



Leeds Palliative Care Network

LPCN Metric Update

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19/5/21

Leeds Adult Palliative and End of Life Care 2021-2026

People will die well in their place of choice; carers and the bereaved will be well supported

What factors will enable us to achieve these outcomes?

7 Outcomes that we aim to achieve

People in Leeds who need palliative and /or end of life care will:

Be seen and treated as individuals who are encouraged to make and share advance care plans and to be involved in decisions regarding their care

Have their needs and conditions recognised quickly and be given fair access to services regardless of their background or characteristics

Be supported to live well as long as possible, taking account of their expressed wishes and maximising their comfort and wellbeing

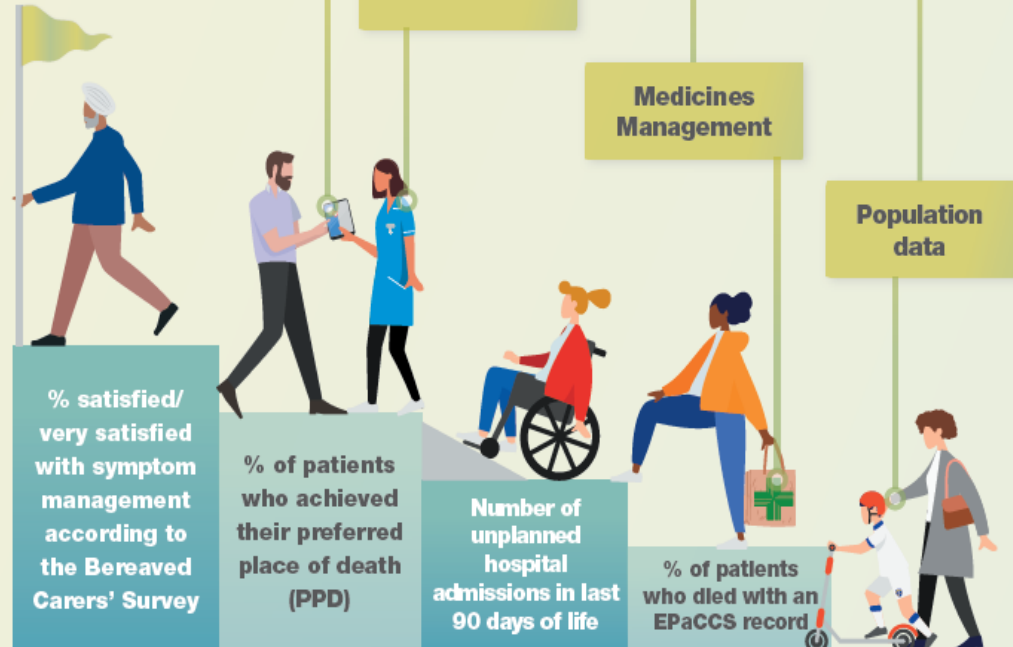
Receive care that is well-coordinated

Have their care provided by people who are well trained to do so and who have access to the necessary resources

Be assured that their family, carers, and those close to them are well supported during and after their care, and that they are kept involved and informed throughout

Be part of communities that talk about death and dying, and that are ready, willing and able to provide the support needed

How we measure success:



% who died with an EPaCCS (digital ACP) record

50 %

% satisfied/very satisfied with symptom management

**92%
Pain**

**90%
other**

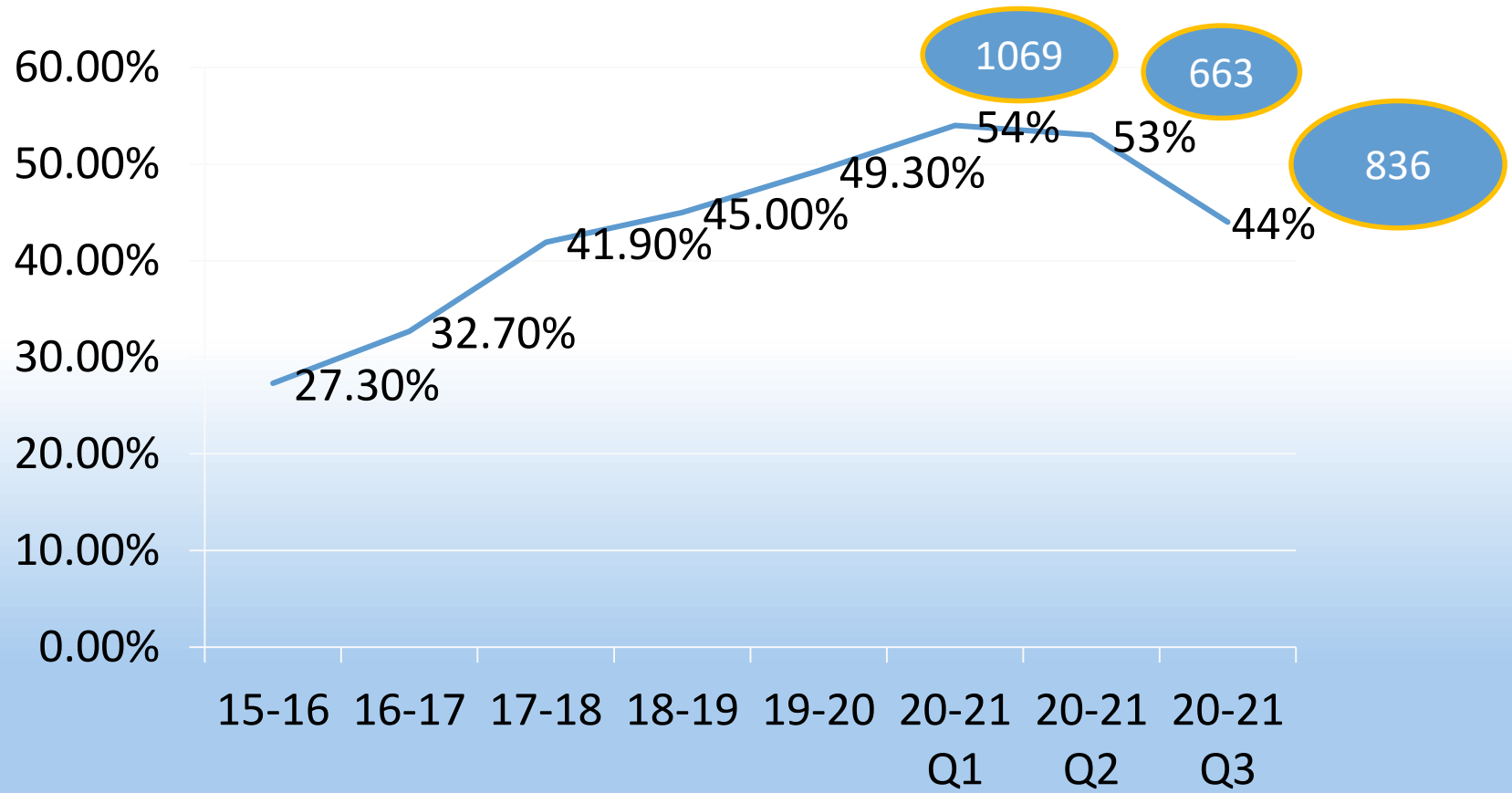
% with 3 or more unplanned hospital admissions in last 90 days of life

