

Marie Curie Briefing

Community settings to replace hospital as most common place to die by 2040?

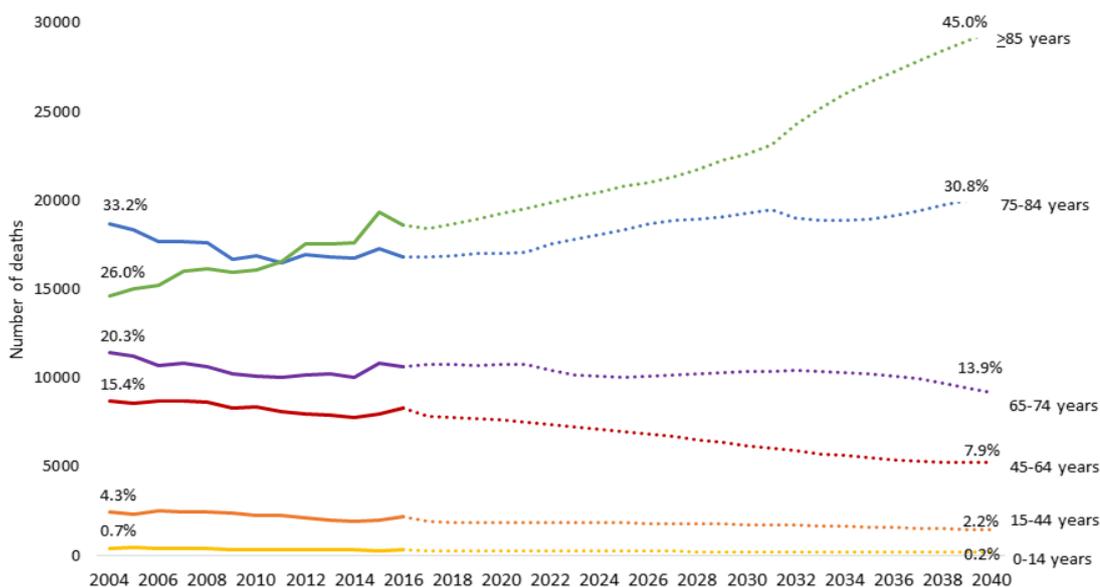
New research carried out by Marie Curie, University of Edinburgh and Kings College London

- If current trends in where people die continue, then by 2040 two-thirds of all Scots could die at home, in a care home or a hospice. Currently less than half do.
- However, this is very unlikely to happen without substantial investment in community-based care including care home capacity. Without this investment hospital deaths could rise to 37,089 (57%) of all deaths by 2040.

Marie Curie is calling for the Scottish Government and Health and Social Care Partnerships to:

- make care of terminally ill people and those at the end of a much higher priority and support sustainable funding of services;
- invest in community-based care including care home capacity;
- invest in and upskill a community health and social care workforce through education, training and valuing of their work;
- hold a public debate on death, dying and bereavement.

More and more people will be dying in Scotland by 2040

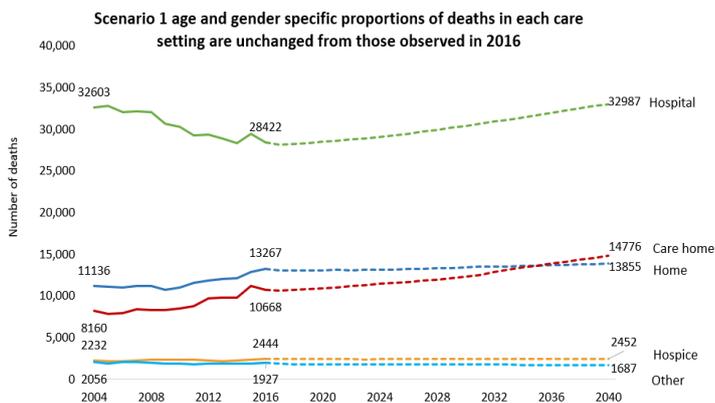


There will be nearly 16% more deaths in Scotland by 2040 – an increase from 56,700 to 65,700.

With 45% of all deaths aged over 85.

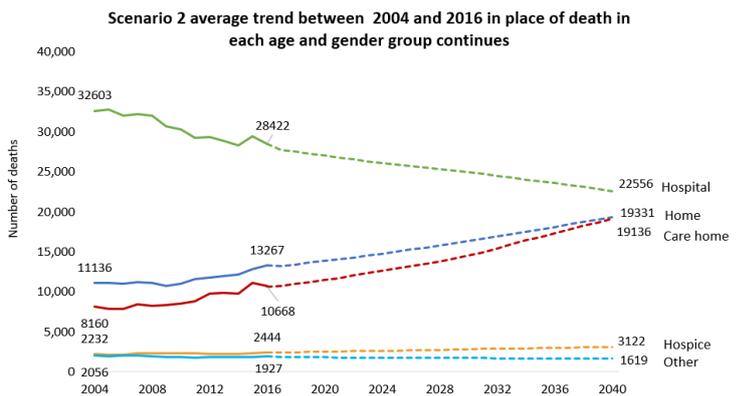
Where will they die?

We carried out research and using a number of scenarios looked at where people may die in Scotland over the next 20 years.

