

Using linked health use data and council data to examine health and social care at the end of life



It has been well-documented that health care costs tend to rise sharply as individuals approach the end of life. When given the choice, patients prefer dying at home compared to dying in hospital. However, half of the deaths in England still occur in hospitals and little is known about the related costs across health and social care sectors.

What are we doing?

In this study, we will look to understand how end of life costs vary depending on where you die and if you are in receipt of hospice care, finally we will look to see if there is a difference in these costs depending on disease you may die from. We will explore health service use and costs for end-of-life patients across multiple care sectors e.g. primary, hospital, community and social care, with a focus on how patients' preferences of place of death can be addressed. We will conduct data analyses using a database which links local government and health providers in East London. To obtain health care costs across different sectors, we will apply appropriate costs to each type of health care resource use e.g. GP visits and hospital admission. So far we have found that those who died in hospital were associated with higher hospital and mental health care costs, but lower social care costs.

How will it help?

This project will inform the design of care models, such as the Advance Care Planning for end-of-life patients to have conversation with the medical team to plan for their future support and care, in aligning patients' preferences and policy makers' objective of maximising resource allocation.



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