

Home Care and Hospice @ Home

A total of 23 organisations providing combined Home Care and Hospice @ Home services supplied data on the number of consultations made by a health care professional. Both face to face (first and follow-up) and telephone consultations were recorded.

- The combined services' contacts are dominated by Clinical Nurse Specialists, although the number of contacts by Other Nurses is increasing for both face to face and telephone

Table 37: Combined Service contacts – face to face

Health care professional	Face to face contacts		Max in unit	Mean	Median	Services
Medical Consultant	1,537	2.0%	11%	76.9	97.0	10
Other Doctor	899	1.2%	5%	45.0	97.5	8
Clinical Nurse Specialist	41,619	54.6%	100%	2,081.0	1,658.0	17
Other Nurse	22,034	28.9%	95%	1,101.7	993.5	13
Physiotherapist	1,481	1.9%	28%	74.1	77.0	9
Occupational Therapist	1,349	1.8%	18%	67.5	130.0	8
Social Worker	1,839	2.4%	10%	92.0	96.0	9
Pastoral / Spiritual Carer	213	0.3%	2%	10.7	37.0	5
Psychologist / Psychotherapist	288	0.4%	5%	14.4	15.5	8
Complementary Therapist	2,354	3.1%	54%	117.7	63.0	11
Other Health Care Professional	2,634	3.5%	63%	131.7	164.0	10
Total Face to Face	76,247	–	–	3,812.4	2,628.0	23

- The number of services responding increased from 20 to 23 (15%)
- Contacts recorded increased from 75,581 to 76,247 (1%)
- Clinical Nurse Specialist contacts are down in number, while Other Nurses' contacts are up by a similar amount,

suggesting that, overall, services may be moving more towards Hospice @ Home from Home Care. However, there are still twice as many contacts by Clinical Nurse Specialists as Other Nurses

Table 38: Combined Service contacts – telephone

Health care professional	Telephone contacts	Max in unit	Mean	Median	Services	
Medical Consultant	713	0.4%	3%	31.0	63.5	8
Other Doctor	1,340	0.7%	5%	58.3	67.5	8
Clinical Nurse Specialist	164,165	85.5%	100%	7,137.6	5,565.0	19
Other Nurse	12,133	6.3%	100%	527.5	466.5	12
Physiotherapist	393	0.2%	12%	17.1	39.0	7
Occupational Therapist	2,057	1.1%	49%	89.4	261.0	7
Social Worker	4,593	2.4%	64%	199.7	483.0	8
Pastoral / Spiritual Carer	291	0.2%	1%	12.7	57.0	4
Psychologist / Psychotherapist	216	0.1%	1%	9.4	28.0	5
Complementary Therapist	3,839	2.0%	16%	166.9	91.5	6
Other Health Care Professional	2,252	1.2%	27%	97.9	131.0	10
Total Telephone	191,992	–	–	8,347.5	4,509.0	23

- The number of services responding decreased from 26 to 23 (44%)
- Contacts recorded increased from 94,332 to 191,992 (104%)
- Unlike face to face contacts, the number of Clinical Nurse Specialist telephone contacts nearly doubled.
- Other Nurse contacts increased by 8,616 (245%), although there are still thirteen times as many telephone contacts by Clinical Nurse Specialists as Other Nurses.

Deaths and discharges

There is some variation in the way services record the numbers of people who are discharged from a service and those who die while they are receiving care from the service. Some services automatically discharge any home care patient who is admitted to an Inpatient unit, but the patient may return home and be re-referred, whereas other services will not discharge the patient at every admission to another setting.

Deaths accounted for 59% of the patients no longer receiving care from the Home Care teams, 70% of those cared for by H@H teams and 67% for combined teams. For the Home Care teams, home deaths accounted for 29% of new patients, ranging from 9% to 80%. For H@H teams there was a higher percentage of home deaths (44%), ranging from 14% to 77% with an outlier of 3%. For combined teams the figure was 32%, ranging

from 0.5% to 99%.

As in the case of Day Care services, it might be expected that in the majority of cases the number of deaths and discharges would be approximately the same as the number of new patients. This assumes that there are only a small number of re-referrals of patients who had previously been discharged within the same or previous year, and that the staffing provision does not alter. However, for the Home Care teams the number of deaths and discharges varied from a third to over twice the number of new patients (206%). For the H@H teams the range was from 46% to 163% while for the Combined teams the range was 63% to 150%. Overall, for the Home Care teams there were 15% more deaths and discharges than new patients. For the H@H team the figure was 1% and for the Combined teams the figure was 9%.

Table 39: Deaths and discharges for Community Services

	Home Care	Hospice @ Home	Home Care and Hospice @ Home
Deaths as % of deaths & discharges	59%	70%	67%
Range	13% to 100%	18% to 100%	1% to 100%
Home deaths as % of all deaths	43%	67%	46%

Chart 32: Community Services – place of death

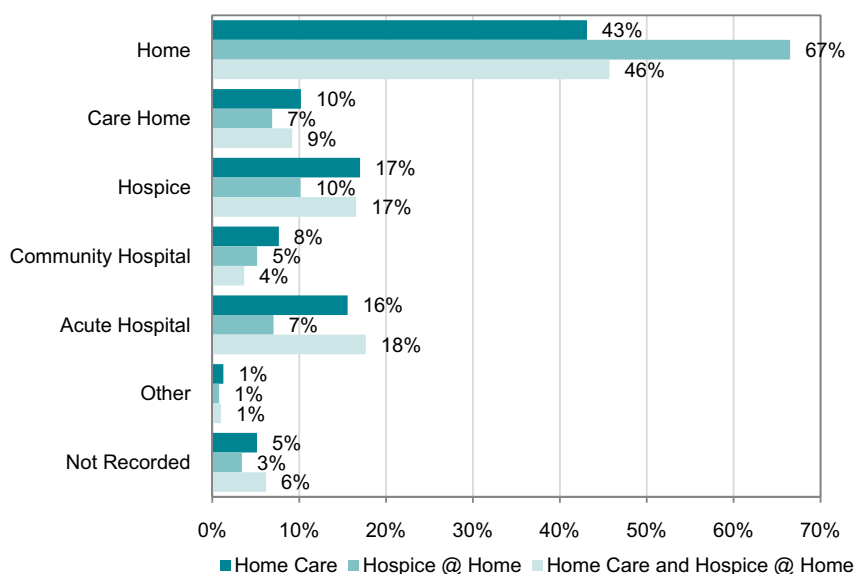


Table 40: Community Services – place of death

Type	Home Care	Hospice @ Home	Home Care and Hospice @ Home
Home	15,547	5,041	6,074
Care Home	3,679	523	1,223
Hospice	6,131	771	2,199
Community Hospital	2,760	391	489
Acute Hospital	5,617	535	2,347
Other	461	60	132
Not Recorded	1,857	259	822
Total	36,052	7,580	13,286

The proportion of people dying at home increased for all three types of community care, while the proportion dying in hospital decreased.

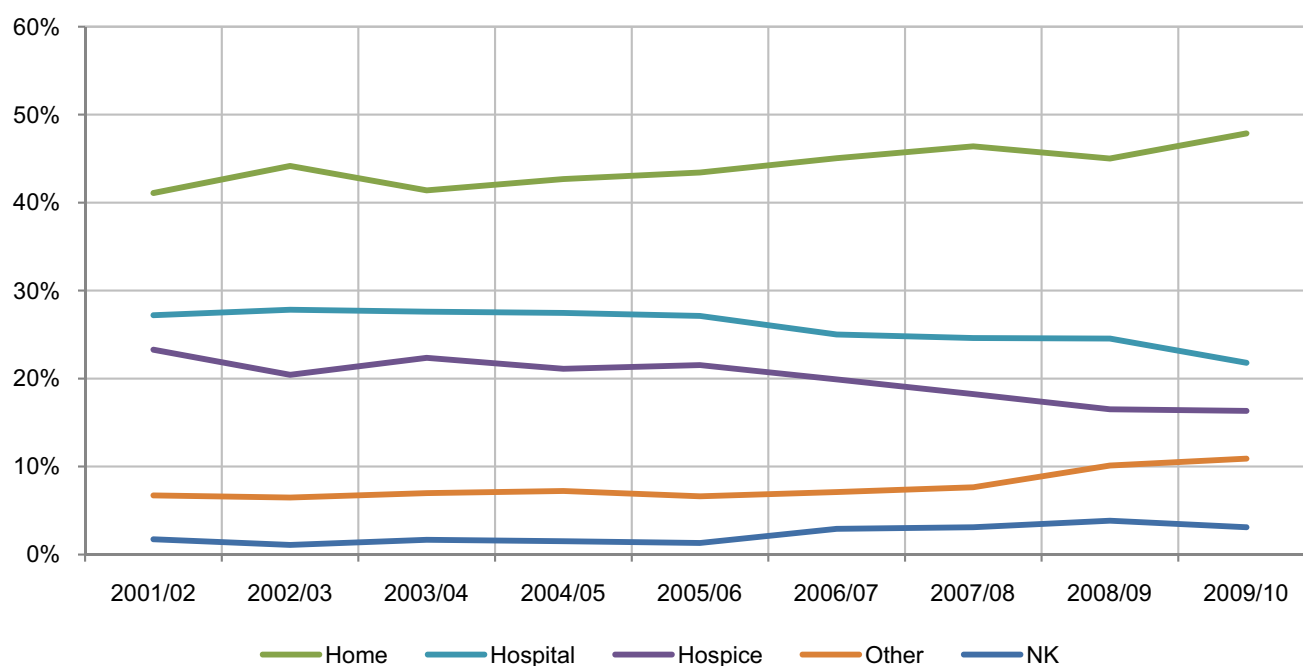
since 2001/02. When the MDS was revised, the number of categories was increased, adding Care Home and splitting Hospital into Community and Acute Hospital.

Place of death – trends

Data on the place of death for people receiving community care has been recorded

In Chart 33, to compare the revised MDS with the preceding years the hospital data has been combined and care homes have been included in Other.