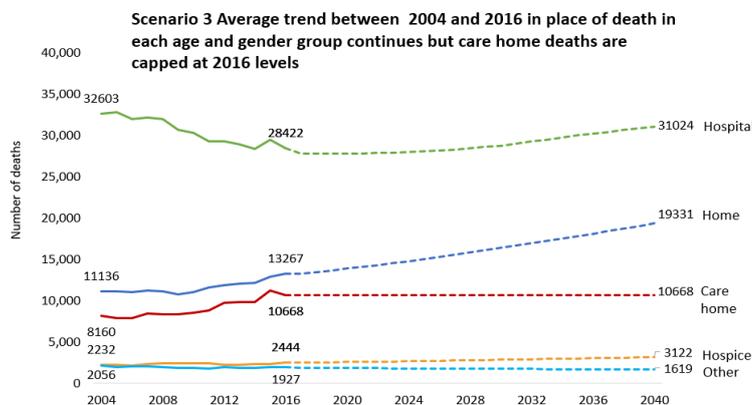


Scenario one If the proportion of deaths in all settings stay the same as they were in 2016 (but adjusted for projected changes in age and gender), then there will be an increase in numbers of deaths across all settings, with hospital and care homes seeing the biggest rise.

Scenario two If the trend from 2004-2016 continues at the same pace through to 2040 (and adjusted for projected changes in age and gender) then we will see a significant decrease in hospital deaths and an increase in deaths at home and care homes, so that two-thirds of deaths will be in a community setting.



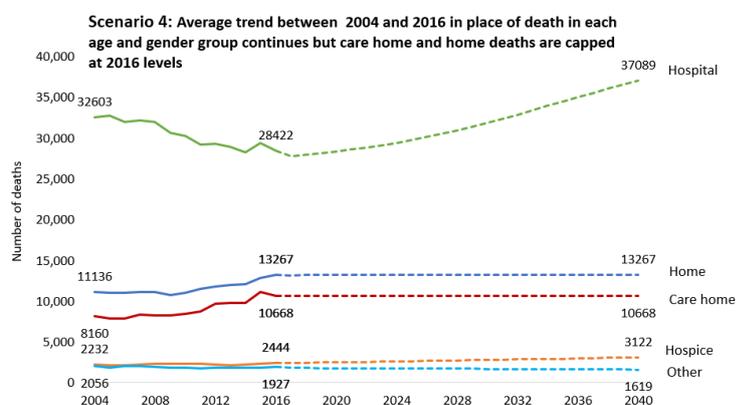
Hospital deaths will fall from 50% to 34% of all deaths, home deaths will increase from 23% to 29% and deaths in a care home from 19% to 29%.



Scenario three shows what would happen if the same trends as in scenario two happened, but if the capacity of care homes was capped at the 2016 level and that the additional people would die in hospital.

In such a case we would still see an increase in deaths at home, but hospital deaths would no longer fall as drastically as in scenario two and would start to increase rising above the 2016 level.

Scenario four shows what would happen if the same trends as in scenario two happened, but if capacity of care homes and home deaths were capped at the 2016 level and that the additional people would die in hospital.



This would lead to a significant rise in the number of hospital deaths, while the proportion of deaths at home and in care homes would fall as the numbers stayed the same. This would see 57% of all deaths in hospital and an increase of 8,667 deaths in hospital from 2016.

What does this mean?

Our research shows that if current Scottish trends continue the need for end-of-life care will rise over the next 20 years, particularly in home and care home settings. By 2040 community settings could feasibly account for two-thirds of all deaths. Hospital deaths could account for a third. This would fit with the Scottish Government's ambitions of shifting the balance of care from acute to community settings and to support people to die at home, where most people frequently say they would prefer to die.

However, **this scenario is very unlikely to happen, if community support and capacity is not radically increased.** We know that currently the number of care homes and the number of care home places are currently falling in Scotland.ⁱ The number of care homes for older people fell by 10% between 2007-2017 from 949 to 854, and the number of care home places fell from 37,540 to 37,278.

What did the experts say?

As part of the research, we invited 27 experts comprising of policy-makers, clinicians, health service managers, social care workers, educators and senior academics to participate in a consultation exercise exploring the findings of the four scenarios. The experts were asked to identify priorities to support the shifting of care from acute to community settings. The experts were then asked to work together and by consensus identify three key priorities to support this outcome. These were:

- to increase and upskill a community health and social care workforce through education, training and valuing of care work;
- to build community care capacity through informal carer support and community engagement;
- to stimulate a realistic public debate on death, dying and sustainable funding for services.

What needs to happen

In 2016, the Scottish Government in its Health and Social Care Delivery Plan 2016-2021 made a commitment to double palliative care services in the community, which has yet to be realised.

We need the Scottish Government and Health and Social Care Partnerships across Scotland to make care of terminally ill people and those at the end of a much higher priority for people dying in all care settings.

Research Reference:

The impact of population ageing on end-of-life care in Scotland: projections of place of death and recommendations for future service provision Authors: Anne M. Finucane, Anna E. Bone, Catherine J. Evans, Barbara Gomes, Richard Meade, Irene J. Higginson and Scott A. Murray

Further information:

Richard Meade

Marie Curie

Head of Policy & Public Affairs

richard.meade@mariecurie.org.uk

0131 561 3904/02

@MarieCurieSCO

@richardmeade13



- ⁱ 37,278 care home places in 854 care homes. *ISD Scotland: Care home census for adults in Scotland: figures for 2007-2017*. 2018