

# Preferred Place of Care Myth or Reality?

Severn Hospice Clinical Nurse Specialist Team

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## Background and Setting

Identifying the Preferred Place of Care at the end of life in conversations with patients and their families, and adopting a multi disciplinary approach can allow for a "good death" for all concerned. Government drivers including the Gold Standard Framework (GSF) and the Preferred Priorities for Care Document (PPC) have influenced end of life care as promoted by the NHS End of Life Care Programme DOH (2008). These frameworks aim to improve care delivery and patients choice at their end of life. The PRISMA survey (2010) indicated that 53% of deaths took place in hospital and only 21% took place at home.

This poster presentation show the results of a prospective audit of 991 patients undertaken from February 2012 -2013. This period was selected because the Shropshire Macmillan services merged with the Hospice Outreach Team, and are now known as Severn Hospice Clinical Nurse Specialists. As part of routine record keeping the CNS team generate a monthly list of patient statistics indicating date of death and preferred place of death and if this outcome was achieved, and if not what was the reason. This information has enabled evaluation of patients preferred place of care and if this was achieved.

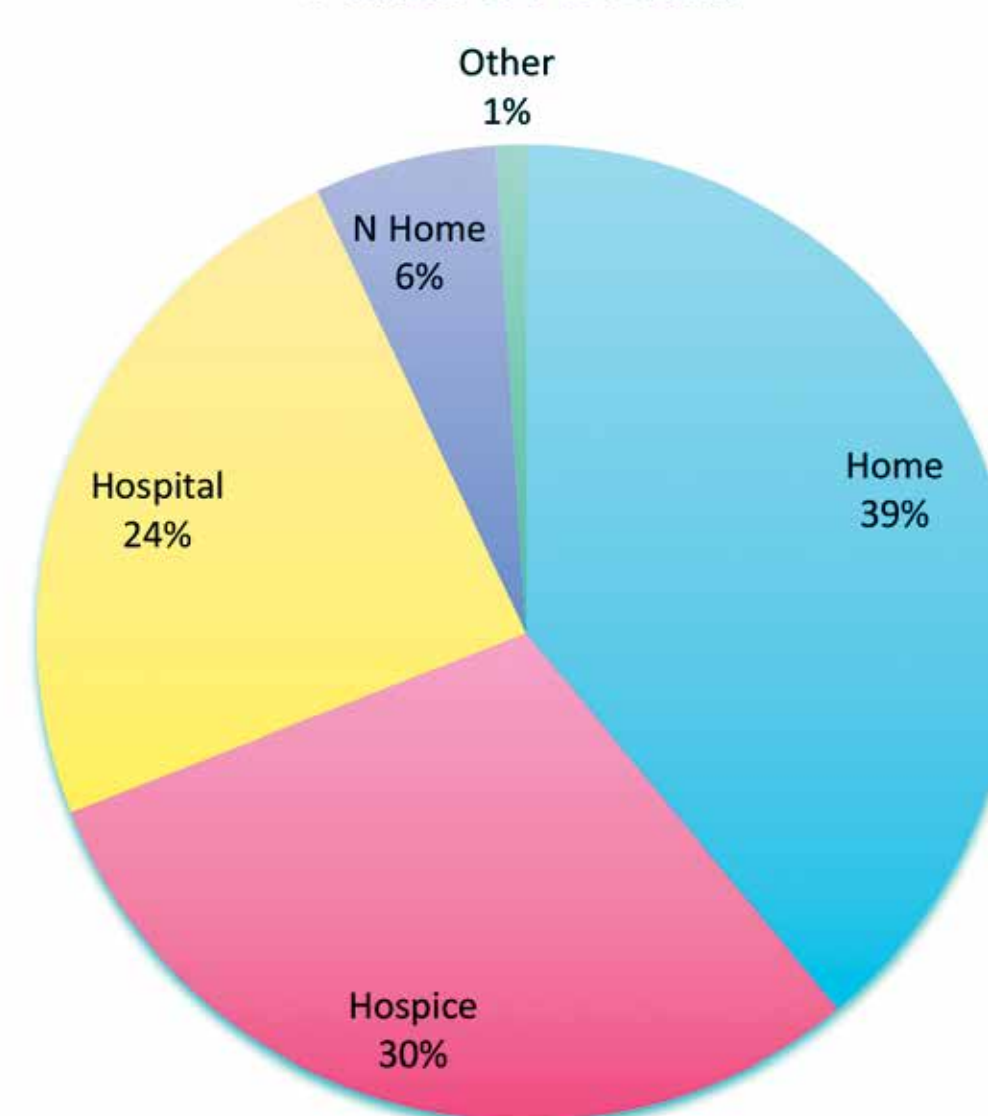
Shropshire is the largest land locked county in the UK and has a population of 472,770, both rural and urban with market towns, villages and hamlets. There are 2 Acute Trusts, 4 Community Hospitals and 2 Hospice in patient units. The Severn Hospice CNS team consists of 15 (WTE 12.3) with experience ranging from 1-20 years in a CNS role working alongside 70 GP practices.