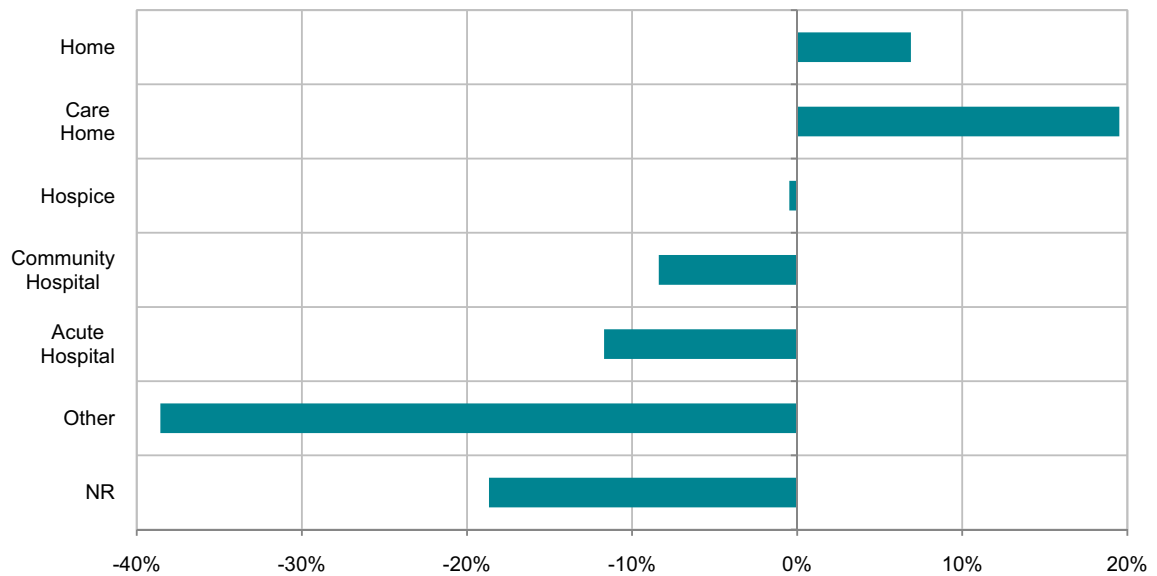
Chart 33: Place of death – 2001 to 2010



In the second year of the revised MDS we have seen an increase in the number of people receiving community care who died

at home or in care homes, while numbers of deaths in all other settings decreased.

Chart 34:
Change in number of deaths from 2008/09 to 2009/10



Length of care

The length of time patients were under the care of the services was given by 72 Home Care teams, 36 Hospice @ Home teams and 28 combined teams. Table 41 and Chart 35 show the breakdown of length of care for all three types of service. Nearly two thirds of patients in Home Care had a length of care of less than 90 days (65%), along with more than two thirds of patients for Hospice @ Home (82%) and Combined (70%).

The average length of care for the 72 Home Care services that responded ranged from 1 day to 259 days with a mean of 119 days and a median of 120 days. 65% of patients were looked after for less than three months and 19% for more than 6 months.

For the 36 Hospice @ Home services that responded, the average length of care ranged from 9 days to 246 days with a mean of 61 days and a median of 35 days. 82% of patients were looked after for less than three months and 8% for more than 6 months.

The 28 Combined services that responded had an average length of care of 102 days; this ranged from 4 days to 311 days and had a median of 88 days. 70% of patients were looked after for less than three months and 15% for more than 6 months.

Table 41: Community Services – average length of care

	Average length of care (days)	Range	Units responding
Home Care	119	1 to 259	72
Hospice @ Home	61	9 to 246	36
Home Care and Hospice @ Home	102	4 to 311	28

The average length of care for people in Home Care was almost twice the length of that for those receiving Hospice @ Home care. The majority of Hospice @ Home care (64%) was

for a month or less. The majority of Home Care (61%) was for more than a month.

Chart 35: Community Service – length of care

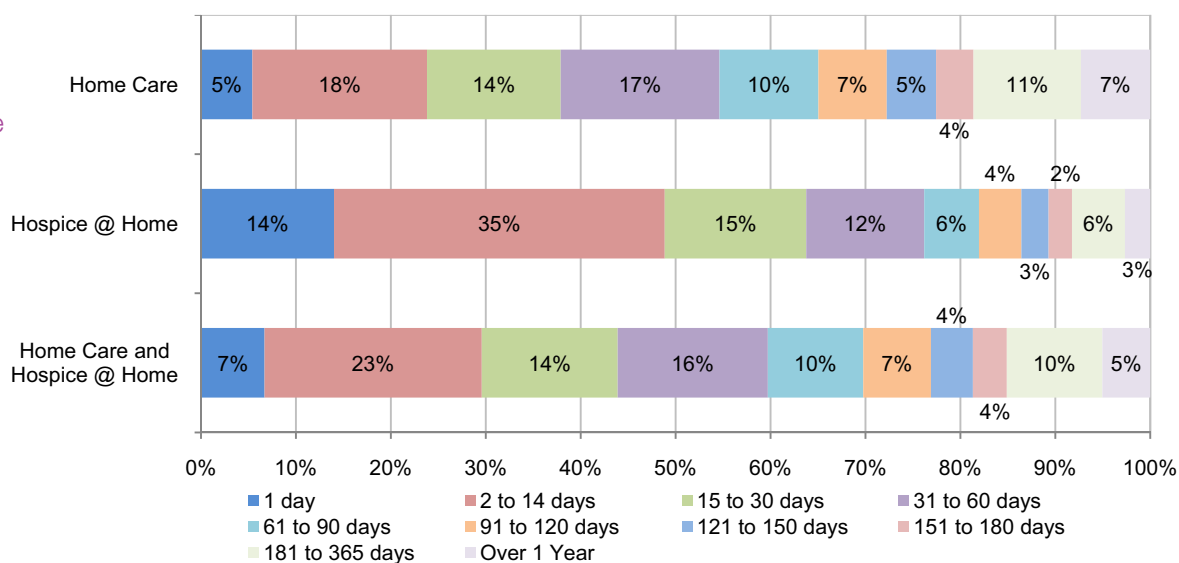


Table 42: Community Services – length of care

Length of care	Number of patients		
	Home Care	Hospice @ Home	Combined Services
1 day	2,737	1,310	1,121
2 to 14 days	9,303	3,257	3,836
15 to 30 days	7,117	1,394	2,401
31 to 60 days	8,453	1,161	2,651
61 to 90 days	5,270	540	1,683
91 to 120 days	3,647	418	1,196
121 to 150 days	2,625	268	742
151 to 180 days	1,997	230	599
181 to 365 days	5,713	521	1,686
Over 1 Year	3,693	249	845
Total	50,555	9,348	16,760

Caseload

The caseload for each team is considered to be the number of patients they care for at any one time. This can be calculated from the number of deaths and discharges multiplied by the fraction of the year for which they are under the care of the team.

The mean length of care for Home Care was 119 days; the average caseload was 213 patients per team, median 177.

The mean length of care for Hospice @ Home was 61 days; the average caseload was 43 patients per team, median 17.

The mean length of care for combined teams was 102 days; the average caseload was 178 patients per team, median 115.

Table 43: Caseloads for Community Services

Service Type	Mean number of patients per team	Median number of patients per team	Services responding	Deaths and discharges in responding services
Home Care	213	177	72	48,123
Hospice @ Home	43	17	36	8,790
Combined	178	115	28	15,206

5. Hospital Support

All services known to provide specialist palliative care services to adults during the year April 2009 – March 2010 were asked to provide data on services provided within a hospital. This did not include palliative care services provided by specialists such as chemotherapy nurses, or site specific cancer services such as breast care nurses. There were 144 replies providing at least some information; a response rate of 55%. Independently-managed services made up 11% of units responding.

The response rate to individual questions varied between 58% (Telephone Contact) and 94% (Age & Sex) with a mean of 77% and a median of 81%.

Chart 36:
Hospital
Support – age
and sex of new
patients

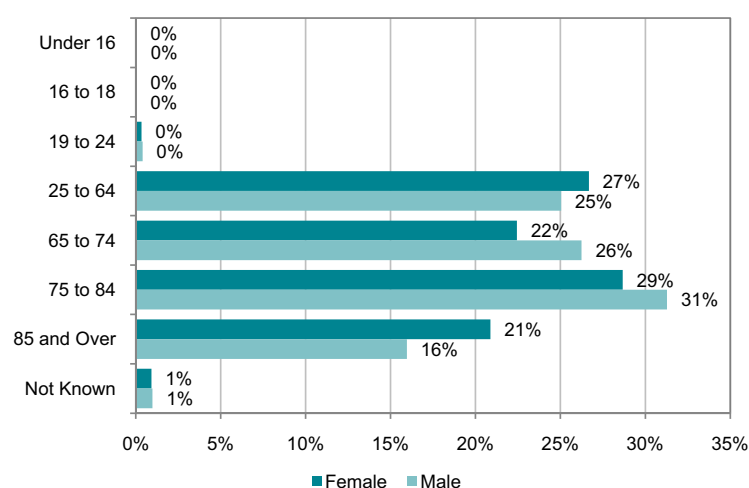


Table 44: Age and sex of patients receiving Hospital Support

	New			All		
	Female	Male	Total	Female	Male	Total
Under 16	11	15	26	17	23	55
16 to 18	10	12	24	13	16	30
19 to 24	98	117	216	126	148	294
25 to 64	7,701	7,264	15,287	9,276	8,494	18,961
65 to 74	6,473	7,615	14,461	7,533	8,881	17,381
75 to 84	8,267	9,099	17,862	9,279	10,349	20,932
85 and Over	6,032	4,633	11,042	6,512	5,141	12,425
Not Known	282	290	1,060	303	312	1,537
Total	28,874	29,045	59,978	33,059	33,364	71,615

Male and female figures may not add up to the total figures, due to some units not reporting on their patients' sex.

Ethnicity data

Ethnicity data were recorded by 79% of Hospital Support services. More than four fifths of new patients (82%) were described as white British. The ethnicity for a total of 5,526 new patients (11%) was not recorded.

