

# Palliative and End of Life Care in the West Midlands

A Report for Sustainability and Transformation Partnerships  
Commissioned by NHS England

**October 2017**

Prepared by:  
Steven Wyatt & Alastair Bennett  
**The Strategy Unit**  
Tel: 0121 612 1538  
Email: [strategy.unit@nhs.net](mailto:strategy.unit@nhs.net)  
Twitter: [@strategy\\_unit](https://twitter.com/strategy_unit)



**Midlands and Lancashire**  
Commissioning Support Unit

# Document control

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<b>Prepared by</b>	Steven Wyatt & Alastair Bennett
<b>Checked by</b>	Peter Spilsbury & Sharon Townsend
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# Foreword

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Death and dying are inevitable. How as a society we support those who are living with dying, death and bereavement, their families, carers and communities is at the heart of our humanity.

As a 21<sup>st</sup> Century industrialised society, we appear to have 'medicalised' death and dying. Our use of hospital resources peaks dramatically in the last year of life. The average time spent in hospital in that period is now six weeks.

When people are asked their preferences they tend, especially in abstract, to emphasise dying at home or in the community. Most people express a dislike of the prospect of a heavily medicalised end. And yet, when it comes to it, a combination of expectations and beliefs (individual, familial, cultural, societal and professional) with prevailing service arrangements often seems to produce the opposite result.

There has been some shift away from hospital as a place of death in recent years, but considering the weight of consensus, policy expectations and local planning commitments the shift is still quite small.

And now we face a sustained period when the number of people dying per annum is set to increase - by up to 22% over the next 20 years. Within this growing number, the proportion of deaths from frailty or degenerative conditions is also forecast to increase.

Any health and care system that seeks to manage care in a way that is more 'person centred', integrated and affordable must continue to prioritise the improvement of end of life care. But the change needed requires a major shift in attitudes and beliefs, and not just alterations to the structure and organisation of care delivery. This needs 'system leaders' to hold a deep and nuanced conversation with their public and professionals. It needs compassion, honesty and courage of conviction. If we spend less on care in the last few months of life, if we aim to do 'less is more', then what is the dividend that we are offering in return?

The purpose of this report is to marshal data to try to make sense out of complexity. Most of the data is from existing if disparate sources and our focus has been on joining it up. We have also, however, gathered some new data on local service provision in order to try to add further colour and insight. As always with freshly gathered data, there is a need to put some caveats about the potential for inaccuracy or inconsistency. We have aimed to minimise that through a reasonable validation process. But we have also taken the view that the audience will see data as the starting point for conversations and for seeking local understanding and not as a stick for beating.

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This report will have fulfilled its purpose if it provides nourishment for the bigger conversation that is needed and if it helps place end of life care at the heart of 'systems thinking'.

If we get death and dying 'right', the rest will likely follow.

**Dr Kiran Patel**

Medical Director  
NHS England (West Midlands)

**Peter Spilsbury**

Director  
Strategy Unit

# Executive Summary

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This work was commissioned by NHS England to describe the status and context of palliative and end of life care services in the six Sustainability and Transformation Partnerships in the West Midlands.

## Key findings for the West Midlands<sup>1</sup>

### Deaths – Trends and Forecasts

The number of deaths in England has reduced year on year since the early 1980's despite increases in population size. In 2011 there were four hundred and fifty thousand deaths in England, lower than at any point since the NHS was founded, but since 2011 the number of deaths per annum has increased and ONS forecast that this upward trend will continue for the foreseeable future with a 25% increase in annual deaths by 2039. This implies that demand for end of life care has been comparatively low in recent years but will rise considerably in the years ahead.

In the short term, these demand pressures will not be felt evenly across the West Midlands. The number of deaths in Shropshire & Telford STP, Herefordshire & Worcestershire STP and Staffordshire and Stoke-on-Trent STP are expected to rise at the fastest rate in the next few years, with a modest reduction in Birmingham & Solihull and the Black Country STPs.<sup>2</sup> In the longer term, all areas will see large increases in the number of deaths per year.