## Method

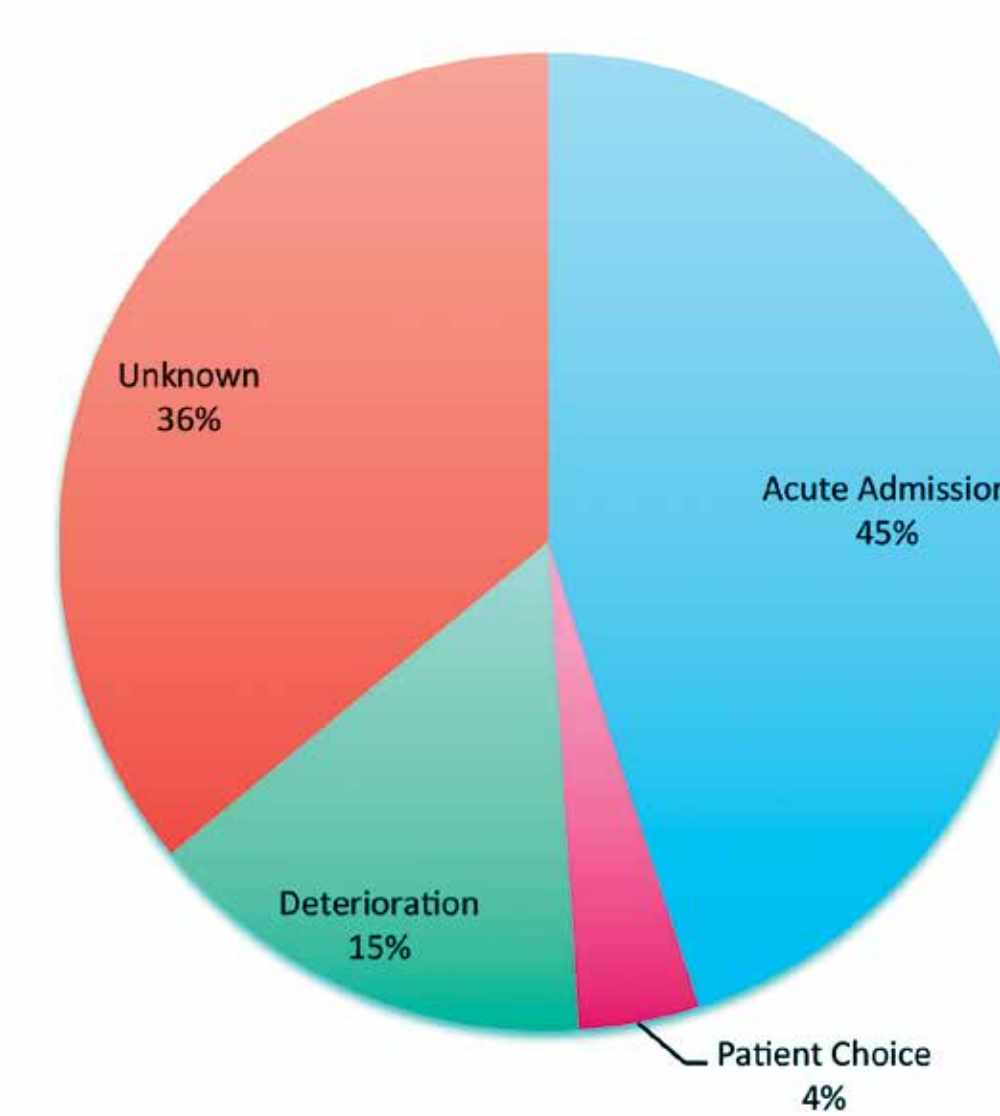
A comprehensive prospective audit was undertaken from the three CNS locations, to identify whether patients preferred place of death was actually achieved. Figures were collated manually from the monthly statistic paperwork and entered onto spreadsheets.