The numbers of non-white patients have been grouped together in Chart 37, as they constitute such a small proportion of the figures. A breakdown of these figures is shown in Chart 38.

Chart 37:
Hospital
Support –
ethnicity

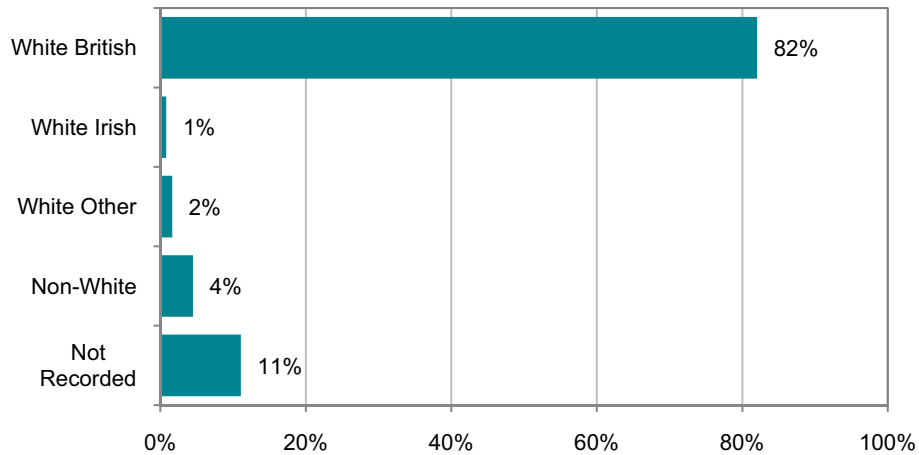
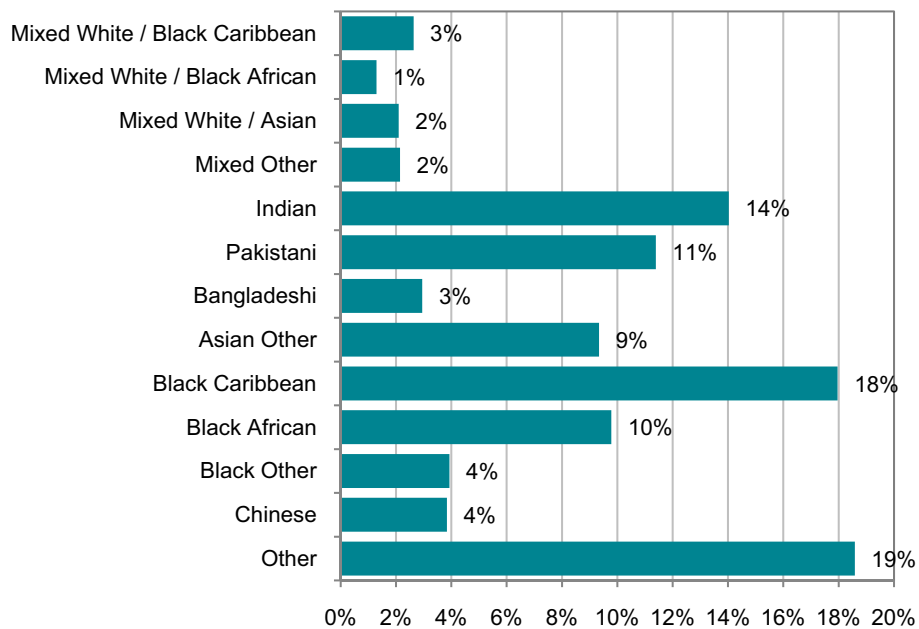


Chart 38:
Hospital
Support –
non-white



Nearly a fifth of those recorded as being non-white (19%) was under the category 'other'.

Primary diagnosis – cancer

A primary diagnosis of cancer was recorded for 41,807 new referrals to Hospital Support units (82%). Cancer figures for Hospital Support were divided up into 12 diagnoses.

Digestive and respiratory cancers accounted for almost half the diagnoses (49%), as was also the case last year.

Chart 39:
New patients
with cancer
diagnosis
in Hospital
Support

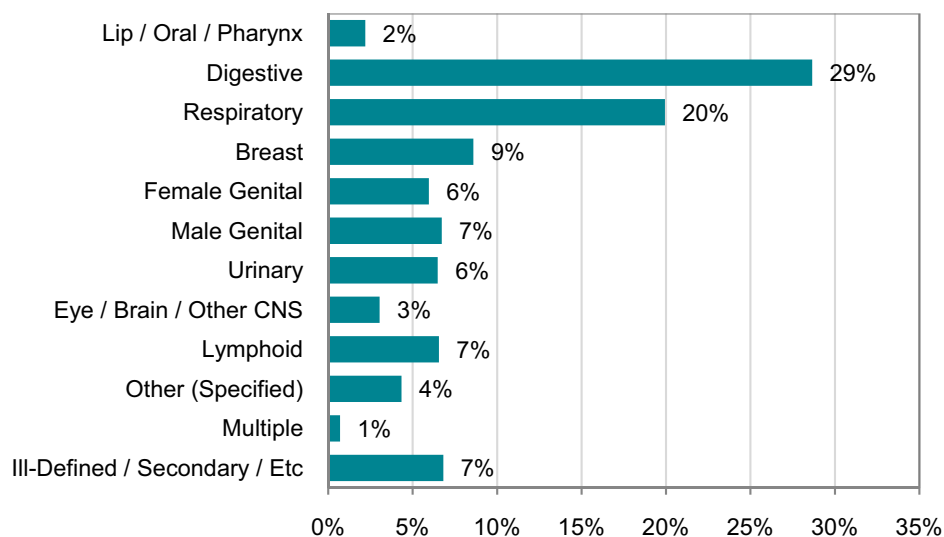


Table 45: Patients with cancer diagnosis in Hospital Support

Diagnosis	New	All
Lip / Oral / Pharynx	919	1,126
Digestive	11,979	14,786
Respiratory	8,333	9,911
Breast	3,594	4,585
Female Genital	2,490	3,076
Male Genital	2,810	3,524
Urinary	2,711	3,421
Eye / Brain / Other CNS	1,274	1,615
Lymphoid	2,741	3,400
Other (Specified)	1,814	2,381
Multiple	293	334
III-Defined / Secondary / Etc	2,849	3,485
Total	41,807	51,644

Primary diagnosis – conditions other than cancer

Excluding the patients with a 'not known' diagnosis, 9,008 new patients (18%) had a diagnosis other than cancer. The proportion of these patients in the different units ranged from 0% to 44. Over half (56%) of responding units had more than 10% of patients with a diagnosis other than cancer, down from 73% last year. Five units had cancer patients only.

Although the general trend for conditions other than cancer is increasing, there has been a drop in the proportion being seen this year, as well as in the number of returns received. We will need to look at next year's data to understand whether the upward trend continues and if this year's figures were affected by the drop in returns.

The number of dementia patients recorded by Hospital Support services was the highest of any setting at 9%. Dementia is under-diagnosed and we would also expect it to be an underlying condition in many other cases.

Over a third (41%) of diagnoses other than cancer were recorded under All Other Conditions, a slight increase on 37% recorded last year. At present it is not possible to say whether these are as a result of un-coded diagnoses, or other unspecified conditions. In the case of the latter, we may need to revise the questions used to collect these data. There is a need for accurate coding to reflect the conditions being referred and to demonstrate need to commission services accordingly.

Chart 40: New patients with a diagnosis other than cancer in Hospital Support

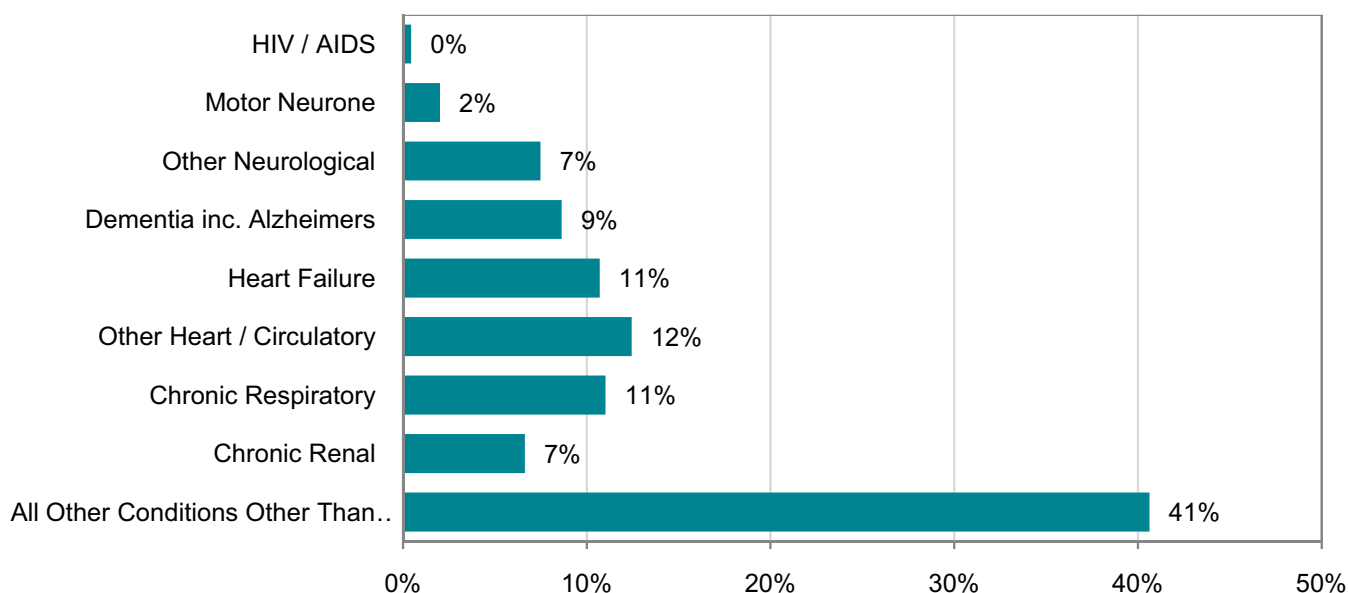


Table 46: Patients with a diagnosis other than cancer in Hospital Support

Diagnosis	New	All
HIV / AIDS	40	56
Motor Neurone	181	245
Other Neurological	674	753
Dementia inc. Alzheimer's	778	867
Heart Failure	964	1,036
Other Heart Circulatory	1,121	1,298
Chronic Respiratory	993	1,132
Chronic Renal	597	677
All Other Conditions	3,660	4,201
Total	9,008	10,265

Referrals and contacts

Each patient received an average of 3.7 contacts during the year, with a range from 0.2 to 7.1 contacts per patient. Of these

contacts, 17% were by a doctor (medical consultant or other doctor) and 77% by a clinical nurse specialist.