5%

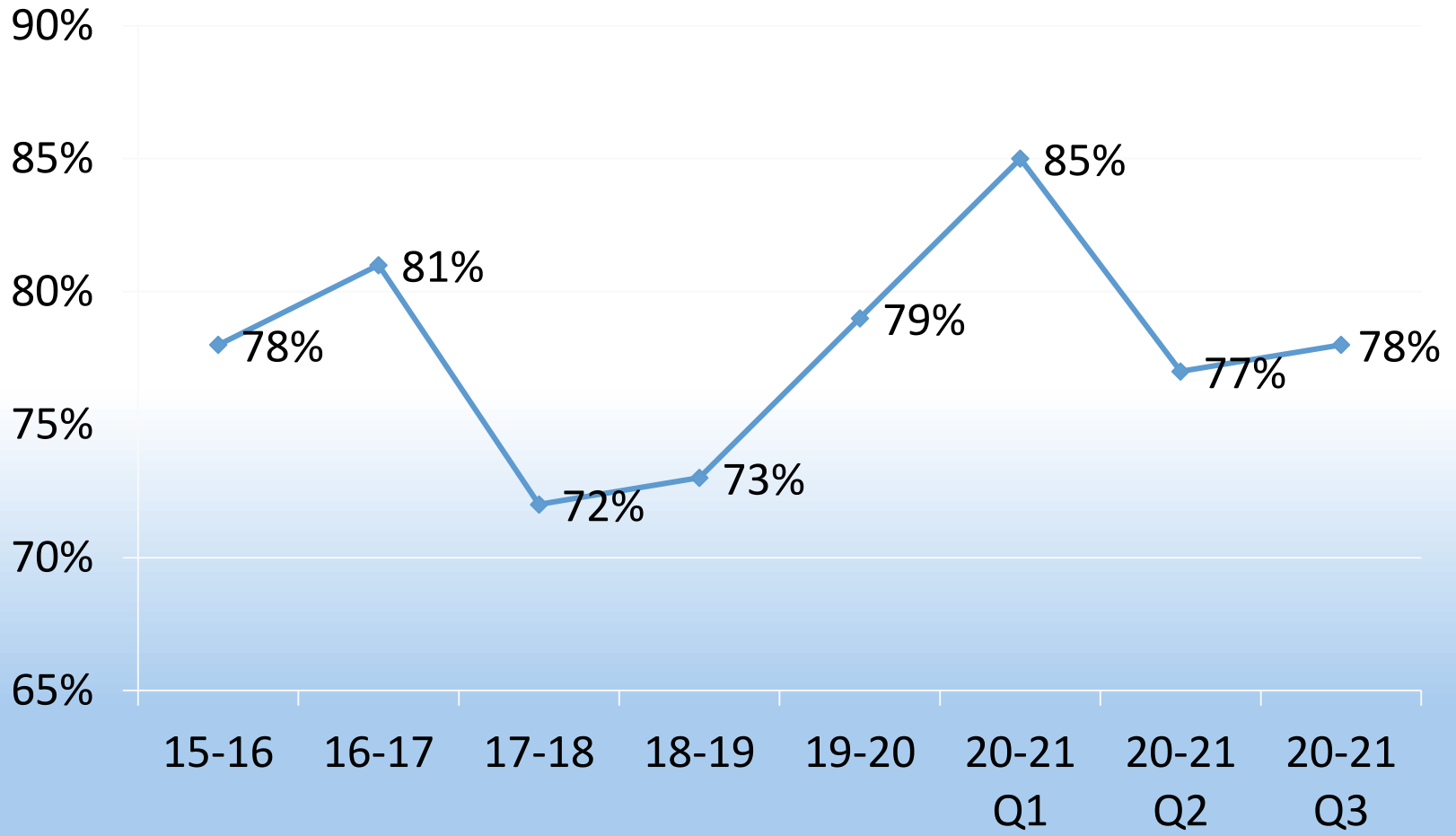
% who achieved their preferred place of death

80%

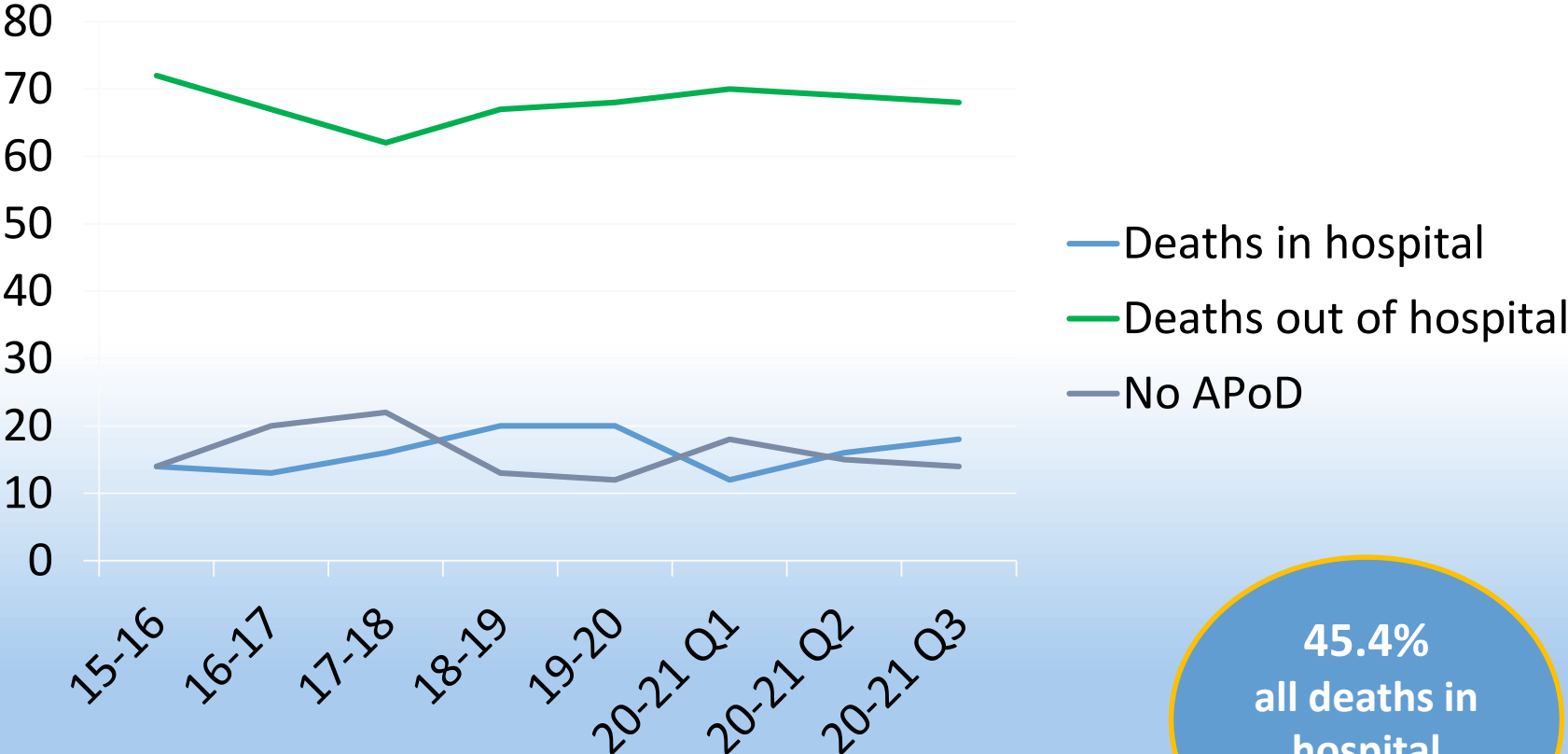
% who died with an EPaCCS (digital ACP) record