Deaths in the over 85s and from frailty and degenerative conditions will rise rapidly, whilst deaths in other age groups and from cancer, organ failure and sudden deaths will remain stable or reduce.

### Location of Deaths

Hospital remains the most common place of death, although all parts of the West Midlands have seen decreases in the proportion of deaths in this setting. There are now five thousand fewer deaths per year in hospital than in 2006.

Compared to other conditions, cancer deaths are most likely to occur in non-hospital settings; hospices, care homes and the patient's own home. Hospice deaths remain relatively uncommon for non-cancer patients.

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<sup>1</sup> The West Midlands region encompassing Staffordshire, Stoke-on-Trent, Telford and Wrekin, Shropshire, Herefordshire, Worcestershire, Warwickshire, Coventry, Solihull, Birmingham, Sandwell, Dudley, Wolverhampton and Walsall top-tier authorities.

<sup>2</sup> ONS 20014-based Sub-National Population Projections – Components of Change

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A very large proportion of deaths from frailty and degenerative conditions occur in either a hospital or care home setting. Without service redesign, we might expect these settings to experience most demand pressure as frailty deaths increase rapidly.

Having adjusted for a patient's age, gender and condition, patients from Shropshire and Telford are less likely to die in hospital, rather than in some other setting, than any other area in the West Midlands. Patients in Birmingham and the Black Country STP are more than 50% more likely to die in hospital, rather than in some other setting, than people from Shropshire and Telford.

### **Palliative Care Registers**

Palliative care registers are intended to assist GP practices to manage the care of patients in their last 12 months of life and evidence suggests that patients on palliative care registers are more likely to receive well-coordinated care. Despite significant improvements in recent years, the number of patients on palliative care registers in the West Midlands falls well short of the expected number.

The gap between the observed and expected number of patients on palliative care registers is particularly wide in Shropshire and Telford STP and Staffordshire and Stoke-on-Trent STP.

### **Acute Healthcare Use Prior to Death**

Acute hospital utilisation increases significantly in the last 12 months of life. Despite unprecedented pressure on hospital beds, patients continue to receive non-beneficial treatments in hospitals in the last months of life.<sup>3</sup> A&E attendances and emergency admissions rise sharply in the last year of life, often peaking in the month of death. The rate of outpatient attendances and elective admissions reduces only 2 or 3 months before death. The highest rate of emergency admissions, elective admissions and outpatient attendances in the last 12 months of life, are seen in patients dying from cancer. Staffordshire and Stoke-on-Trent STP shows the highest average rates of hospital activity and costs in the last 12 months of life.

Over the three-year period from 2013 to 2015, patients dying of cancer, circulatory disease, dementia and respiratory conditions spend more than 1.9 million nights in hospital in their last 12 months of life occupying more than 20% of all general and acute beds in the West Midlands. On average, these patients spend more than 6 of their last 52 weeks in an acute hospital bed.

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<sup>3</sup> <https://www.ncbi.nlm.nih.gov/labs/articles/27353273/>



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## Local Service Provision – Specialist-Level Palliative Care

There are 22 hospices with a total of 309 beds in the West Midlands. Five of these hospices are specifically designed to meet the needs of children.<sup>4</sup> The number of hospice beds per death is considerably lower in the Black Country and in Coventry and Warwickshire STPs than in other parts of the West Midlands.

In May 2017, there were 52 Consultants in Palliative Medicine working a total of 450 (half-day) sessions per week. One fifth of these sessions were delivered as part of a community palliative care team with the remaining sessions shared between hospitals and hospices. The ratio of deaths to consultant sessions per week varies considerably between STPs; from 1.6 deaths per consultant session in Shropshire and Telford to 2.9 deaths per session in Coventry and Warwickshire.

There are 19 community specialist palliative care teams in the West Midlands. The catchment arrangements in some parts of the West Midlands are complex although all parts of the West Midlands are served by at least one team. The services delivered and the professions represented varies considerably from team to team. In line with national guidance, consultants in palliative medicine and specialist nurses form a core part of almost all teams.<sup>5</sup>

## Reviews and Audits

In their most recent CQC inspection,<sup>6</sup> 12 hospitals in the West Midlands received 'Good' ratings for end of life care. A further 6 were assessed as 'requiring improvement' and one, Royal Shrewsbury was assessed as 'inadequate'. Hospitals in the Birmingham and Solihull and Herefordshire and Worcestershire STP areas performed consistently well on end of life care.