Table 47: Contacts per patient in Hospital Support

Average number of contacts per patient	Range of visits per patient per service	Number of services responding	Total patients	Total visits
3.7	0.2 to 7.1	106	57,431	210,849

Face to face contacts

Although one fewer service responded to the face to face contacts question this year, the number of contacts recorded increased significantly, from 279,410 to 322,858. The breakdown of contacts across professions showed a number of changes, but with just two years of data it is not possible to identify whether these are the result of better

recording of contacts or changes in services' operations.

Most face to face contacts (76.5%) were with Clinical Nurse Specialists. Contacts with Occupational Therapists increased from 0% to 0.9% and contacts with a Medical Consultant from 10% to 11.5%.

Table 48: Face to face contacts with patients in Hospital Support

	Number of Contacts	%	Max	Mean	Median	Services
Medical Consultant	37,143	11.5%	99%	371.4	47.0	82
Other Doctor	19,210	5.9%	97%	192.1	34.0	46
Clinical Nurse Specialist	247,127	76.5%	100%	2,471.3	2,730.5	95
Other Nurse	4,696	1.5%	41%	47.0	181.0	20
Physiotherapist	157	0.0%	10%	1.6	76.0	3
Occupational Therapist	4,780	1.5%	56%	47.8	238.0	15
Social Worker	4,785	1.5%	12%	47.9	109.0	17
Pastoral / Spiritual Carer	215	0.1%	4%	2.2	15.0	4
Psychologist / Psychotherapist	367	0.1%	6%	3.7	66.0	7
Complementary Therapist	717	0.2%	6%	7.2	40.5	7
Other Health Care Professional	2,858	0.9%	13%	28.6	44.0	18
Total Face to Face	322,858	-	-	3,228.6	3,208.0	100

- The number of services responding decreased from 101 to 100 (-1%)
- Contacts recorded increased from 279,410 to 322,858 (116%)
- Clinical Nurse Specialists accounted for most of the increase in contacts (31,131)
- Other Nurses showed the largest drop with less than half the previous year's contacts
- Medical Consultants' contacts increased by nearly nine thousand (32%)
- Occupational Therapists' contacts increased by over four thousand, nearly six times the previous year's contacts

Table 49: Telephone contacts with patients in Hospital Support

	Number of contacts	%	Max	Mean	Median	Services
Medical Consultant	2,852	3.7%	38%	34.4	20.0	57
Other Doctor	1,722	2.2%	71%	20.7	19.5	40
Clinical Nurse Specialist	68,193	87.7%	105%	821.6	371.0	78
Other Nurse	643	0.8%	100%	7.7	3.5	16
Physiotherapist	5	0.0%	2%	0.1	2.5	2
Occupational Therapist	1,272	1.6%	100%	15.3	14.5	12
Social Worker	1,386	1.8%	31%	16.7	11.0	9
Pastoral / Spiritual Carer	1	0.0%	0%	0.0	1.0	1
Psychologist / Psychotherapist	26	0.0%	1%	0.3	3.5	4
Complementary Therapist	61	0.1%	2%	0.7	61.0	1
Other Health Care Professional	150	0.2%	33%	1.8	7.0	11
Total Telephone	77,781	-	-	937.1	460.0	83

- The number of services responding increased from 76 to 83 (9%)
- Contacts recorded more than halved from 160,007 to 77,781 (-51%)
- Medical Consultants' contacts dropped by 94%. Either this is a radical shift in their work patterns or they are just not recording their contacts
- Clinical Nurse Specialists' contacts trebled, an increase of about the same amount as the Medical Consultants' contacts decrease. This may mean that the Medical Consultants are passing the telephone work onto the CNSs
- The majority of the decrease in contacts was attributable to Other Health Care Professionals, whose contacts but disappeared, dropping by 99.8% to just 150

Length of care

The length of time patients were under the care of the support service was one of the items of data collected. Over a fifth of patients (22%) were seen only once and over 90% had died or were discharged within four weeks. 2% remained under care for over six months, with one service reporting having 50% of their patients in this category. The data does not give information as to whether these patients were actively receiving care or whether they simply remained registered with the service until they died.

Services were asked to give the mean length of care, the median of which was found to be 8.7 days although they were wide variations from less than one day to over three months. If the seven services with a stated mean length of care of one month or more are ignored, then the mean drops from 12.5 to 9.3 days and the median from 8.7 to 8.3 days. More than 80% of teams were able to give information on length of care.

Table 50: Length of care for Hospital Support

Length of care	Patients	
1 day	13,542	22.2%
2 to 7 days	23,748	39.0%
2 to 14 days	11,573	19.0%
15 to 28 days	7,003	11.5%
29 to 42 days	2,115	3.5%
43 to 84 days	1,350	2.2%
85 to 180 days	569	0.9%
Over 180 days	1,008	1.7%
Total	60,908	

Assuming that the data collected were typical of all services in the country then, using median values, it can be estimated that about 114,000 patients may have contact with Hospital Support services in the course of a year, with 104,000 patients being seen for the first time during that year.

The numbers of services in the three countries surveyed are: England 254, Northern Ireland 15 and Wales 24. Estimates of new patients for each country, calculated on a pro rata basis and not on the returns from each country, give England 93,000, Northern Ireland 5,800 and Wales 5,100 new patients.

6. Bereavement Support

Data were received from 131 services, a 47% response rate from known services. Independently-managed services accounted for 69% of returns.

The response rate to individual questions varied between 78% (Ethnicity) and 95% (Contacts) with a mean of 85% and a median of 82%.

There were 113 services who gave full details of both clients and total face-to-face contacts. (Six others reported fewer contacts than patients.) The mean for contacts per

client was found to be 6.2 ranging from 1.0 to 44.4. Just one service recorded a mean of one contact per client.

Support was split between telephone (42%) and face to face (58%).

24% of face to face contacts were in group support, 38% were individual support and 38% individual counselling.

Less than a third of one percent of clients received complex counselling from mental health professionals.

Table 51: Face to face contacts in Bereavement Support

Group		Individual		Complex
Not Facilitated	Facilitated	Support	Counselling	
5,439	19,039	39,235	39,116	313
5%	19%	38%	38%	0.3%

Table 52: Telephone contacts in Bereavement Support

Phone calls under 10 minutes	Phone calls over 10 minutes
30,216	27,119
53%	47%

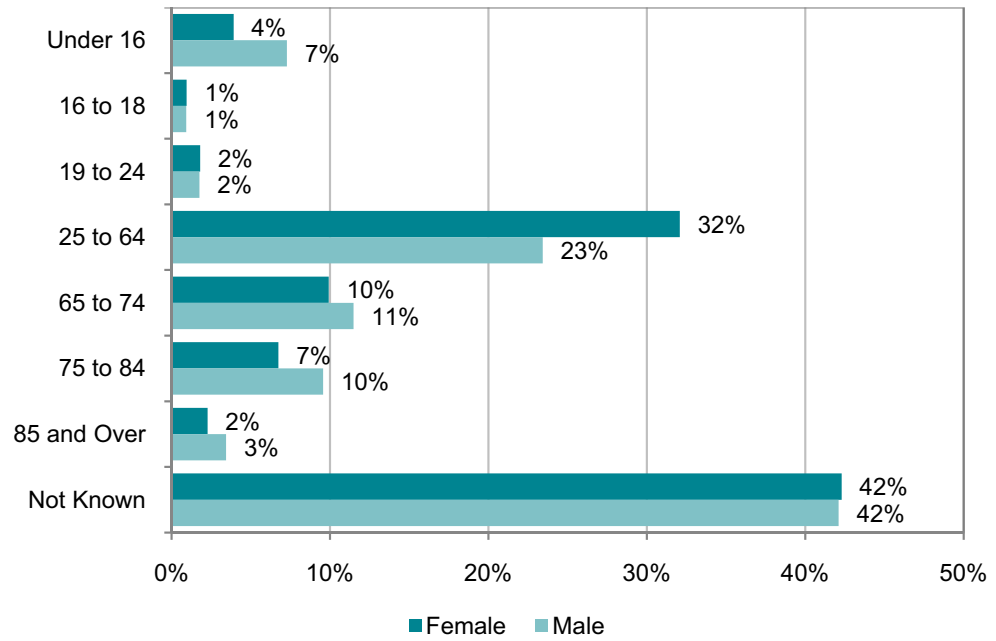
Complex counselling numbers were down on last year and there has also been a shift from group to individual support and counselling, while the number of telephone contacts has increased.

Table 53: Contacts in Bereavement Support

	2009	2010	Change	
Phone calls under 10 minutes	25,802	30,216	4,414	17%
Phone calls over 10 minutes	25,590	27,119	1,529	6%
Face to Face - Group - Not Facilitated	3,769	5,439	1,670	44%
Face to Face - Group - Facilitated	23,643	19,039	-4,604	-19%
Face to Face - Individual Support	32,096	39,235	7,139	22%
Face to Face - Individual Counselling	28,176	39,116	10,940	39%
Face to Face - Complex	988	313	-675	-68%
Other	7,119	13,115	5,996	84%

The Department of Health is to publish Quality Markers on Bereavement Support during 2011.

Chart 41: Age and sex for new clients in Bereavement Support



The proportion of Not Known for ages has reduced from 48% and 45% to 42% and 42% for female and male clients, which is encouraging.