% who achieved their preferred place of death

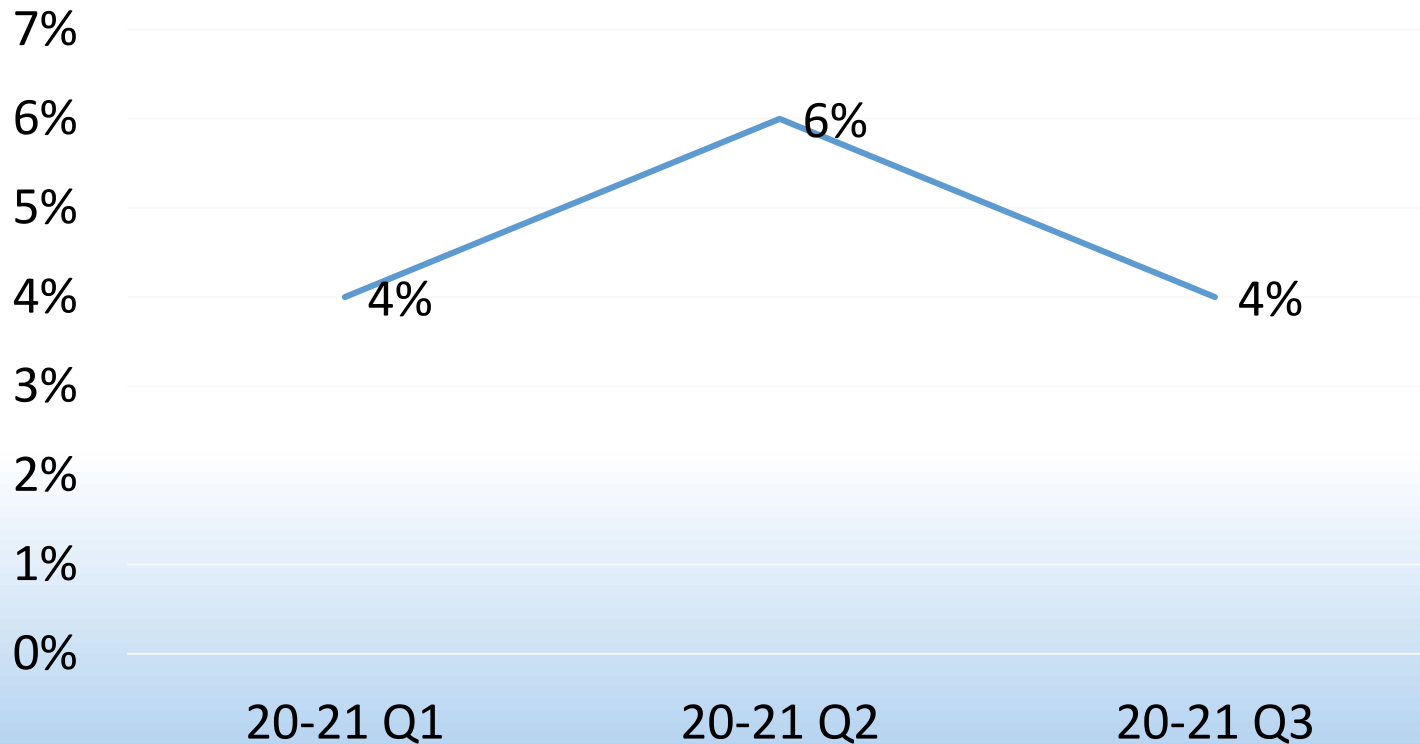


% Hospital/Non-hospital Place of death



45.4%
all deaths in
hospital
2109 (PHE)