All of the hospices in the West Midlands received a 'good' or 'outstanding' rating in their most recent CQC inspection.

In the most recent national clinical audit of end of life, hospitals in the West Midlands performed at a similar level on average to those in the rest of the Country. Hospitals in Herefordshire and Worcestershire and in most parts of the Black Country performed particularly well.

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<sup>4</sup> Many of these hospices are part of national or local charities or social enterprises and are partly funded from by the public sector through NHS contracts.

<sup>5</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/04/specilst-palliatv-care-comms-guid.pdf>

<sup>6</sup> These inspections were conducted between 2014 and 2017.

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## Recommendations for all STPs

**Establish demand and capacity plans for end of life care.** As the number of deaths per year increases, STPs will need to ensure an adequate level of high quality palliative and end of life care is available in a configuration that support patients to die in the location of their choice when clinically appropriate. Detailed forward planning will be required to bring this about.

**Jointly commission a peer review of community specialist palliative care.** This report highlights significant variation in the provision of community specialist palliative care. A detailed review will allow STPs to ensure that their services meet national standards and are optimally configured to meet their populations needs. The review should include an assessment of the suitability and risk of the various funding models that exist for these services.<sup>7</sup>

**Increase the coverage of palliative care registers.** Given the benefits to patients of palliative care registers, STPs should review the size of registers and support those GP practices with low coverage to improve the process of identifying patients approaching the end of their lives.

**Identify and avoid non-beneficial acute sector treatments in the last 12 months of life.**

Identifying these treatments is not a trivial task, but if they can be avoided they can improve the quality of life of patients approaching death and can ease the pressure on acute hospitals. A dialogue with communities will be essential to bring this about as any attempt to reduce hospital activity leading up to death will need the support and understanding of patients and their families.

**Jointly commission a review of the status of shared electronic records including EPaCCs.**

Health care professionals are clear about the benefits of shared care records systems such as Electronic Palliative Care Coordination Systems (EPaCCs) but in most areas these benefits are yet to be fully realised. A review will assist STPs to understand the status of shared care records implementation (including EPaCCS) in their area; whether a system is in place, what services and

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<sup>7</sup> National guidance for this exists. See - <https://www.england.nhs.uk/resources/resources-for-ccgs/#palliative> and <https://www.gov.uk/government/publications/end-of-life-care-economic-tool>

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professionals have access to the system, the extent to which it complies with the national standard and the barriers to progress.

**Ensure that acute hospital trusts have a lay member on the Trust Board with responsibility for end of life care and at least one End of Life Care Facilitator.** No STPs in the West Midlands meets these organisational standards across each of its constituent acute hospital trusts.

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## Key Messages for Individual STPs

### The Black Country & West Birmingham STP

**Out of hospital provision of palliative and end of life care.** Although the number of patients that are supported to die in community settings is increasing, patients from the Black Country remain much more likely to die in hospital rather than in some other setting, compared to patients living in other parts of the West Midlands. Low levels of hospice beds and community-based palliative care specialists are likely contributory factors.

### Birmingham & Solihull STP

**Greater service coordination and integration.** Levels of hospice care and community-based palliative care services are as high or higher in Birmingham and Solihull as any other part of the West Midlands. Yet despite this, patients resident in Birmingham and Solihull are more likely to die in hospital, rather than in some other setting. Greater service coordination and integration may help the STP to secure greater value from its investments.

### Coventry & Warwickshire STP

**The number of Consultants in Palliative Medicine.** The number of deaths per consultant session is substantially higher in Coventry & Warwickshire than in other parts of the West Midlands. Given the important role that consultants play in supporting other professionals to deliver high quality care to patients approaching the end of life, the STP may wish to assure itself that it has adequate consultant cover and a clear recruitment and retention plan.