Patient profile

Table 54: Age and sex for clients in Bereavement Support

	New			All		
	Female	Male	Total	Female	Male	Total
Under 16	474	477	1,084	707	706	1,567
16 to 18	115	61	182	177	94	278
19 to 24	218	115	341	307	173	489
25 to 64	3,879	1,534	5,742	5,827	2,511	8,689
65 to 74	1,200	752	2,333	1,882	1,353	3,661
75 to 84	816	626	1,824	1,391	1,197	2,990
85 and Over	275	225	646	514	441	1,101
Not Known	5,115	2,757	12,225	8,272	4,567	20,473
Total	12,092	6,547	24,377	19,077	11,042	39,248

The number of 'Not Known' for Bereavement Support was considerably higher than for other services. Several units reported that they felt uncomfortable asking bereaved clients for their age. Bereavement Support

also reported the highest percentage of female clients; a mean of 64%, with 91% of services reporting more than half their clients were women.

Ethnicity

Ethnicity data were collected from 66% of Bereavement Support services, up from 52% last year. Over a third (38%) were described as white British. The ethnicity of total of 13,182 new patients (60%) was 'not recorded'. This is an increase in numbers from last year (9,132) but a slightly smaller proportion (60% vs 62%).

The numbers of non-white patients have been grouped together in Chart 42, as they constitute such a small proportion of the figures. A breakdown of these figures is shown in Chart 43.

Chart 42:
Bereavement
Support new
patients – ethnicity

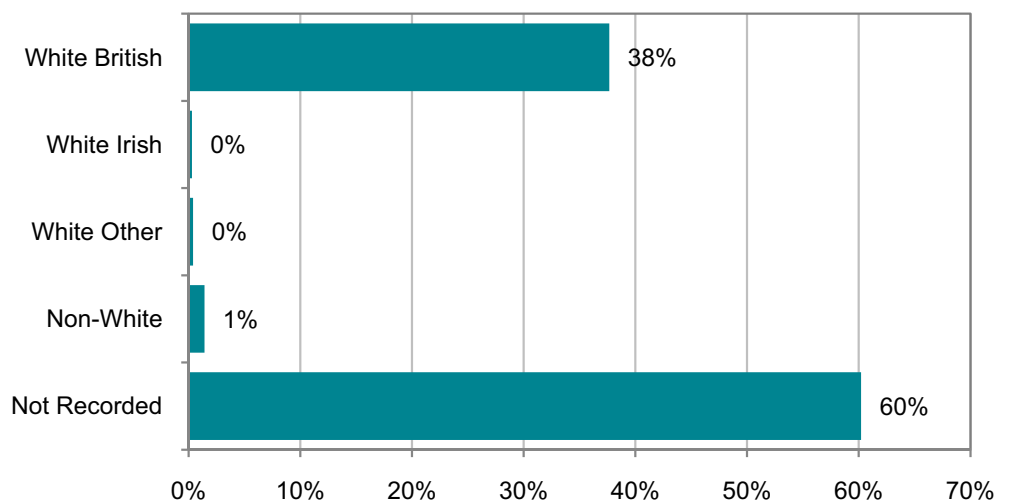
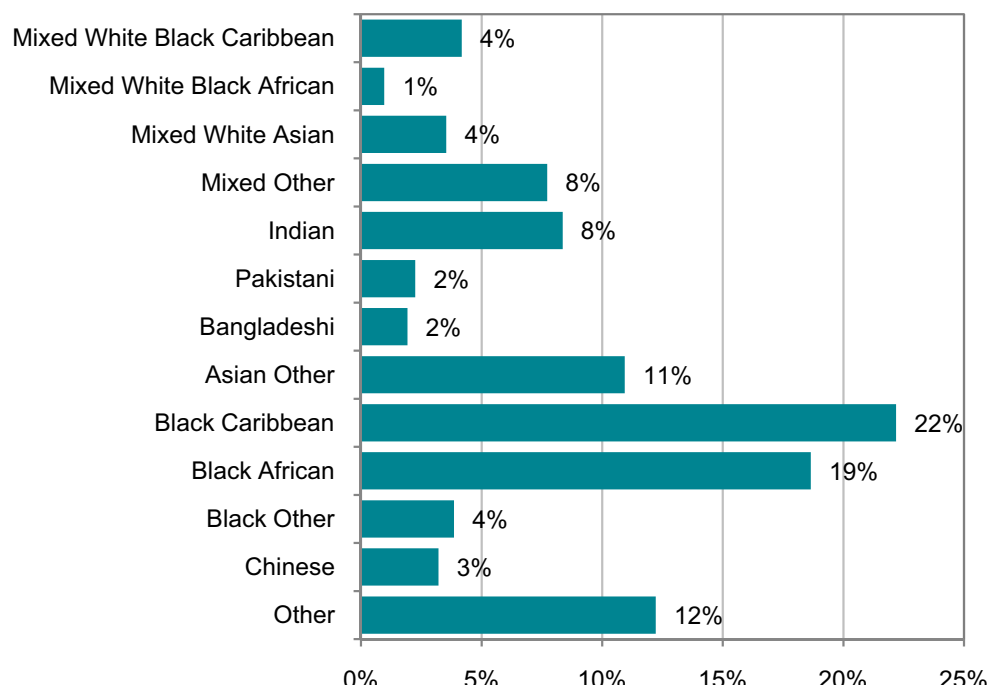


Chart 43:
Bereavement
Support new
patients –
non-white



Although the number of 'other' was lower than the other settings, the number of Not Recorded in ethnicity was considerably higher

for Bereavement Support. Again feedback received indicated that services had difficulty asking for the ethnicity of their clients.

Primary diagnosis of deceased

A total of 93 services reported the primary diagnosis of the deceased for new clients.

Excluding the not-recorded figures, 86% had cancer and 14% a diagnosis other than cancer. The number of not-recorded fell from

over a quarter (28%) to a little over a fifth of new clients (21%).

Performing the same analysis on the medians of the other services' diagnoses of cancer and 'other' gives figures of 83% and 17%.

Chart 44:
Bereavement
Support new clients
– primary diagnosis
of deceased

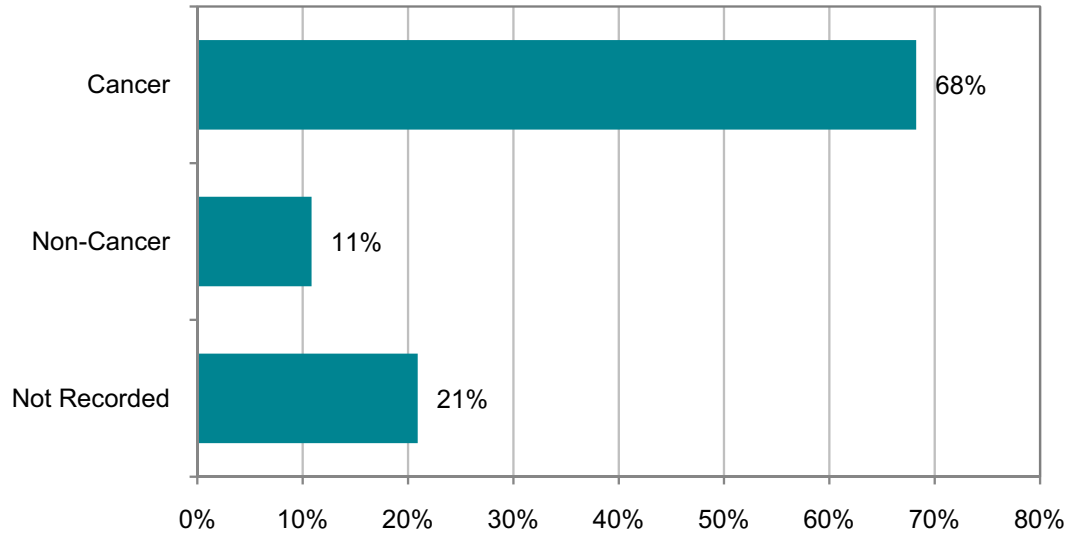


Table 55: Bereavement Support – primary diagnosis of deceased

	New	All
Cancer	15,610	24,451
Other	2,480	4,006
Not Recorded	4,783	9,211
Total	22,873	37,668

7. Outpatients

All palliative care services were given the opportunity to provide information on their Outpatient activity. An Outpatient clinic may be held regularly or occasionally and be attended by one or more patients (usually by appointment). It may be held in a hospital or a palliative care unit or other setting.

The response rate to individual questions varied between 20% (Joint Clinics and Interventions) and 97% (Age & Sex) with a mean of 59% and a median of 67%.

The total number of specialist palliative care services providing an Outpatient service is not accurately known but from previous surveys it is thought to be about 300. This has been taken as the baseline. 155 forms were returned (52%), 54% from independently-managed services, 37% from NHS-managed services, and 9% did not record their management.

Age and sex

Chart 45: Age and sex of new outpatients

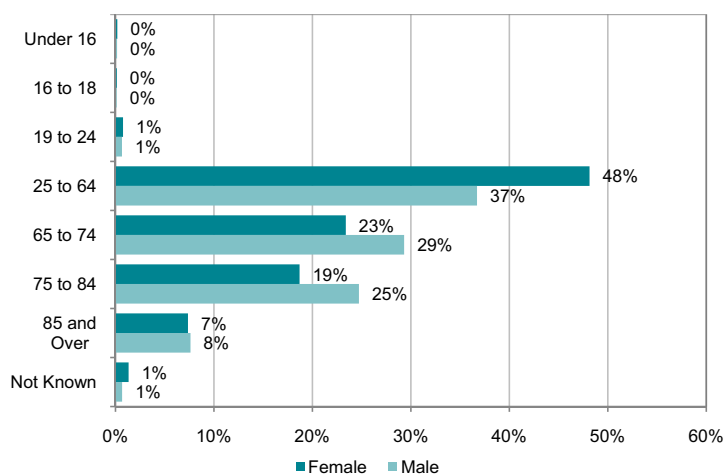


Table 56: Age and sex of outpatients

	New			All		
	Female	Male	All	Female	Male	All
Under 16	22	13	35	56	34	90
16 to 18	15	10	25	46	15	61
19 to 24	89	52	141	193	91	284
25 to 64	5,593	2,894	8,488	13,173	4,820	17,996
65 to 74	2,717	2,311	5,030	5,772	3,478	9,253
75 to 84	2,172	1,949	4,122	4,250	2,871	7,122
85 and Over	855	600	1,455	1,508	818	2,327
Not Known	155	53	220	221	78	320
Total	11,618	7,882	19,516	25,219	12,205	37,453

Just over half the patients seen at Outpatient clinics were seen for the first time during the year (53%). Nearly half of new patients were aged under 65 (45%) and 8% were 85 or over.

