Older People Dying of Cancer: Does Service Need and Service Configuration Impact on Where People Die

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1. Aim

Of all deaths in people ≥75, 22% are from cancer. Information is presented on: service need for end of life care (EOLC) for older people (≥ 75 years) dying of cancer, service funding and infrastructure, and place of death.

2. Methods

The data sources used were:

- ONS annual mortality extracts (2008/10)
- Department of Health EOLC declared spend data (2010/11)
- Care Quality Commission – number of care home beds (2012)
- Help the Hospices – hospice and specialist palliative care service data (2011)

3. Results

There were 67,002 cancer deaths per annum, in people ≥ 75 years. Highest service need was in the North West (9,408) and lowest, North East (3,945). EOLC spend reflected demand, with average spend £45,713,438 per SHA (range £19,370,000 [North East] to £90,602,715 [Yorkshire and Humber]).

Hospice beds per cancer death varied - high (South Central, South West, South East Coast) - low (North West, East of England and Yorkshire and Humber). Strategic Health Authorities with high bed availability were more likely to have a higher percentage of people ≥ 75 dying of cancer in these facilities. Highest South Central (14.4%), lowest North West (7.8%).

Care home bed availability (care home beds per 1,000 ≥75 years) varied. It was high in North East, South East Coast and Yorkshire and Humber. Low in, London, East of England, and West Midlands. Percentage dying of cancer in care homes reflected availability - North East (18%) London (14.1%).

4. Conclusion

Despite growing ≥75 populations, place of care for old people approaching death from cancer is poorly understood. These results provide important information on the relationship between service configuration and EOLC care.