### Herefordshire & Worcestershire STP

**The balance of consultant time spent in hospital and other settings.** More than 40% of palliative medicine consultant sessions are spent in hospital settings, higher than any other part of the West Midlands. The STP may wish to consider whether this balance of consultant sessions matches its ambition to support more deaths in community settings.

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## **Staffordshire & Stoke-on-Trent STP**

**The cost of acute hospital usage in the last 12 months of life.** Acute care costs per patient in the last 12 months of life are higher in Staffordshire and Stoke-on-Trent than in other parts of the West Midlands. Reducing acute care costs in the last twelve months of life to the regional average has the potential to free up considerable resource for investment elsewhere.

## **Shropshire & Telford STP**

**Plans to improve hospital-based end of life care.** Recent CQC inspections and the National End of Life Audit (Dying in Hospital) have indicated problems with the quality of end of life care in hospitals in Shropshire and Telford. The STP may wish to assure itself that adequate plans are in place to bring about sustainable improvements.

# 1. Introduction

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In recent years, palliative and end of life care has become a high-profile element of national health policy. As a result, the quantity and scope of data on palliative and end of life care needs and services has grown considerably. Taken together this information provides a rich resource for those planning and managing palliative and end of life services. But these increases mean that the quantity, variety and distributed nature of data can become overwhelming.

Palliative and end of life care takes many forms. This report adopts the definitions of end of life and palliative care set out in the National Palliative and End of Life Care Partnership's Ambitions for Palliative and End of Life Care.<sup>8</sup>

The primary aim of this report is to marshal this information resource to allow the key messages and themes to be identified, with a particular focus on the context and status of services in the West Midlands region.<sup>9</sup>

This report draws on information from a range of primary sources including death registrations, population projections, hospital episode statistics (HES), CQC inspections, national clinical audits and secondary sources such as the National End of Life Care Information Network and NHS Right Care. A survey of consultants in palliative medicine working in the region was conducted to fill key gaps in information about local service provision.

The 6 main chapters of the report focus on;

- **Charter 2 - Trends in deaths** – how has the number of deaths changed over the long term and the more recent past and how do we expect these trends to change in the future? How has the age and condition profile of patient deaths changed?
- **Chapter 3 - Place of death** – where do people die and what factors influence the likelihood of a patient dying in hospital or some other setting?
- **Chapter 4 – Palliative Care Registers** – how many patients do GPs list on palliative care registers and how does that compare to the numbers of people in the last year of life?
- **Chapter 5 - Acute healthcare use prior to death** – how many times do patients use acute healthcare services in the last year of life, what types of services are used and how does this vary by the patient's condition?
- **Chapter 6 - Mapping local services** – what palliative and end of life care services exist in the West Midlands; where are they located and what is the capacity and scope of these services?

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<sup>8</sup> <http://endoflifecareambitions.org.uk/wp-content/uploads/2015/09/Ambitions-for-Palliative-and-End-of-Life-Care.pdf>

<sup>9</sup> The West Midlands region encompassing Staffordshire, Stoke-on-Trent, Telford and Wrekin, Shropshire, Herefordshire, Worcestershire, Warwickshire, Coventry, Solihull, Birmingham, Sandwell, Dudley, Wolverhampton and Walsall top-tier authorities.

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- **Chapter 7 - Results of regulatory review and clinical audits** – how have services fared in recent CQC inspections and clinical audits?

Throughout the report, data is displayed by, and comparisons are drawn between, STP footprints<sup>10</sup>, the predominant unit of healthcare planning. Additional data showing values by Clinical Commissioning Groups and Health and Well-Being Boards are provided at the end of the report.

Whilst this report focuses predominantly on palliative and end of life care for adults, a second report assessing palliative and end of life care needs for children and young adults in the West Midlands will be available in Summer 2017.

