How changing demographics are affecting end of life care in the UK:
The number of people dying is increasing

Mortality rates in the UK are set to increase from 2015. Around 550,000 people die in the UK each year.¹

The total number of annual deaths is expected to rise by 17% by 2030 to almost 590,000 deaths per year. By 2030 annual deaths will outnumber births.²

¹Source: ONS 2008-2010 England and Wales, General Register Office of Scotland (GRO), Northern Ireland Statistics and Research Agency (NISRA)
²Source: Gomes & Higginson (England and Wales)
How changing demographics are affecting end of life care in the UK:
Where people **want** to die

- **63%**
  - Two thirds of the UK's population want to die at home
- **28%**
  - Want to die in a hospice
- **8%**
  - Want to die in a hospital
- **1%**
  - Want to die in a care home

Data is sourced from Sue Ryder's *A Time and a Place* report:
How changing demographics are affecting end of life care in the UK: Where people actually die

- 20.8% Die at home
- 4.5% Die in a hospice (Hospices also provide care in other settings including people’s homes, care homes and hospitals)
- 54.8% Die in a hospital
- 17.8% Die in a care home
- 2.1% All other places

Source: 2008–2010 data from Office for National Statistics (ONS) for England and Wales, General Register Office of Scotland (GRO) and the Northern Ireland Statistics and Research Agency (NISRA)
How changing demographics are affecting end of life care in the UK: 40% are **dying in hospital** without a clinical need

The National Audit Office found in 2008 that in one English Trust 40% of people who died in hospital had no clinical need to be there. (National Audit Office, End of Life Care 2008). The number of people who die in hospital with no clinical need to be there will vary from hospital to hospital.

However, if we use the National Audit Office’s 40% figure as a rough guide and apply this to the total number of hospital deaths in the UK in 2011, then around 113,947 people who died in hospital had no clinical need to be there.

(Source for number of hospital deaths: ONS, GRO, and NISRA Full Year Mortality 2011. Source for QIPP estimate: Palliative Care Funding Review, 2011).
How changing demographics are affecting end of life care in the UK:
Why are people **unable to move out of hospital** at the end of life?

People who are terminally ill, with no clinical need to be in hospital, find it hard to get home, into a care home, or a hospice. This could be because:

- they are unable to get a social care package to support them put in place swiftly – many wait for up to 30 days for access to social care, while their application is processed, their level of needs assessed and their means to pay processed by their local council
- for others, there's a lack of availability of palliative care services in the community 24 hours a day, seven days a week.

We know that hospitals don't work well with community services to arrange care in the community. Only 31% of families of those who were terminally ill said yes definitely – that hospitals had worked well with GPs and community services.  

Many people still don't have the opportunity to register their preference for where they are cared for and die. The National Survey of Bereaved People found that only 32% of people who had died from a terminal illness were aware that they were going to die and less than half of patients (44%) had expressed a choice.

* (Source: First National VOICES: Survey of Bereaved People: Key Findings Report 2012)
How changing demographics are affecting end of life care in the UK:
What do we want political parties to do?

We are calling on political parties to commit in their manifestos to everyone in the UK having a good death involving:
• access to social care
• access to 24/7 palliative care
• good pain management
• quality advice and information
• support for families and carers.
To enable this to happen political parties need to a take cross-party, long-term approach to improving end of life care for all.

(Source: Nuffield Trust, Understanding Patterns of health and social care at the end of life, 2013).