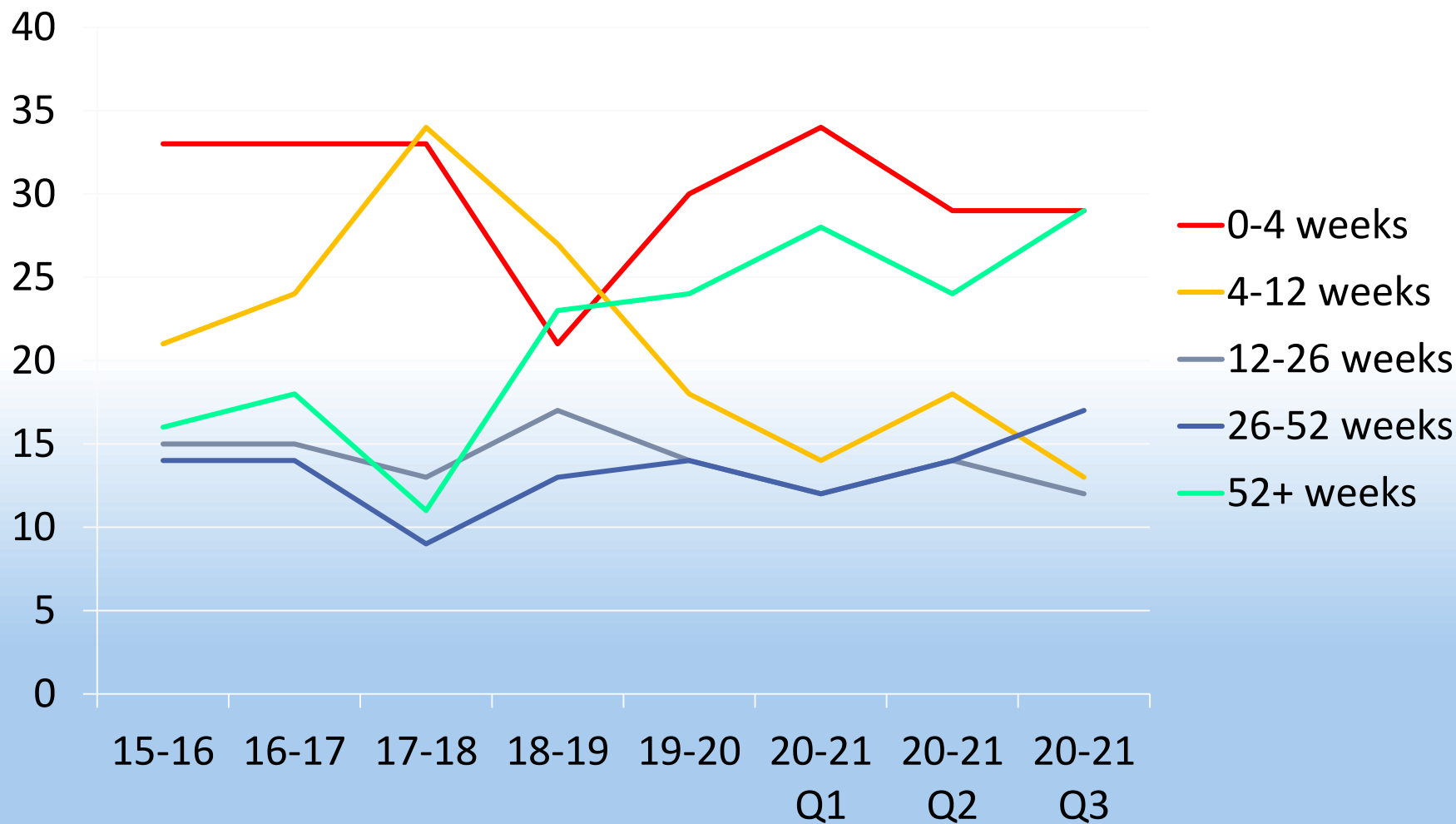
% with 3 or more unplanned hospital admissions in last 90 days of life



Aggregated data from 2014-18 3 or more admission last 90 days of life:

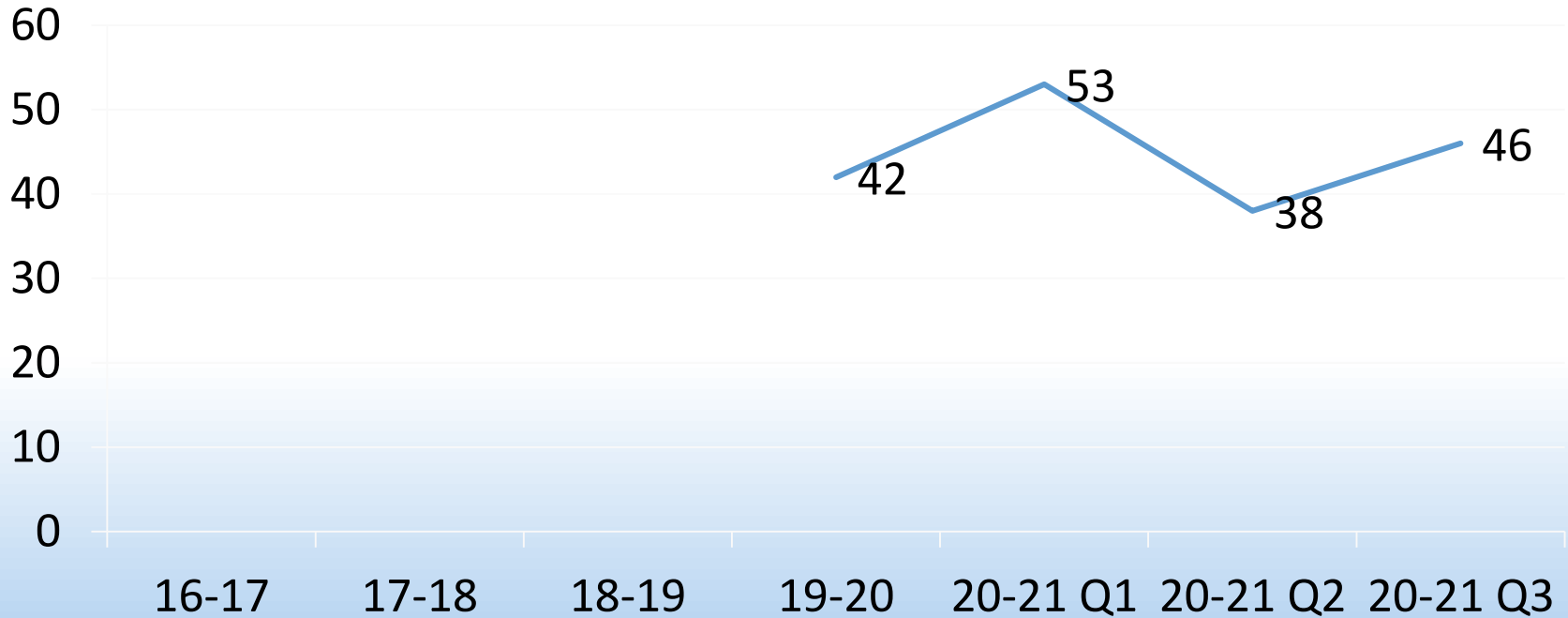
- Leeds: 6.5%
- National median of 7.5% (4.5-12.3)
- North East and Yorkshire median of 7.8%.

Time with EPaCCS: initiation to death (% in each time bracket)