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<sup>10</sup> Sustainability and Transformation Planning areas

## 2. Trends and Forecasts

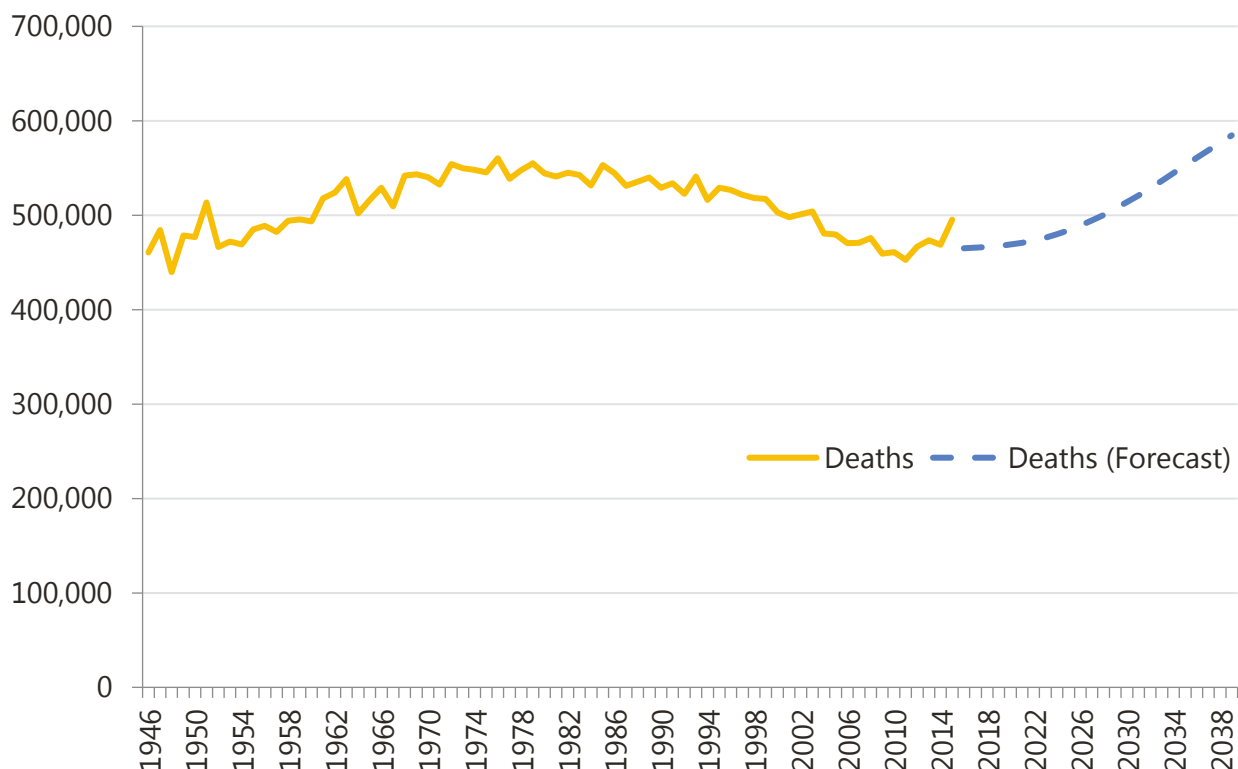
The number of people that have died or will die in a given time period, is the most direct indicator of demand for palliative and end of life care services. The socio-demographic, geographic and medical characteristics of those that die provide additional insights for those planning and commissioning palliative and end of life care services.

This chapter focuses on describing historical trends in deaths in the West Midlands, how these might change in the years to come and how these vary by locality, age and condition.

### 2.1 The long view

The population of England has grown almost every year since the end of the Second World War. Until the late 1970s the number of deaths per annum also grew although at a slower rate than the population. Since the early 1980's the number of deaths per annum has fallen and the number of deaths in 2009 were the lowest that had been seen since 1952 (figure 2i). This continued until 2010 when the trend reversed sharply. The failure of the influenza vaccine resulted in a spike in deaths in 2015.<sup>11</sup>

**Figure 2i – Deaths in England 1946 – 2039; long term trends and forecasts**



<sup>11</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/provisionalanalysisofdeathregistrations/2015>



Projections produced by the Office of National Statistics suggest that the number of deaths is likely to increase slowly for the next 5 years before more rapid annual increases in deaths become the norm. By 2036 the number of deaths per annum is expected to be higher than at any point since 1946.