There was a big discrepancy between the sexes; overall 60% were female, and in the age range 25 to 64 there were 66% females.

Ethnicity

Ethnicity data were collected from 89% of Outpatient services. Nearly two thirds (63%) were described as white British. A total of 3,960 new patients (30%) were 'not recorded'.

The numbers of non-white patients have been grouped together in Chart 46, as they constitute such a small proportion of the figures. A breakdown of these figures is shown in Chart 47.

Chart 46:
Ethnicity of new
Outpatients

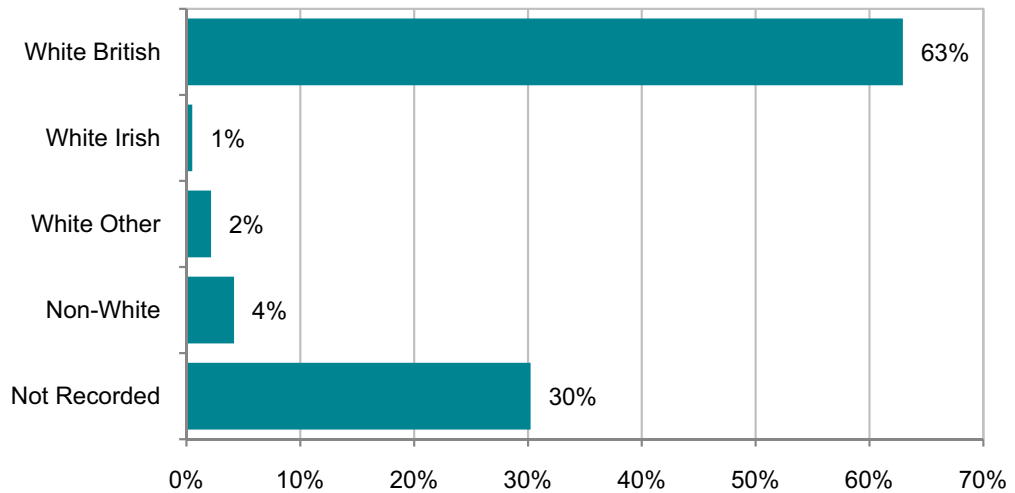
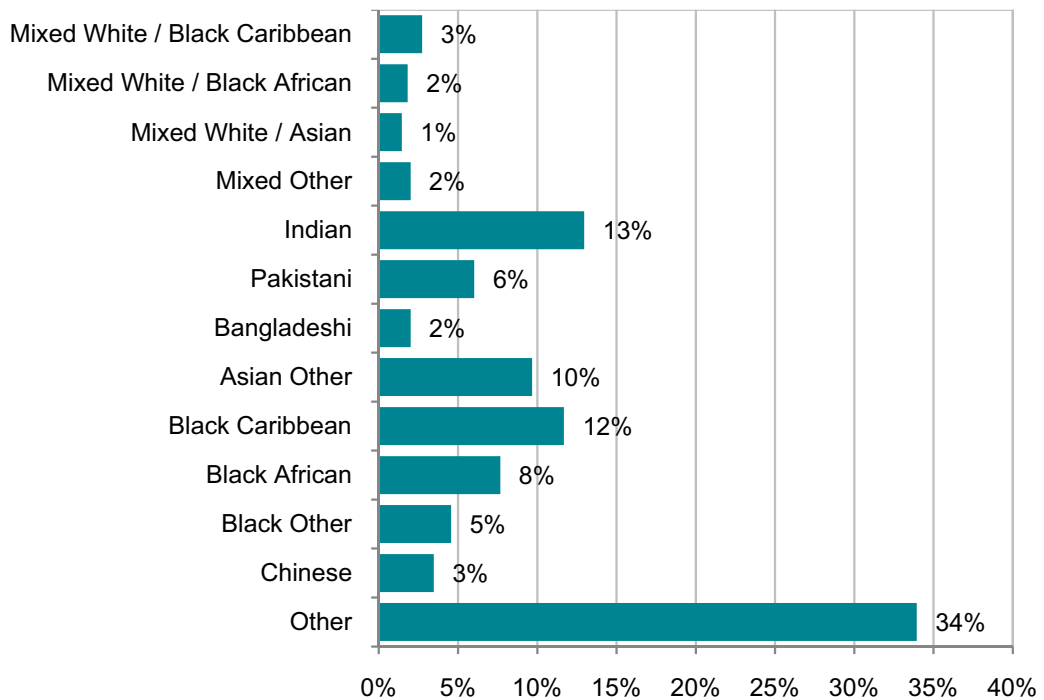


Chart 47:
Distribution
of non-white
categories in
Outpatients



Primary diagnosis – cancer

A primary diagnosis of cancer was recorded for 13,067 new referrals to Outpatient units (80%). In the revised dataset, outpatient cancer figures are divided into 12 diagnoses. Outpatient clinics showed the highest proportion of patients diagnosed with breast

cancer; a quarter of new patients and over a third (38%) of all patients. Digestive and Respiratory cancers accounted for a further 39% of diagnoses for new patients.

Chart 48: Cancer diagnoses in new Outpatients

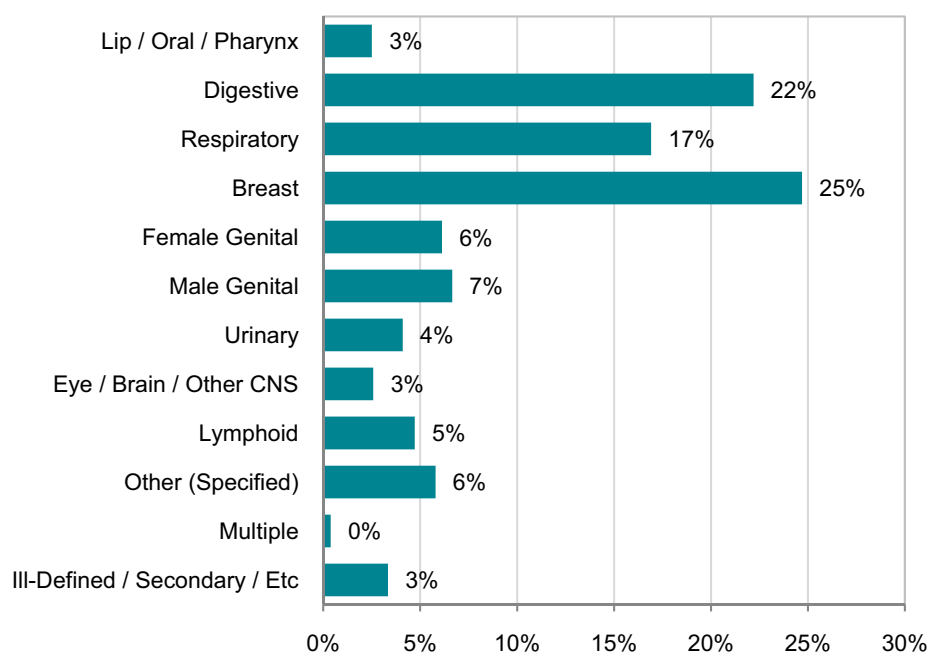


Table 57: Cancer diagnoses in Outpatients

Diagnosis	New	All
Lip / Oral / Pharynx	328	506
Digestive	2,900	3,961
Respiratory	2,210	3,034
Breast	3,227	9,046
Female Genital	800	1,598
Male Genital	869	1,336
Urinary	536	818
Eye / Brain / Other CNS	337	524
Lymphoid	617	1,065
Other (Specified)	757	1,351
Multiple	50	89
Ill-Defined / Secondary / Etc	436	810
Total	13,067	24,138

Primary diagnosis – conditions other than cancer

Excluding patients with a 'not known' diagnosis, 3,339 new patients (20%) had a diagnosis other than cancer, although 10% of the services had no such patients. The range of these patients varied up to 83%. It may be noted that of all the different types

of service surveyed, the Outpatient service had the highest percentage of patients with a diagnosis other than cancer. It also had the highest proportion of 'All Other Conditions' diagnoses at 55%.

Chart 49:
Diagnoses other than cancer in Outpatients

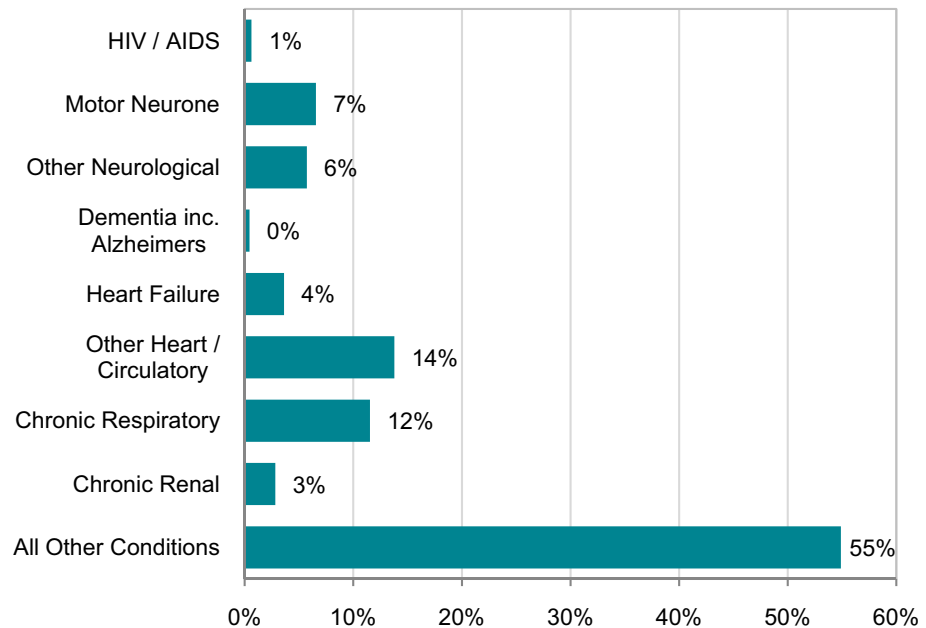


Table 58: Diagnoses other than cancer in Outpatients

Diagnosis	New	All
HIV / AIDS	21	71
Motor Neurone	219	381
Other Neurological	191	436
Dementia inc. Alzheimer's	15	18
Heart Failure	121	181
Other Heart / Circulatory	460	1,321
Chronic Respiratory	385	537
Chronic Renal	94	124
All Other Conditions	1,833	4,948
Total	3,339	8,017

Clinics and attendances

Over a fifth of palliative care clinics (21%) were led by a palliative care Medical Consultant, 17% by a Complementary Therapist and 15% by a nurse other than a Clinical Nurse Specialist.

