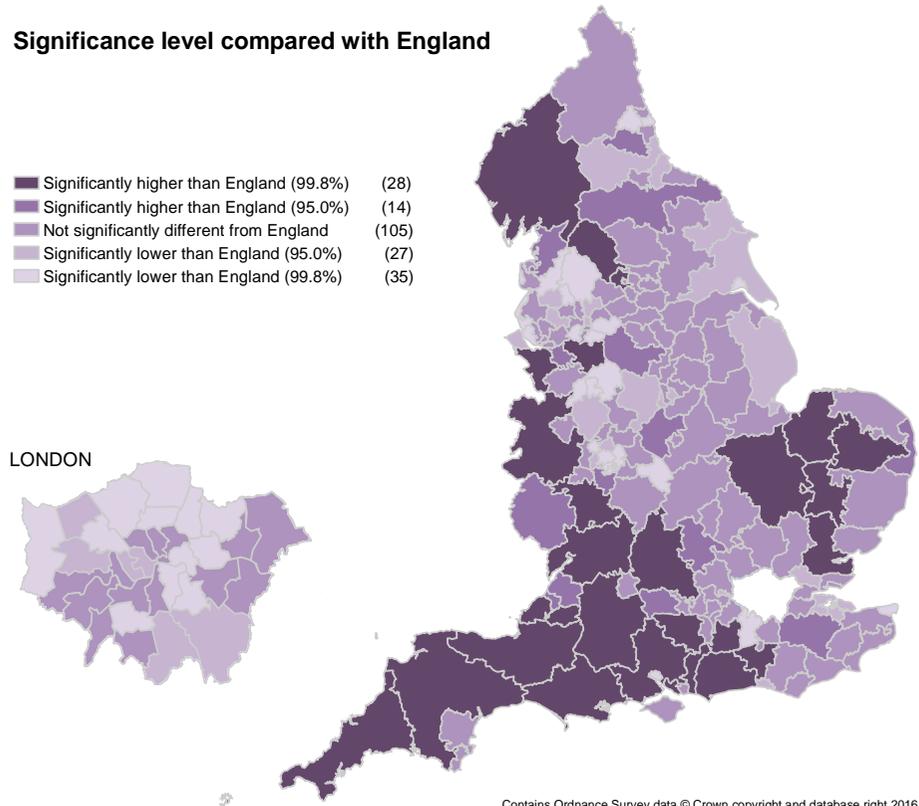


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**Significance level compared with England**

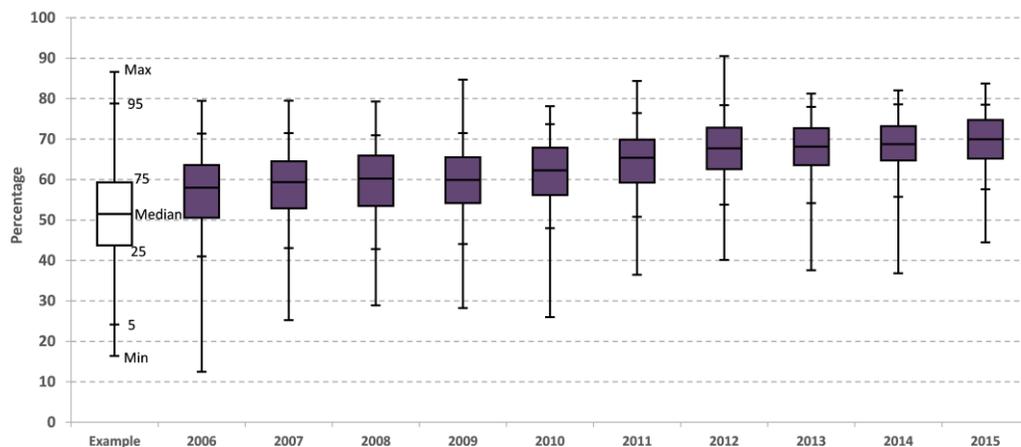
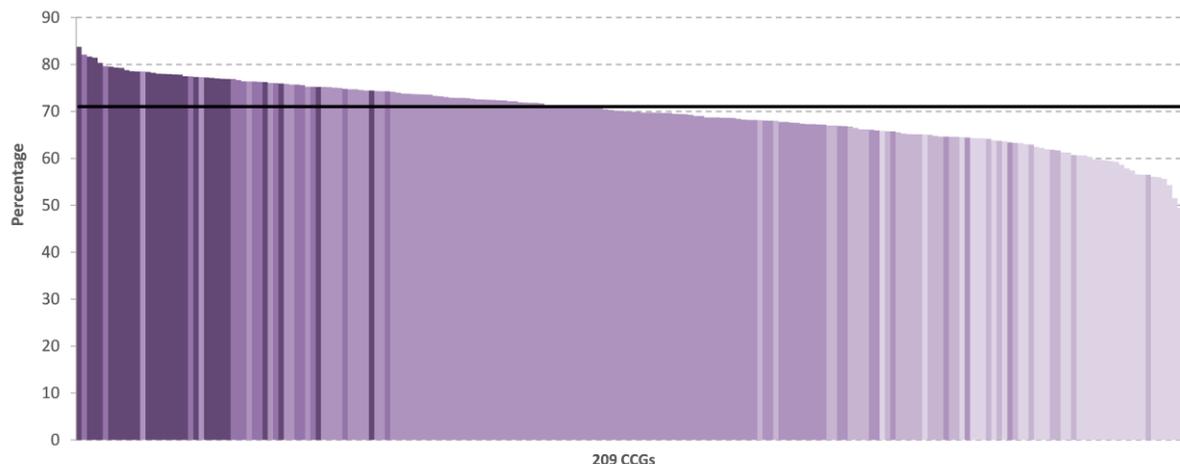
■ Significantly higher than England (99.8%)	(28)
■ Significantly higher than England (95.0%)	(14)
■ Not significantly different from England	(105)
■ Significantly lower than England (95.0%)	(27)
■ Significantly lower than England (99.8%)	(35)