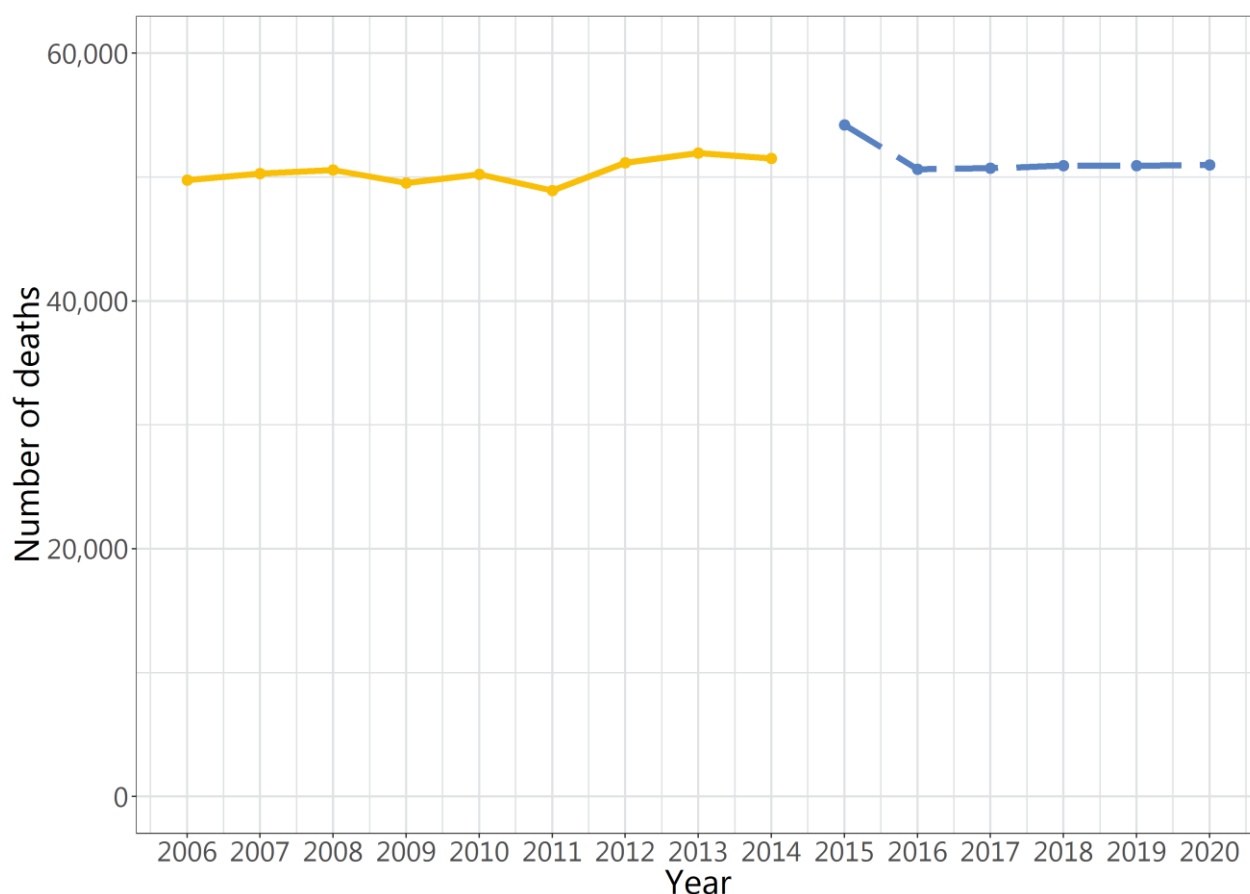
These long-term trends and forecasts suggest demand for palliative and end of life care has been comparatively low in recent years; prudent commissioners and service providers should be planning for substantial demand increases in the years and decades ahead.

These forecasts have implications for health service provision that go beyond planning palliative and end of life care services – see chapter 5.

