



Public Health
England

Protecting and improving the nation's health

Classification of place of death

**A technical bulletin from the National
End of Life Care Intelligence Network**

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

About the National End of Life Care Intelligence Network

The National End of Life Care Strategy, published in 2008, pledged to commission a National End of Life Care Intelligence Network (NEoLCIN) to improve the collection and analysis of national data about 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. NEoLCIN plays a vital role in supporting the comprehensive implementation of the strategy.

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Introduction

Where people die and their preferences for place of death are important indicators of the quality of end-of-life care. Public Health England's (PHE's) National End of Life Care Intelligence Network (NEoLCIN) reports on the factors affecting place of death and how they vary across England. This bulletin describes how NEoLCIN classifies place of death from death certificate data recorded by the Office for National Statistics (ONS) to assist those wishing to reproduce statistics.

National End of Life Care Intelligence Network place of death groups

The NEoLCIN routinely publishes place of death statistics in 5 place-of-death groupings.

Own residence

'Own residence' is a person's usual place of residence, excluding care homes or other establishments where people live communally, for example monasteries, hostels, prisons and children's homes. It is important to recognise that the 'own residence' group does not include the many very old people who die in a care home and who may have been long-term residents of that care home.

Hospital

'Hospital' is all hospitals excluding psychiatric hospitals. This group includes NHS and private hospitals, acute, specialist and community hospitals.

Care home

Care homes include residential and nursing homes, run privately, by the NHS or by local authorities. They range from independent sheltered accommodation to full nursing homes. People may have been long-term residents or have been admitted shortly before they died.

Hospice

This group includes many charitably funded independent hospices, such as Sue Ryder Homes and Marie Curie Centres, and specialist palliative care centres. Many of these places are 'free standing', that is not part of a hospital or other institution, but some

hospice services are located within NHS hospitals. This may not be clearly identified on the death certificate. In such instances the place of death is usually reported as 'hospital'. Also, hospices increasingly work in the community, but information on who was caring for the patient at the end of their life is not recorded on the death certificate. As a result, mortality statistics underestimate the true number of people who receive hospice care at the end of their life.

Other places

This group includes all places not classified as 'own residence', 'hospital', 'care home' or 'hospice' and includes psychiatric hospitals, schools, convents and monasteries, university and college halls of residence, young offender institutions, secure training centres, detention centres, prisons and remand homes. It also includes places such as someone else's home, a work place, public place, or not in a building, for example on a road. This category also includes people pronounced dead on arrival at hospital.

How the Office for National Statistics records place of death

The ONS records mortality from information collected when deaths are certified and registered, a process described in detail in their mortality statistics metadata guide.¹

Most deaths are certified by a medical practitioner who completes a medical certificate of cause of death. Usually, this certificate is taken to the registrar of births and deaths by a person known as the informant – often a relative of the person who has died. The information collected at death registration is supplied by the doctor, the informant or in some instances, the coroner.

Place of death is usually given by the informant, except after inquest. This falls into the broad categories of:

- a hospital or some other ‘communal establishment’, in which case a unique code is assigned to it by the registrar – these establishments include nursing homes, residential homes, schools, religious establishments and hostels
- the person’s home address where this is not a communal establishment
- elsewhere – possibly another private residence, a public place or not in a building

The ONS groups all the individual communal establishment codes into 84 categories (‘death codes’), numbered 1-84. It also distinguishes between NHS and non-NHS establishments (1 for NHS, 2 for non-NHS). There are 2 further communal establishment codes for deaths at home (‘H’) and deaths occurring ‘elsewhere’ (‘E’).

From these categories, the ONS then derives 6 place-of-death groupings (home, care home, hospitals and communal establishments for the care of the sick, hospices, other communal establishments, elsewhere) to produce statistics for publication.

¹ Mortality Statistics: Metadata. ONS, October 2012 www.ons.gov.uk/ons/guide-method/user-guidance/health-and-lifeevents/mortality-metadata.pdf

How the NEdLCIN place-of-death groups relate to the ONS data

The ONS codes 'communal establishment file' lists all the unique individual communal establishment codes. It is available from the ONS or can be downloaded from www.hscic.gov.uk/ods/downloads/officenatstats by users with an N3 connection.

Tables 1 and 2 show how the NEdLCIN place-of-death groups relate to the ONS data.

Table 1. ONS coding to NEdLCIN place of death group, communal establishment coded as a letter

ONS communal establishment code	NEdLCIN place of death group
H	Home
E	Other places

Table 2. ONS coding to NEdLCIN place-of-death group, communal establishment coded as a number, using 'NHS indicator' and 'death code' from the communal establishment file

ONS NHS indicator	Death code	NEdLCIN place of death category
1	2, 4, 7, 10, 21	Care home
1	83	Hospice
1	1, 3, 18, 99	Hospital
1	5, 6, 8, 9, 11	Other places
2	3, 4, 7, 10, 14, 20, 22, 32, 33, 99	Care home
2	83	Hospice
2	1, 18, 19	Hospital
2	5, 8, 9, 11, 12, 13, 15, 16, 17, 23-31, 34-82	Other places

How ONS and NEOLCIN place-of-death groups differ

The 6 ONS groups are very similar to the NEOLCIN place-of-death groups (see Table 3). The only difference is that the NEOLCIN combines the 2 smallest ONS groups – ‘other communal establishments’ and ‘elsewhere’ – into a single ‘other places’ group. This is done because the numbers of deaths in these groups are small and therefore highly variable when reported at local authority level.

Table 3. Summary of ONS and NEOLCIN place of death groups with data for 2011 deaths in England

ONS		PHE – NEOLCIN	
Place of death group	Deaths of England residents registered 2011	Place of death group	Deaths of England residents registered 2011
Home	98,645	Own residence	98,645
Care home	88,082	Care home	87,913
Hospitals and communal establishments for the care of the sick	230,850	Hospital	230,820
Hospices	25,490	Hospice	25,673
Other communal establishments	1,381	Other places	9,795
Elsewhere	8,414		
TOTAL	452,859		452,859

Source: ONS Data: Series DR Deaths registered 2011, Table13 and PHE Data: PHE analysis of ONS Mortality Extract

The ONS constantly reviews the communal establishment file, and there are regular updates adding and changing entries. This can change place-of-death statistics. For example, in Table 1, the ONS and NEOLCIN totals are the same, but the group subtotals differ slightly because different versions of the communal establishment file were used in their calculation.