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Variation in the proportion of care home residents that died in a care home by CCG (2015)



Max - Min (Range)		67.0	54.2	50.4	56.5	52.2	47.9	50.4	43.7	45.2	39.3	NARROWING Significant
95th - 5th Percentile		30.4	28.4	28.1	27.4	25.7	25.6	24.6	23.8	22.9	20.9	NARROWING Significant
75th - 25th Percentile		13.0	11.6	12.5	11.3	11.7	10.6	10.3	9.2	8.5	9.5	NARROWING Significant
Median		58.0	59.4	60.2	59.9	62.3	65.4	67.7	68.1	68.8	70.0	INCREASING Significant

## Introduction

Good advance care planning in care homes will include acknowledgement of the likelihood of death, opportunities to discuss and record the preferences of residents approaching end of life, ongoing review of a resident's needs, access to staff training<sup>1</sup>, and enhanced collaboration with GPs and palliative care specialists<sup>2</sup>. These initiatives should reduce hospital admissions and hospital deaths<sup>3</sup>. A higher value is likely in areas with consistently good quality palliative and end of life care in care homes.

## Trends and magnitude of variation

In England (2015), an average of 71.0% of the deaths of permanent care home residents occurred in a care home, with a variation of between 44.5% and 83.8% by CCG, a 1.9-fold difference.

The CCG median increased significantly from 58.0% in 2006 to 70.0% in 2015. There has been significant narrowing of all 3 measures of variation.

## Local considerations

Commissioners and providers should review this map and underlying data in combination with other maps in particular 3 or more emergency hospital admissions (map 13), the population living in care homes (map 25) and the proportion of deaths in care homes (map 24) together with the care home bed rate (map 26). Additional data on care homes is available in the care home domain on the End of life care profiles<sup>4</sup>. PHE have published a suite of analytical resources describing the role of care homes in end of life care<sup>5</sup>.

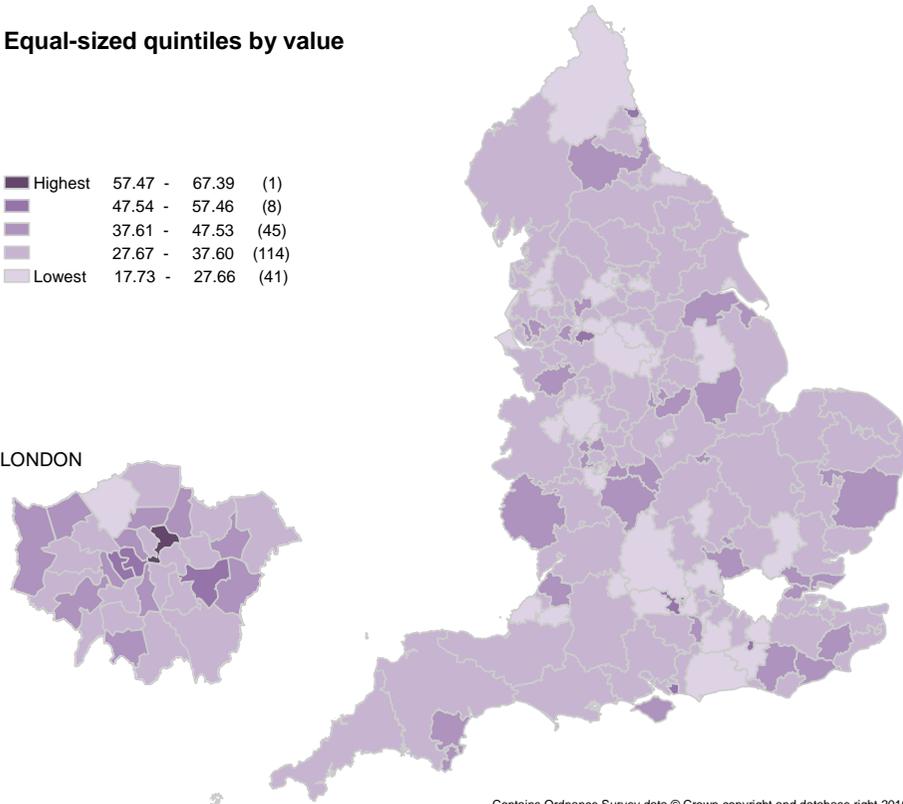
SECTION 3: PALLIATIVE AND END OF LIFE CARE IN THE COMMUNITY