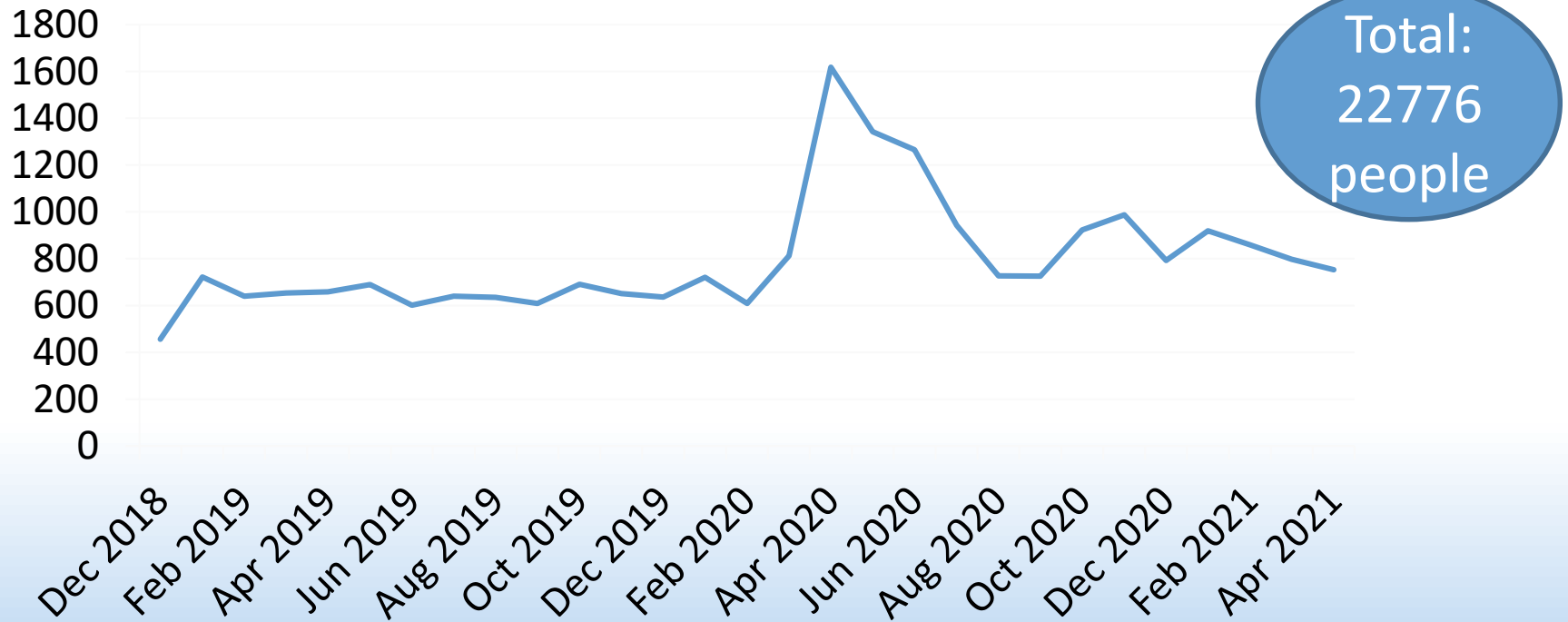


% non-cancer

(no cancer diagnosis at any time in GP record)