Data collected included the recording of place of death and if this was their preference. If not the preferred place of death was a reason identified. This is the data that will be used to establish if patients are dying in their preferred place.

Place of Death



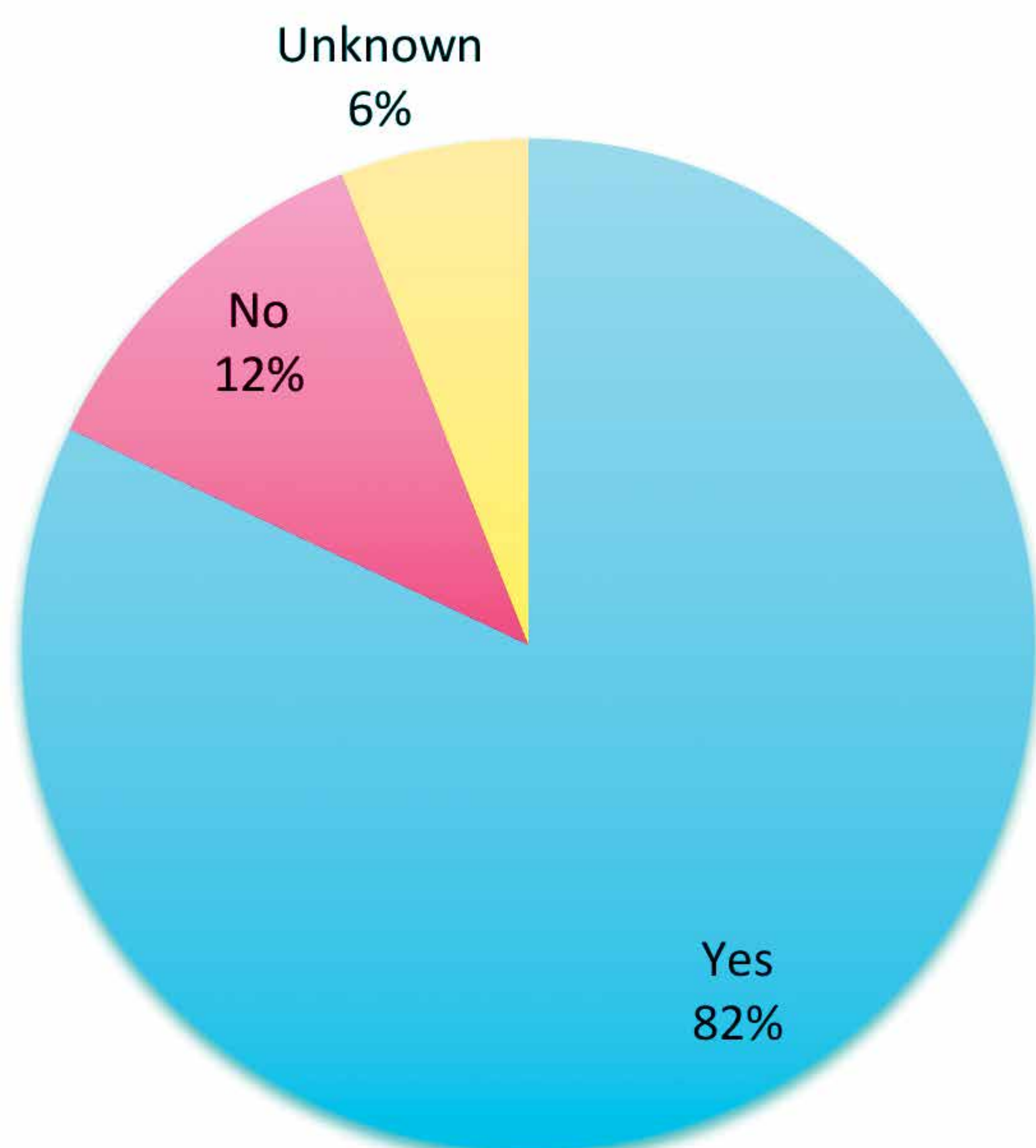
Reasons PPC Not Achieved



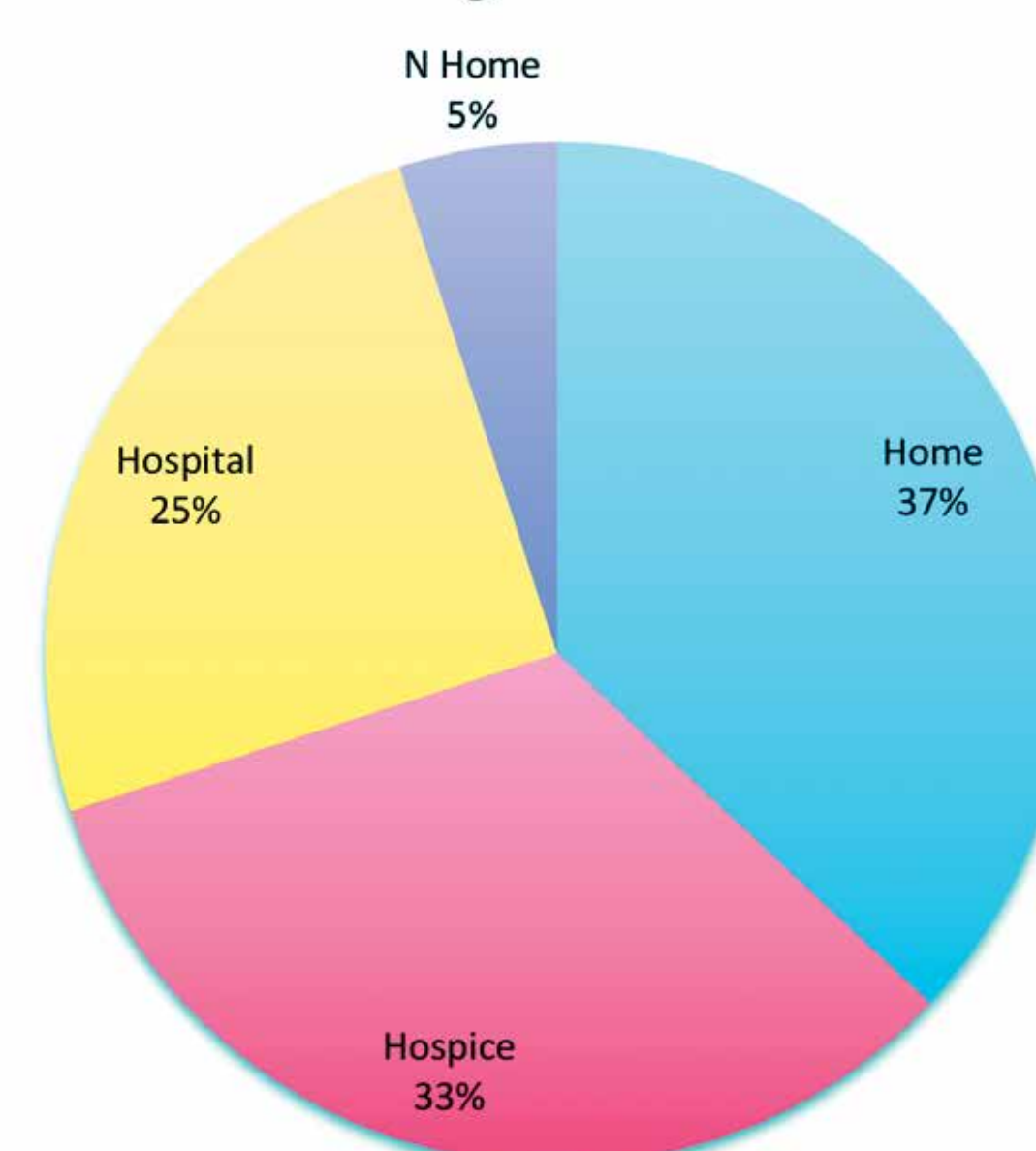
## Discussion

This audit has provided a snapshot of current trends in Specialist Palliative Care provided in Shropshire in conjunction with data provided by Severn Hospice CNS team. Within the region a high proportion of our patients are dying in their preferred place of care .Over 40% of patients are dying in their usual place of residence in line with national figures. Results have shown a variation in outcomes and these can be attributed to the location and resources available. Noticeably the statistics demonstrated similarities between Shrewsbury and Telford CNS bases and this can be attributed to the locality of a DGH and Hospice on site. However, for the Church Stretton base other factors influenced patient choice and eventual places of care for example limited public transport and location of Community hospitals.