This year comparatively fewer joint clinics were run by Complementary Therapists (2% compared to 17%) and more by physiotherapists (22% compared to 12%) and Other Doctors (15% compared to 6%).

Table 59: Outpatient clinics

Lead Health Care Professional	Palliative care clinics	Joint clinics	First attendances	Follow-up attendances
Medical Consultant	6,163	233	5,201	14,455
Other Doctor	1,853	190	1,383	3,258
Clinical Nurse Specialist	4,004	188	1,667	7,377
Other Nurse	4,516	294	2,391	12,117
Physiotherapist	3,624	273	1,632	9,443
Occupational therapist	183	7	158	168
Social Worker	366	31	209	467
Pastoral / Spiritual Carer	18	0	8	57
Psychologist / Psychotherapist	1,287	0	601	2,754
Complementary Therapist	4,938	24	1,668	10,563
Other Health Care Professional	2,583	24	1,098	5,585
TOTAL	29,534	1,261	15,937	66,048

Non-clinic contacts

The number of services reporting on face to face contacts increased from 87 to 95, although the number of contacts was lower (28,224 down from 40,404)

The breakdown of health professionals seen by patients changed considerably this year. This could be down to improved recording of contacts or changes in working practices. With only two years of data, it is too early to infer any trends.

- Contacts are much more widely spread amongst the different health care

professionals in Outpatients, which perhaps reflects the nature of the setting.

- Physiotherapists more than doubled (by 2,466) their face to face contacts, but more than halved (by 2,196) their telephone contacts. The number of services reporting Physiotherapist contacts increased by a fifth for face to face, and by one for telephone contacts.

Table 60: Face to face contacts with Outpatients

Health Care Professional	Face to Face	%	Max	Mean	Median	Count
Medical consultant	1,042	3.7%	131	34	17	77
Other Doctor	823	2.9%	126	27	13	68
Clinical Nurse Specialist	2,337	8.3%	821	93	29	69
Other Nurse	4,746	16.8%	738	158	79	70
Physiotherapist	4,720	16.7%	1,674	118	55	75
Occupational therapist	2,004	7.1%	954	72	26	73
Social Worker	4,104	14.5%	1,346	132	35	70
Pastoral / Spiritual Carer	289	1.0%	150	26	4	63
Psychologist / Psychotherapist	300	1.1%	77	23	16	63
Complementary Therapist	5,363	19.0%	987	158	95	73
Other Health Care Professional	2,897	10.3%	456	97	22	71
Total	28,224	-	-	467	207	95

- The number of services responding increased from 87 to 95 (9%)
- Contacts recorded decreased from 40,404 to 28,224 (-30%)
- Other Nurses accounted for most of the drop in contacts
- Medical Consultants and Clinical Nurse Specialists also dropped by over two thousand contacts each

The number of telephone contacts reported was also down this year, although the number of services responding increased. Physiotherapists accounted for 11% of

calls this year, half of last year's 23%. Complementary Therapists, Social Workers and Occupational therapists all increased their share of the calls.

Table 61: Telephone contacts with Outpatients

Health Care Professional	Face to Face	%	Max	Mean	Median	Count
Medical consultant	276	1.9%	71	4	9	71
Other Doctor	239	1.6%	87	4	3	65
Clinical Nurse Specialist	2,392	16.3%	1,027	38	21	63
Other Nurse	3,550	24.2%	1,179	55	41	65
Physiotherapist	1,662	11.3%	426	24	35	68
Occupational therapist	1,847	12.6%	1,129	28	19	67
Social Worker	3,027	20.6%	839	48	70	63
Pastoral / Spiritual Carer	34	0.2%	23	1	2	60
Psychologist / Psychotherapist	154	1.1%	82	3	6	61
Complementary Therapist	1,086	7.4%	244	16	29	66
Other Health Care Professional	575	3.9%	291	9	6	65
Total	14,659	-	-	179	6	82

- The number of services responding increased from 57 to 82 (44%)
- Contacts recorded decreased from 17,079 to 14,659 (-14%)
- The number of services reporting on Medical Consultants dropped by 29% (6 units) and the total contacts almost halved
- Physiotherapist contacts dropped by over two thousand despite one more service responding.
- Clinical Nurse Specialist contacts dropped by about a thousand (31%), while the number of services responding dropped by 11%
- Complimentary Therapists, Occupational Therapists and Social Workers showed the largest increase in contacts

8. Motor Neurone Disease

The information collected with the revised MDS has enabled NCPC to perform some additional analyses which were not possible with the previous survey.

An example of this was a breakdown of the number of people with a primary diagnosis of Motor Neurone Disease (MND) seen by services, carried out for our Neurological Conditions Group.

Performing a frequency analysis on the number of people being seen by a service revealed that the majority of units in each setting were seeing a small number of patients. There were also a few services which were seeing a large number of patients.

This analysis raises a number of different questions. For example, services that see no people with MND might wish to ask themselves why that is the case. Services that are seeing only one or a very few people with MND each year might be advised to consider whether their staff have sufficient

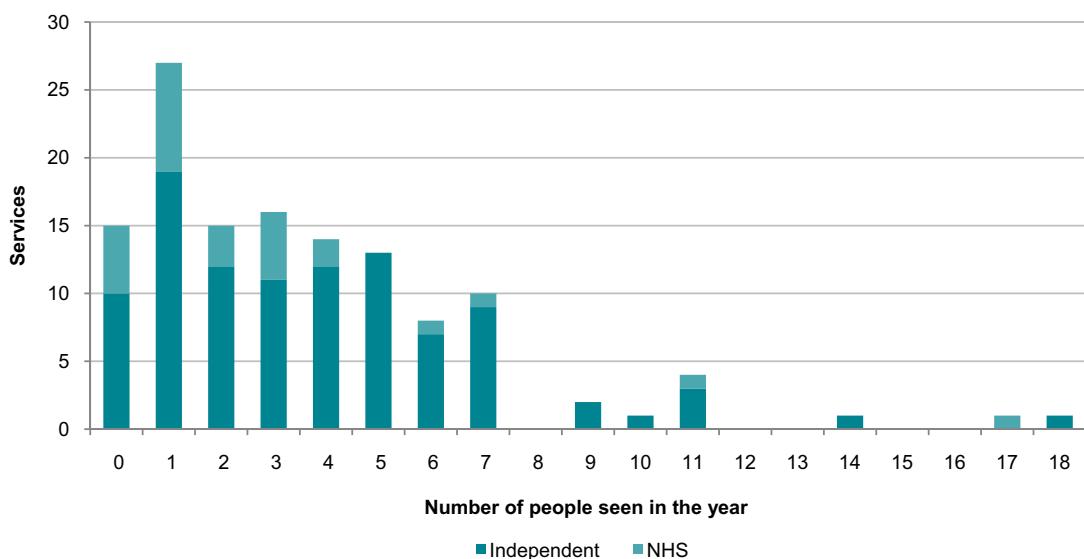
understanding and experience of caring for people with MND and what levels of support from MND specialists, or from other specialist palliative care services with greater experience, might be required. People with MND who wish to access specialist palliative care services at an early stage after diagnosis, to establish a relationship, may wish to ask what experience their local services have of caring for people with that condition.

These figures should be seen in the context of the National End of Life Care Intelligence Network's findings that MND was mentioned on death certificates for about 1500 people each year in England during the period 2006-8.

Inpatients

Of the 113 services seeing people with a primary diagnosis of MND, 106 (94%) saw 10 patients or fewer. Five independent and two NHS units saw more than 10 patients.

Chart 50:
Motor Neurone
Disease in
Inpatients

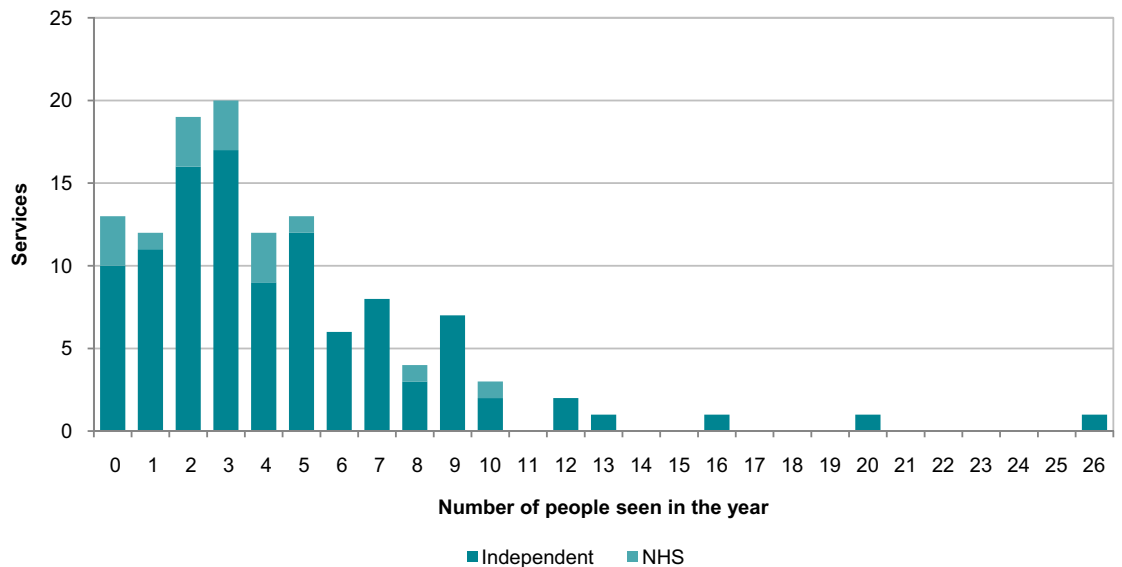


Day Care

Of the 110 services who reported seeing people with a primary diagnosis of MND, 106 (95%) saw 10 patients or fewer. No NHS services saw more than 10 patients.