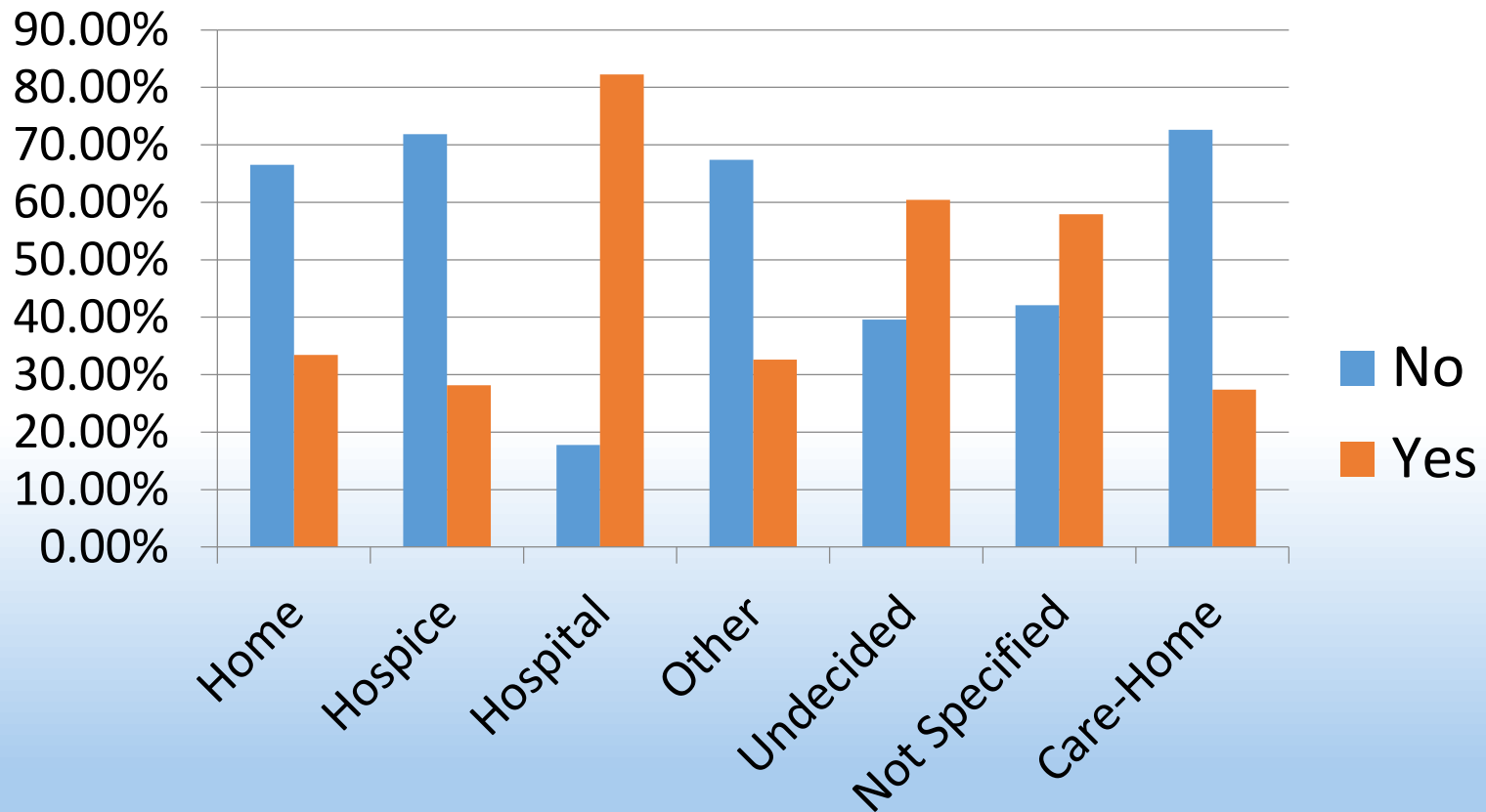


ReSPECT LTH: number of plans created/month



- 87% white British
- 78% 65+ yrs
- 52% female
- 12417 died - 6818 died LTH, average 104 days ReSPECT creation to death

ReSPECT LTH: place of death LTH by PPoD



- 82% undecided/not specified

Inequalities: ethnicity

Ethnicity	Number of patients	Proportion of EPaCCS records	2011 census proportion
White	5131	87.55%	85.0%
Mixed/Multiple ethnic groups	15	0.25%	2.7%
Asian/Asian British	131	2.23%	7.7%
Black/African/Caribbean/Black British	70	1.20%	3.5%
Other ethnic group/not defined	255	4.34%	1.1%
Missing data	259	4.42%	-

- **Preferred place of death recorded:**
63.6% (black) and **54.5%** (mixed ethnic groups) vs. **75.1%** (all other ethnic groups)
- **Preferred place of death achieved:**
63.6% (black) and **57.1%** (mixed ethnic groups) vs. **75.4%** (all other ethnic groups)

Inequalities

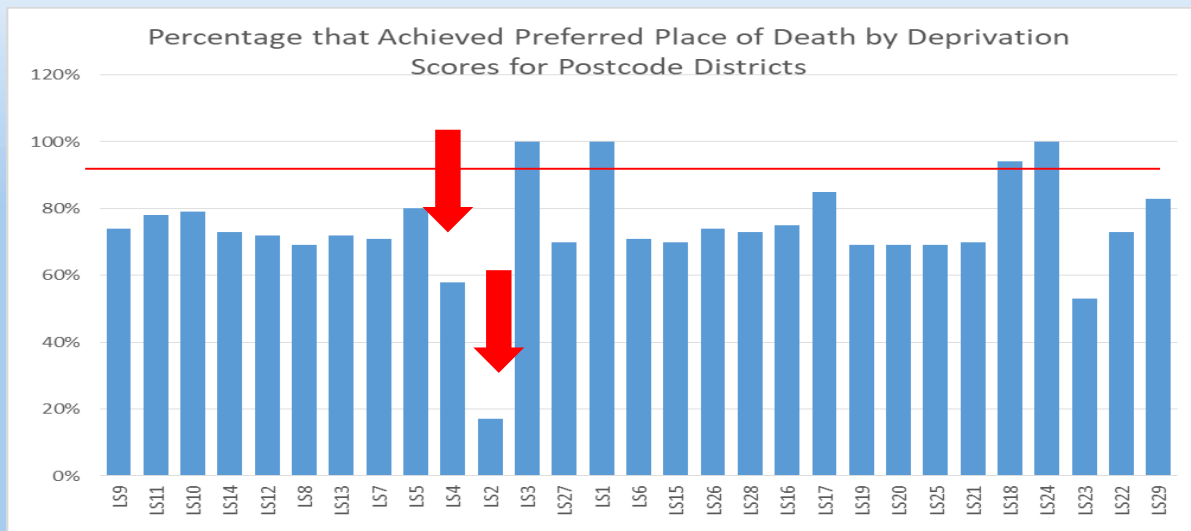
Age

- under 65's least likely to have recorded or achieved
- PPOD recorded: 72.5% vs. 74%-76.4%
- PPOD achieved: 71.3% vs. 72.1%-75.2%

Sex

- Males less likely to have a PPD recorded or achieved.
PPOD achieved: 70% vs 76% (death in hospital 26 vs 21%).

Deprivation



What next?

- **The missing 25%**
- **Citywide digital ACP reporting**
- **Inequalities**

The Partners