**Map 29:** Variation in the proportion of people who died in a care home who were temporary residents by CCG (2015)

**Equal-sized quintiles by value**

■ Highest	57.47 - 67.39	(1)
■	47.54 - 57.46	(8)
■	37.61 - 47.53	(45)
■	27.67 - 37.60	(114)
■ Lowest	17.73 - 27.66	(41)

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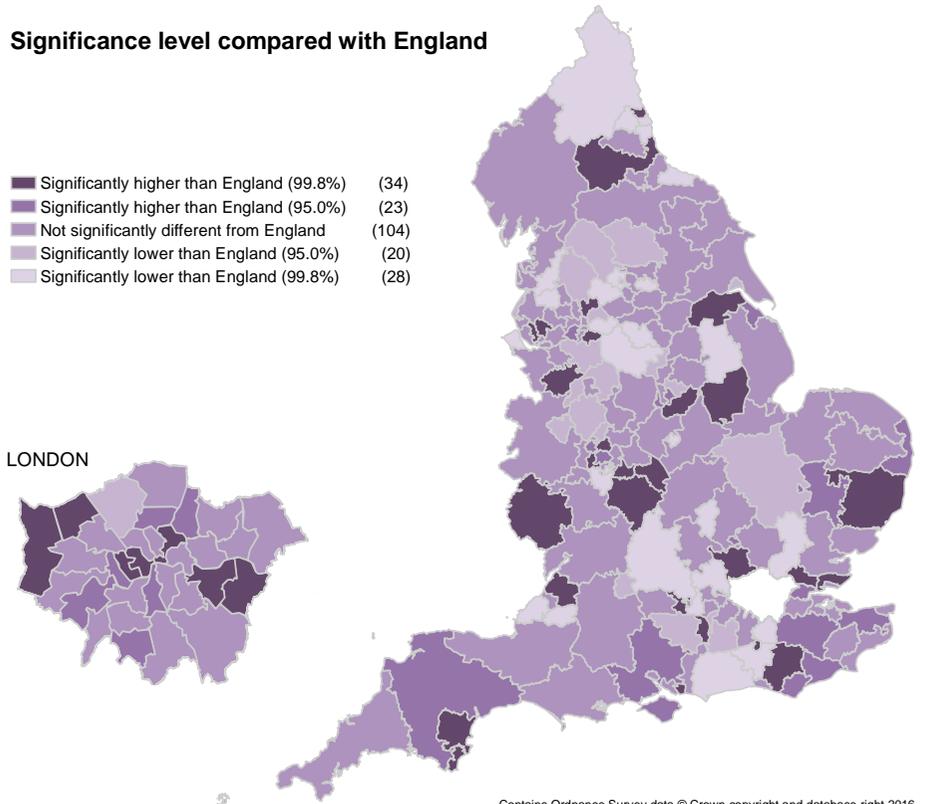


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**Significance level compared with England**