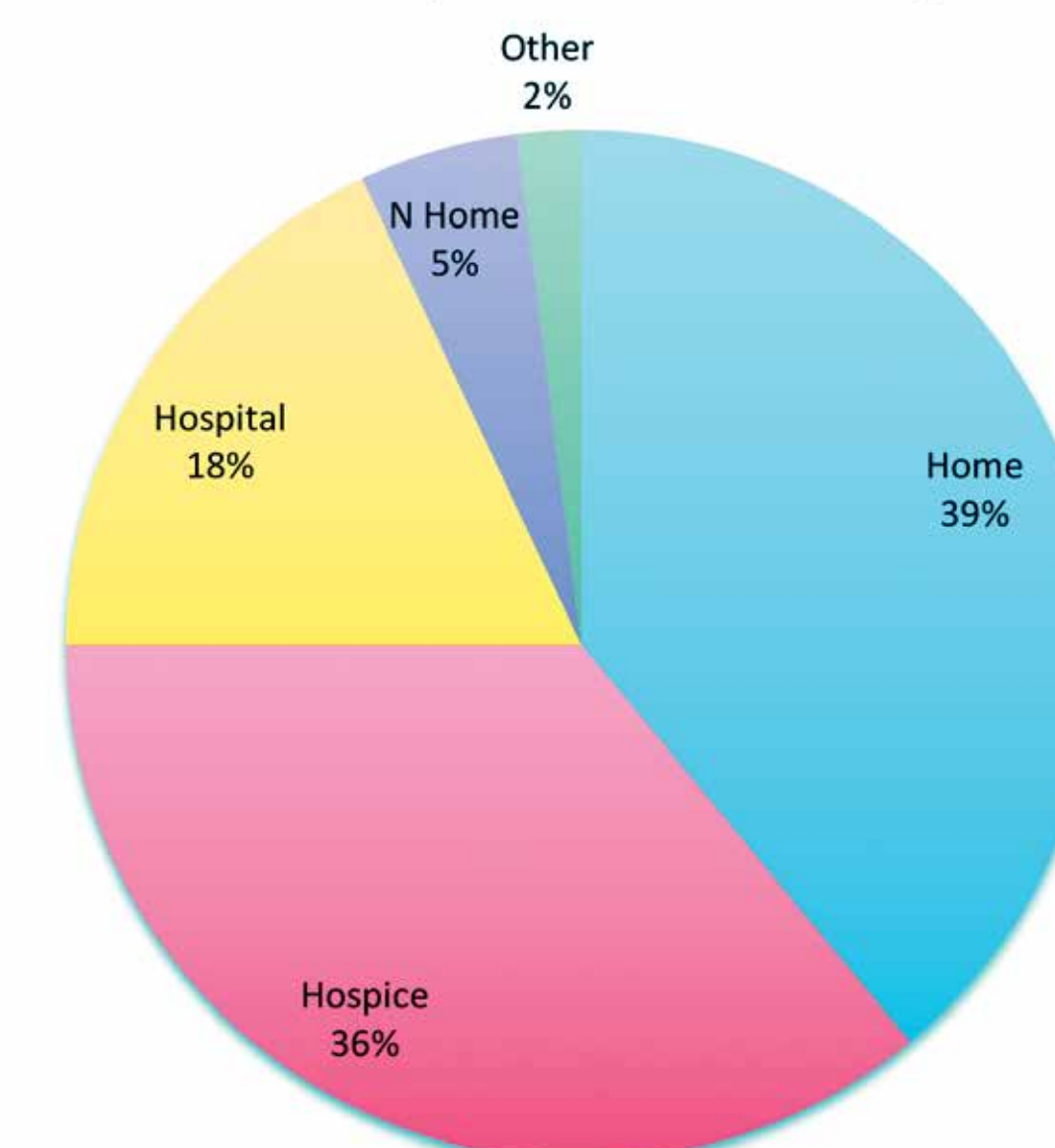
## PPC Achieved



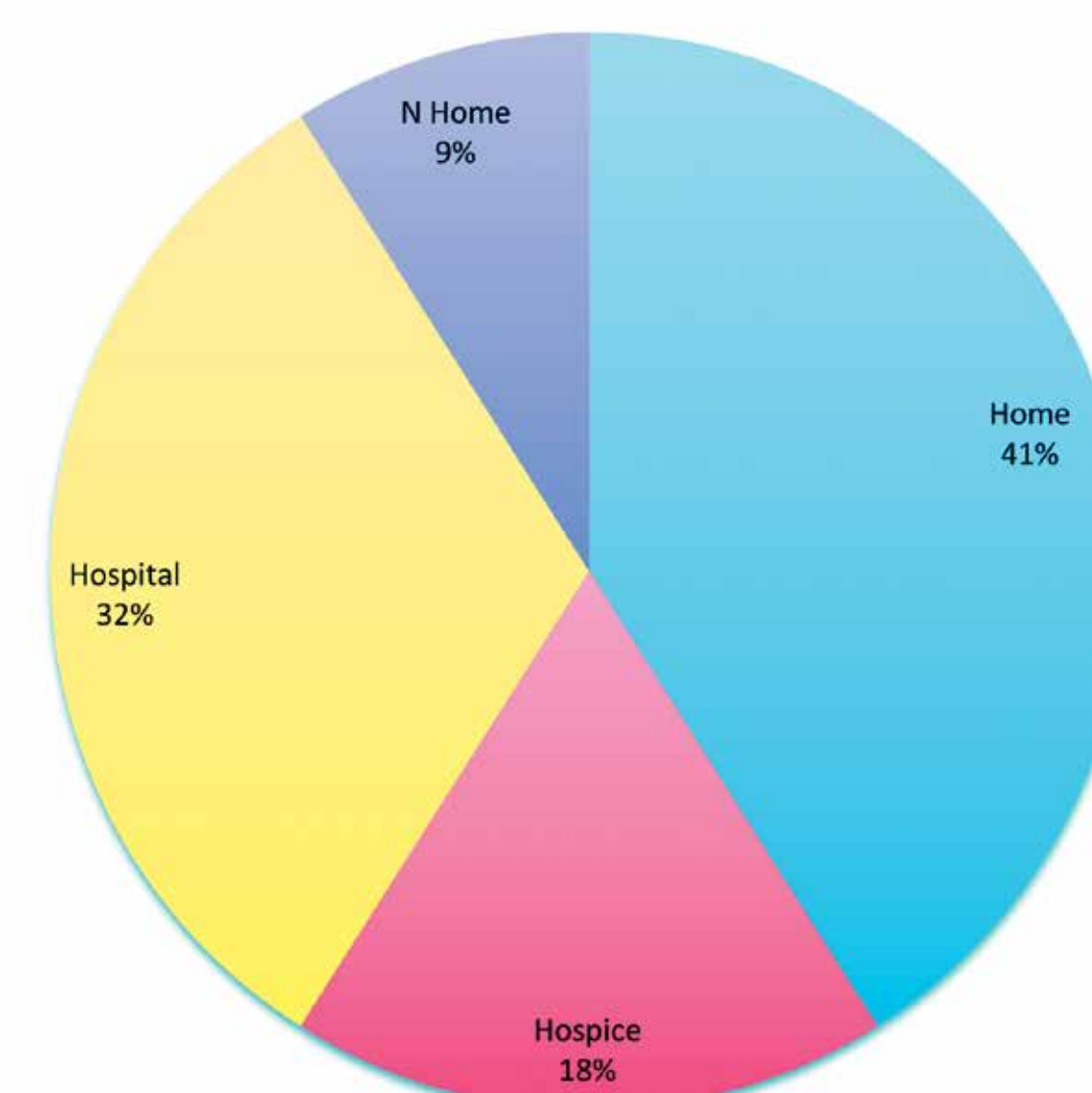
Place of Death Figures Telford CNS Base



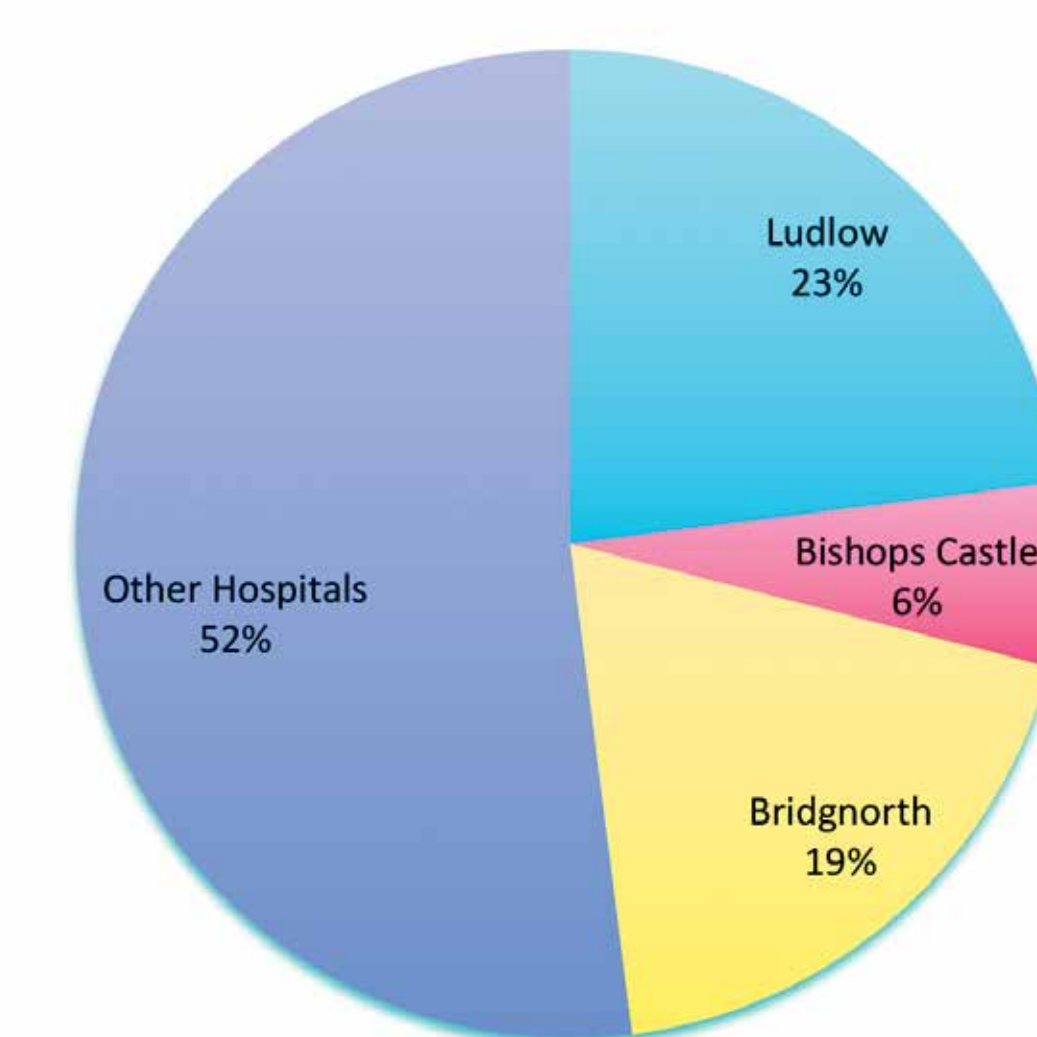
Place of Death Figures Shrewsbury CNS Base



Place of Death Figures for Church Stretton CNS Base



Hospital Deaths for Church Stretton CNS Based Patients



## Results

Factors influencing where people die is a complex amalgamation of support networks, services and resources, including out of hours service provision and family circumstances and communication between all service providers. In the period February 2012 -2013 the CNS team from the three bases recorded a total of 991 deaths (389,368,234) . PPC was known for 94% of patients. In 82% of patients PPC at the ends of life was achieved. For those not achieving their preferred place, the most prevalent reason identified was acute admission to hospital.

## References:

Prisma survey (2010) Gomes B, Calanzi N, and Higginson IJ. Local Preferences and Place of Death in regions within England. [www.csi.kcl.ac.uk/Local%20preferences%20and%20place%20of%20](http://www.csi.kcl.ac.uk/Local%20preferences%20and%20place%20of%20) (last accessed 9 September 2013)

Department of Health (DOH) (2008) End of Life Care Strategy: Promoting high quality care for all adults at the end of life. End of life care team. The stationary office London

## Further Reading / Bibliography:

Preferred Priorities for Care Document. (PPC) <http://www.endoflifecare.nhs.uk/search.resources> (last accessed 10 September 2013)

Gold Standards Framework. (GSF) <http://www.goldstandardsframework.org.uk> (last accessed 10 September 2013)

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