One service alone saw 26 patients, which accounted for 5% of people seen.

Chart 51:
Motor Neurone
Disease in Day
Care



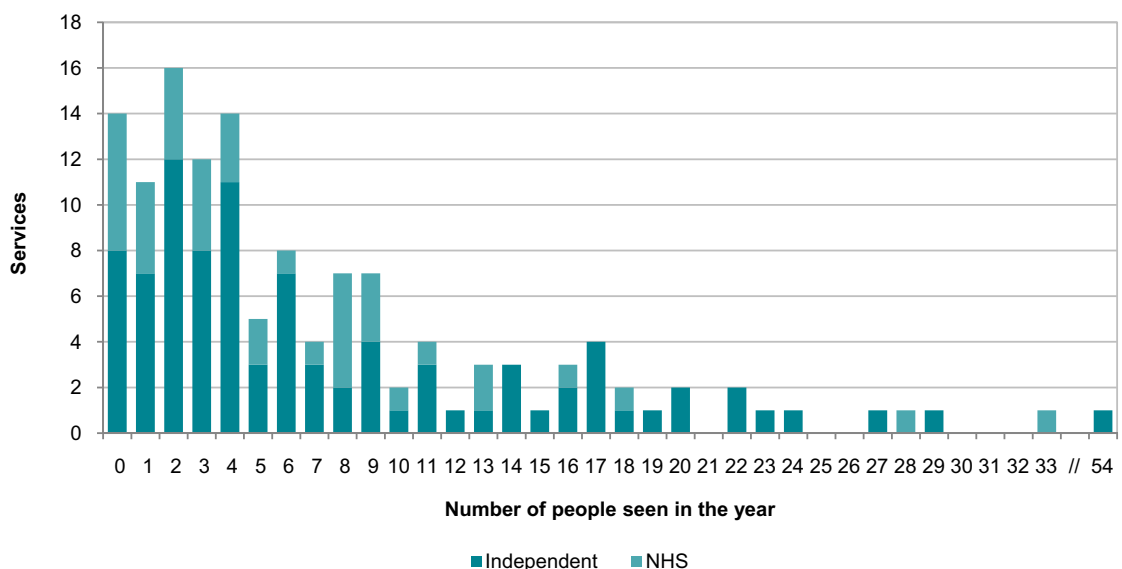
Community Care

Community care services were the only setting where the majority of services saw more than 10 people. Of the 119 services who reported seeing people with a primary diagnosis of MND, 86 (72%) saw ten or

fewer and nine units (7%) saw more than 20 people.

One NHS service saw 33 people (3%) while one independently managed service saw 54 people, or 5% of the total.

Chart 52:
Motor Neurone
Disease in
community
care

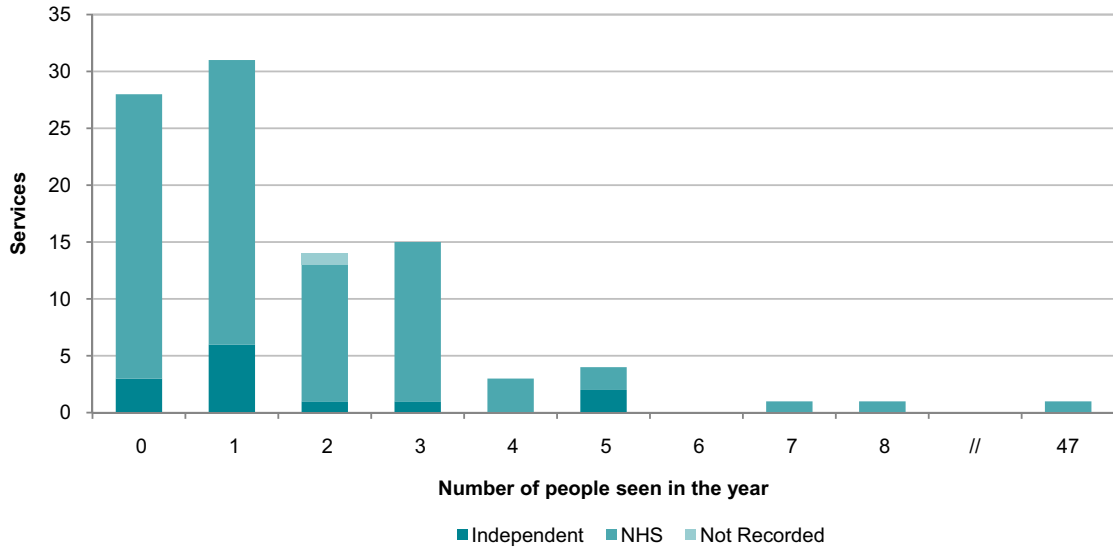


Hospital Support

Of the 69 Hospital Support services which saw people with a primary diagnosis of MND,

68 saw ten or fewer patients. The remaining unit saw 47 people, 24% of the total.

Chart 53:
Motor Neurone
Disease in
Hospital
Support

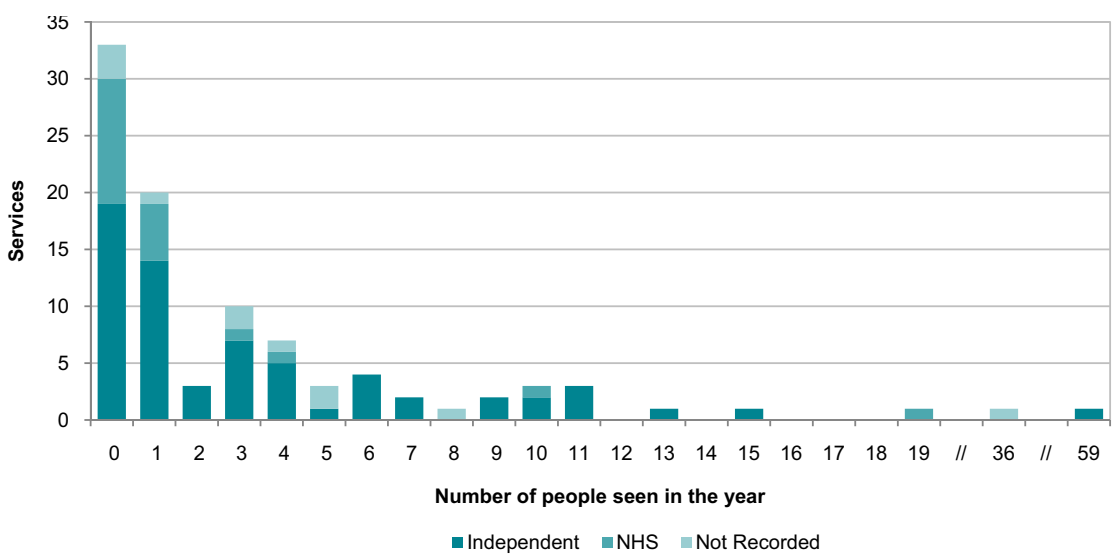


Outpatients

A total of 96 services completed data on primary diagnoses. Of these 33 (34%) did not see anyone with MND as a primary diagnosis. Of the 63 services which did,

55 (87%) saw ten or fewer people (52% of patients) and 8 saw more than ten. One unit alone saw 59 people with MND, 16% of the total number of people.

Chart 54:
Motor Neurone
Disease in
Outpatients



9. Glossary

Referrals

New patient	A patient who was referred to the service for the first time during the financial year 2009-10.
Continuing patient	A patient who was referred in a previous year and was still being seen by the service on 1st April 2009.
Re-referred patient	A patient who was referred and discharged in a previous year, and then referred to the service again during the financial year 2009-10.
Total patients	The sum of New, Continuing and Re-referred patients.
Discharged	A patient who is no longer being seen by the service, but did not die while under their care.

Services

Inpatient Unit	A designated specialist palliative care unit.
Day care	A service attended at regular intervals.
Community care	A service provided by professional members of a specialist palliative care service to patients in their place of residence.
Home care	A community care team who provide mainly an advisory service.
Hospice @ Home	A community care team who provide mainly hands on nursing.
Hospice @ Home & Home care	A community care team who provide both Home care and Hospice @ Home.
Hospital support	A specialist palliative care team, working in a hospital setting.
Bereavement Support	Contacts with the bereaved who are relatives or carers of a deceased patient and who need extra support.
Outpatient	A patient having an individual appointment to see a specific member of a multi-professional palliative care team.

Other

Bed occupancy	The number of bed days actually occupied by a patient.
Length of stay / length of care	The time that each patient spent with a service before death or discharge.
Caseload	The mean number of patients being cared for at any one time.
Palliative care clinic	A palliative care clinic is held by a member of the specialist palliative care team.
Joint clinic	A joint clinic is one held jointly with non-palliative care specialists.
Clinical nurse specialist (CNS)	A registered nurse who has acquired additional knowledge, skills and experience, together with an accredited post-registration qualification (if available) in a clinical specialty. The four key elements of the Clinical Nurse Specialist role have been defined as: clinical practice, education, management/consultation and research.

10. Acknowledgements

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**National End of Life
Care Programme**
Improving end of life care

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