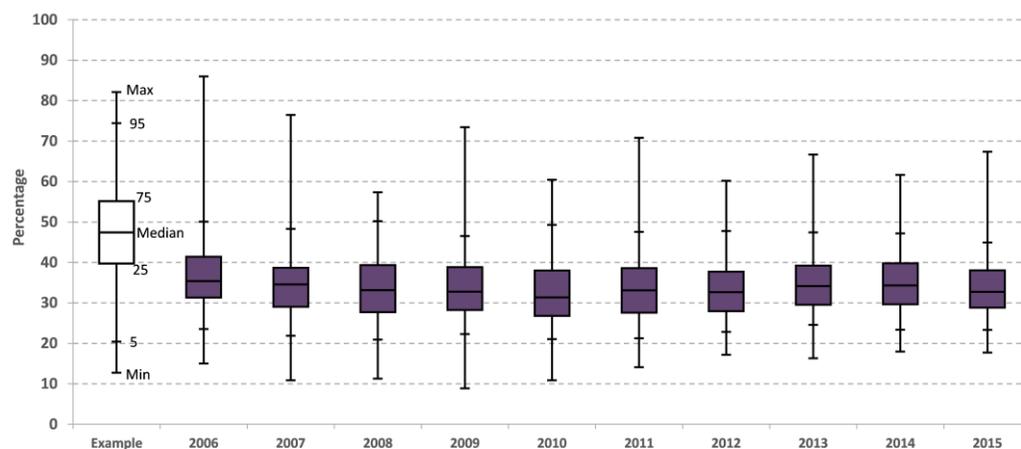
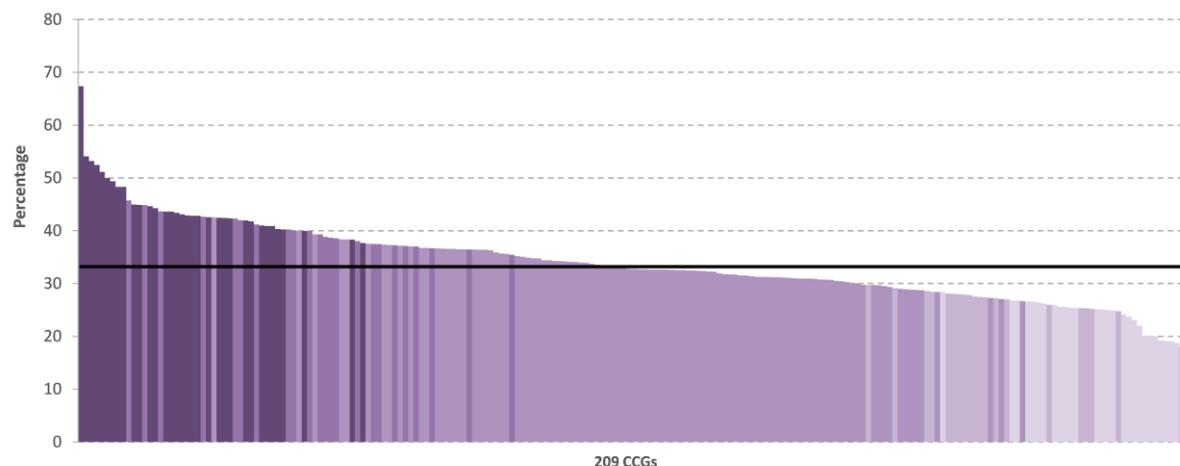
■ Significantly higher than England (99.8%)	(34)
■ Significantly higher than England (95.0%)	(23)
■ Not significantly different from England	(104)
■ Significantly lower than England (95.0%)	(20)
■ Significantly lower than England (99.8%)	(28)

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Variation in the proportion of people who died in a care home who were temporary residents by CCG (2015)



Max - Min (Range)		70.9	65.6	46.0	64.6	49.5	56.7	43.0	50.3	43.7	49.7	NARROWING Significant
95th - 5th Percentile		26.6	26.4	29.3	24.2	28.2	26.3	24.9	22.9	23.8	21.6	NARROWING Significant
75th - 25th Percentile		10.1	9.7	11.6	10.6	11.2	11.0	9.8	9.7	10.1	9.2	No significant change
Median		35.4	34.6	33.2	32.8	31.4	33.1	32.6	34.1	34.3	32.7	No significant change

## Introduction

Not everyone who dies in a care home is a permanent resident of that care home – referred to as ‘temporary care home residents’. Temporary admission to a care home may occur following discharge from hospital during a terminal illness, when someone needs short term support recuperating from an illness or for a trial period to decide whether they want to live permanently in a care home. About a third of people who die in care homes are temporary residents and they differ from the permanent residents. They are younger and more likely to have a cancer diagnosis<sup>1</sup>.

## Trends and magnitude of variation

In England (2015), 33.2% of deaths in care homes were temporary residents with a variation by CCG of between 17.7% and 67.4%, a 3.8-fold difference.

The CCG median in 2015 was 32.7% and the maximum to minimum range and the 95<sup>th</sup> to 5<sup>th</sup> percentile gap narrowed significantly between 2006 and 2015.

## Local considerations

Commissioners and providers should review this map and underlying data in combination with other maps in particular map 24 the proportion of deaths in a care home and map 25 the care home population. They should review their hospital discharge policies to care homes and the impact of quality of end of life care. Additional data on care homes is available in the care home domain on the End of life care profiles<sup>2</sup>. PHE have published a suite of analytical resources describing the role of care homes in end of life care<sup>3</sup>.