

End-of-life care

Key information

Publication type: Current investigation

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Introduction

The London Assembly Health Committee will hold a meeting to assess the state of end-of-life care provision in London, with a particular focus on end-of-life care for elderly people.

Meeting aims and objectives (Terms of Reference)

- Assess the state of end-of-life care provision in London, with a particular focus on end-of-life care for elderly people, and examine how it has changed since the Health Committee last investigated the topic in 2016.
- Assess how well the NHS, local authorities, and other healthcare providers collaborate to ensure the seamless delivery of end-of-life care, particularly for elderly patients transitioning between settings (e.g. hospital to home).
- Explore variations in access to quality end-of-life care across London, in relation to different care settings, geographic areas, and demographic groups.
- Evaluate how the transition from Clinical Commissioning Groups (CCGs) to Integrated Care Boards (ICBs) has affected the delivery, funding, and coordination of end-of-life care services in London.
- Understand what action national and local government and the Mayor can take to support equitable access to end-of-life care for elderly patients in London.

Key issues

- People in London and the UK are living longer. As the population ages, the number of people dying also increases. Researchers estimate that, by 2040, the number of people dying in England will increase by 25 per cent - of these, 54 per cent will be aged 85 years or older.
- Older people and people with advanced disease can now live with eight or more different chronic health conditions, such as heart disease, cancer, chronic obstructive pulmonary disease (COPD), and dementia. NIHR ARC South London, a research organisation focusing on social care, argues this will create more demand for palliative care services and increased costs for the NHS, as around 20 per cent of all healthcare costs are spent on people in the last year of life.
- Frequent hospital admissions are indicative of poor care planning and poor quality of end-of-life care. A 2023 survey carried out by Marie Curie in England and Wales found that the most common place of death was a hospital, followed by a private home, then a care home and then a hospice. Over a third (37 per cent) of people who died in hospital had no friends or family present and one in seven people had been there less than 24 hours, suggesting they were likely to have been admitted in an emergency rather than a planned admission due to lack of access to proper and timely care at home or in a hospice.
- People from more deprived areas are more likely to die in hospital, and be admitted to hospital at the end of life even if they then die at home. People from Asian, Black or mixed ethnic groups who die at home are prescribed fewer medications for symptom control at the end of life.
- The hospice sector has reported it is under financial pressure, with an estimated shortfall of £60mn in the current financial year. Hospices in the UK receive around a third of their funding from government, with the rest (over £1bn a year) raised by hospices themselves. There have been calls for this funding model to be reviewed.

Key questions

- What are the key changes in end-of-life care provision across London since the 2016 Health Committee review?
- How well are the specific needs of elderly patients being addressed in end-of-life care provision across London?
- To what extent do people have a choice in where they decide to die?
- What role can the Mayor play in raising public awareness or advocating for improved end-of-life care across London?
- How has the shift from Clinical Commissioning Groups (CCGs) to Integrated Care Boards (ICBs) affected the funding and delivery of end-of-life care in London?
- How effectively are the NHS, local authorities, and other healthcare providers working together to deliver quality end-of-life care?
- What do experts anticipate will be the impact of Assisted Dying Bill or Act on end-of-life care?

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