

Detailed briefing on free social care at the end of life

Briefing for: **People interested in free social care at the end of life**

Author: **Tim Windle, Public Affairs Officer,**
TWindle@macmillan.org.uk, 020 7840 4946

Date created: **July 2014**

Introduction

Macmillan Cancer Support has published a report¹ suggesting that end of life care can meet people's needs, honour people's wishes and save £345m by being delivered in the community rather than in hospital. If this is not introduced then by 2020, 220,000 people with cancer, whose dying wish was to be at home, will have died in hospital.

The report also finds three quarters of doctors and nurses believe over 70% of cancer patients have no medical need to be in hospital at the end of life. Three quarters of health decision makers think some of the money they spend could be better spent on free social care at the end of life.

'We really needed some support with the practical side of life. Adrian struggled with even the most basic of tasks, such as tying his shoelaces. I was working full-time while trying to see as much of him as possible, and my mum was trying to keep our family business going at the same time as caring for Adrian. As a family, we really needed that extra support to give us more quality time with Adrian in his final weeks of life'. Vikki, who cared for her dad at the end of his life

Costings data

Our report estimates the cost of those who die in hospital but do not want to, it then estimates the saving from supporting this group to die at home instead. Data is from the best sources possible.

How much is spent unnecessarily on hospital care?	
Average length of stay in hospital for an admission that ends in death ²	12.9 days
Cost of general hospital care per person ³	£250 per day
Proportion of people who need specialist palliative care ⁴	47%
Average cost of specialist palliative care per person ⁵	£340 per day
Average cost of final hospital stay ((53% of (12.9x£250)) + (47% of (12.9x£340)))	£3,770
Percentage of people who want to die at home ⁶	81%
Number of deaths in hospital in 2012 ⁷	229,000
81% of 229,000	181,780
Estimated hospital cost for people at the end of life who wanted to be at home (181,780 x £3,770)	£685 million
How much could free social care save?	
Cost of a comprehensive package of community support per person ⁸	£145 per day
Cost of support package for the 181,780 who wanted to die at home	£340 million
Potential saving per year (£685m - £340m)	£345 million

Caveats:

- Those in receipt of general hospital care will likely need some form of more expensive palliative care as they get closer to the end of life, the final figure may be an underestimate.
- The cost of specialist palliative care varies, higher estimates suggest it is £425 per day.

¹ www.macmillan.org.uk/Documents/GetInvolved/Campaigns/Endoflife/EndofLifereport-June2014.pdf

² <http://www.endoflifecare-intelligence.org.uk/view?rid=771>

³ <http://www.nao.org.uk/wp-content/uploads/2008/11/07081043.pdf>

⁴ <http://www.ncpc.org.uk/sites/default/files/CommissioningGuidanceforSpecialistPalliativeCare.pdf>

⁵ <http://www.pssru.ac.uk/project-pages/unit-costs/2013/index.php?file=full>

⁶ http://www.ons.gov.uk/ons/dcp171778_317495.pdf

⁷ Office for National Statistics. *Mortality Statistics: Deaths Registered in 2012 (Series DR)*. 2012

⁸ <http://www.mariecurie.org.uk/Documents/HEALTHCARE-PROFESSIONALS/commissioning-services/understanding-cost-end-life-care-different-settings.pdf>

- Some people will always have a clinical need to die in hospital, small scale research suggests this could be as low as 6-11% of people⁹. However, three in four health professionals polled by Macmillan in June 2014 estimated that, if comprehensive end of life care services were available in the community, no more than 30% of people would have a medical need to spend their last few days in hospital.

What other evidence exists to establish an economic case

The Nuffield Trust, *Use of health and social care by people with cancer*¹⁰. Finds that those in the final three months of life have 20% more hospital admissions, over 60% more elective admissions and outpatient attendances. It estimates that the hospital costs for this group were more than five times the cost of social care provided in the final year of life.

Nuffield Trust, *Social care and hospital use at the end of life*¹¹. Finds that higher levels of social care costs at the end of life are associated with lower levels of inpatient admissions, inpatient bed days, outpatient attendances and A&E visits.

Centre for Welfare, Reform *Health Efficiencies*¹². Finds that a significant proportion of those who die in hospital could be supported to die at home with appropriate health and social care packages.

NHS National End of Life Care Programme, *New intelligence on end of life care in England*¹³. Highlights that QIPP data suggests there are potential net savings of £958 for every person who dies in the community rather than in hospital.

The King's Fund, *Midhurst Macmillan Community Specialist Palliative Care Service*¹⁴. Macmillan's model reduces the total cost to the NHS of caring for people in the last year of life by 20%.

Productivity and efficiency

The evidence strongly suggests that end of life care can meet people's needs and be delivered more cheaply in the community than it currently is in hospital. This will represent an efficiency saving, providing a better standard of care more cheaply and freeing up hospital beds for people with more clinical need for them. This is becoming increasingly important given the ageing population, the growing demand for health services and the growing demand for end of life care.

Free social care at the end of life is already working in parts of the country

Macmillan, in coalition with other charities, commissioned OPM to research existing examples of free social care at the end of life. OPM's report¹⁵ found a number of places where free social care is already working as a package of community care, either through the existing Continuing Healthcare Fast Track, or other pilots and initiatives from CCGs. This shows that free social care at the end of life is a practical possibility and also, currently, a postcode lottery.

Next steps

We want this government to commit its support before the end of this parliament for free social care. One way to do this may be to set out free social care at the end of life alongside the next phase of Better Care Fund spending. However, it will need to be the next government, post 2015, which will implement the policy on the ground. Therefore, it is imperative that all political parties commit to supporting free social care at the end of life in their general election manifestos.

**For further information please contact Tim Windle, Public Affairs Officer,
TWindle@macmillan.org.uk, 020 7840 4946.**

⁹ <http://www.opm.co.uk/wp-content/uploads/2014/06/How-could-free-social-care-at-end-of-life-work-in-practice.pdf>

¹⁰ http://www.nuffieldtrust.org.uk/sites/files/nuffield/140602_social_care_for_cancer_survivors_full_report.pdf

¹¹ http://www.nuffieldtrust.org.uk/sites/files/nuffield/social_care_and_hospital_use-full_report_081210.pdf

¹² <http://www.centreforwelfarereform.org/uploads/attachment/303/health-efficiencies.pdf>

¹³ <http://www.endoflifecare-intelligence.org.uk/view?rid=771>

¹⁴ http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/midhurst-macmillan-coordinated-care-case-study-kings-fund-aug13.pdf

¹⁵ <http://www.opm.co.uk/wp-content/uploads/2014/06/How-could-free-social-care-at-end-of-life-work-in-practice.pdf>