## 2.2 Recent and imminent trends

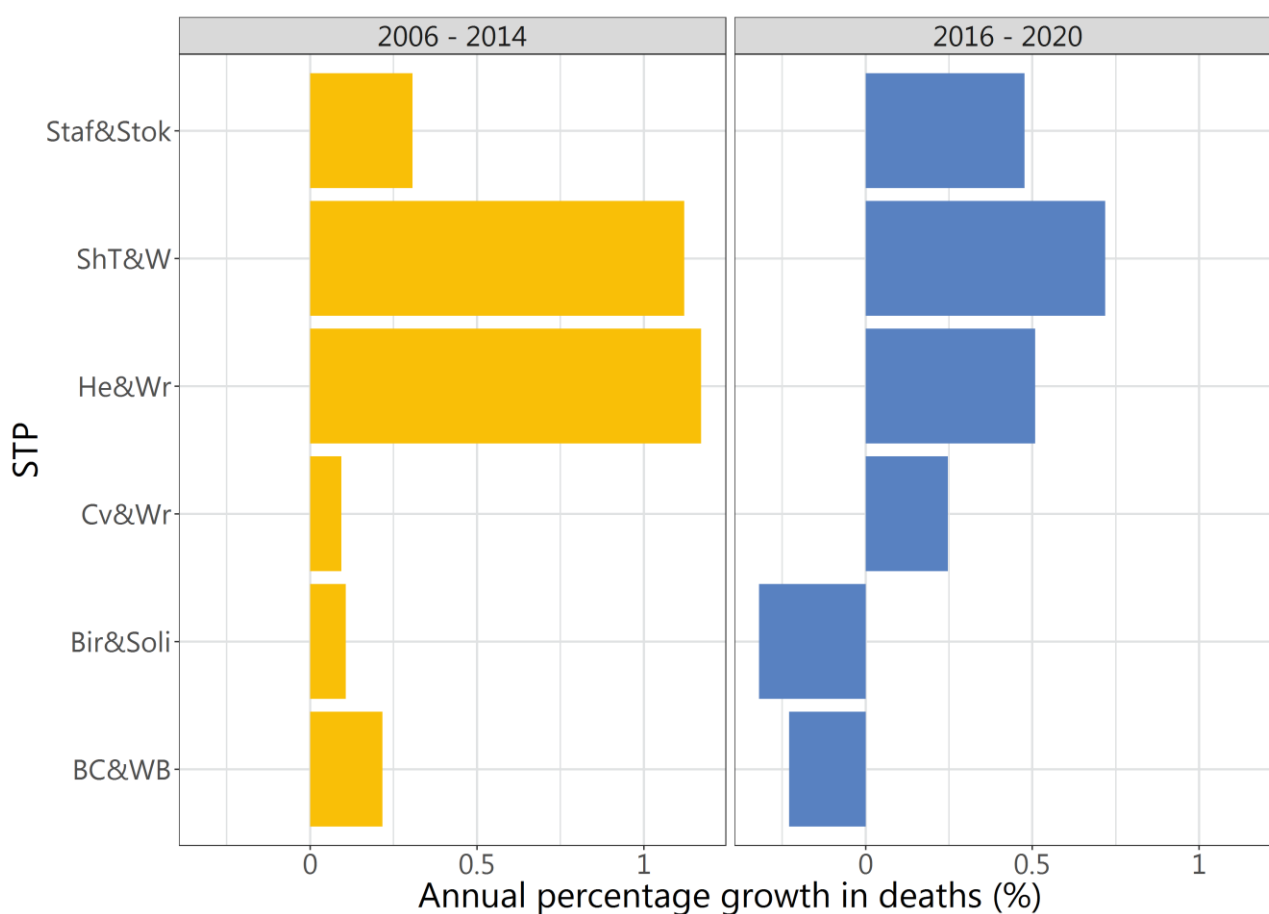
Over the last 10 years, the trend in deaths in the West Midlands has broadly followed the national profile although changes have been less marked (figure 2ii). The number of deaths is expected to increase marginally until 2020 without exceeding the spike in deaths that occurred in 2015.

**Figure 2ii – Deaths in the West Midlands 2006 – 2020; trends and forecasts**



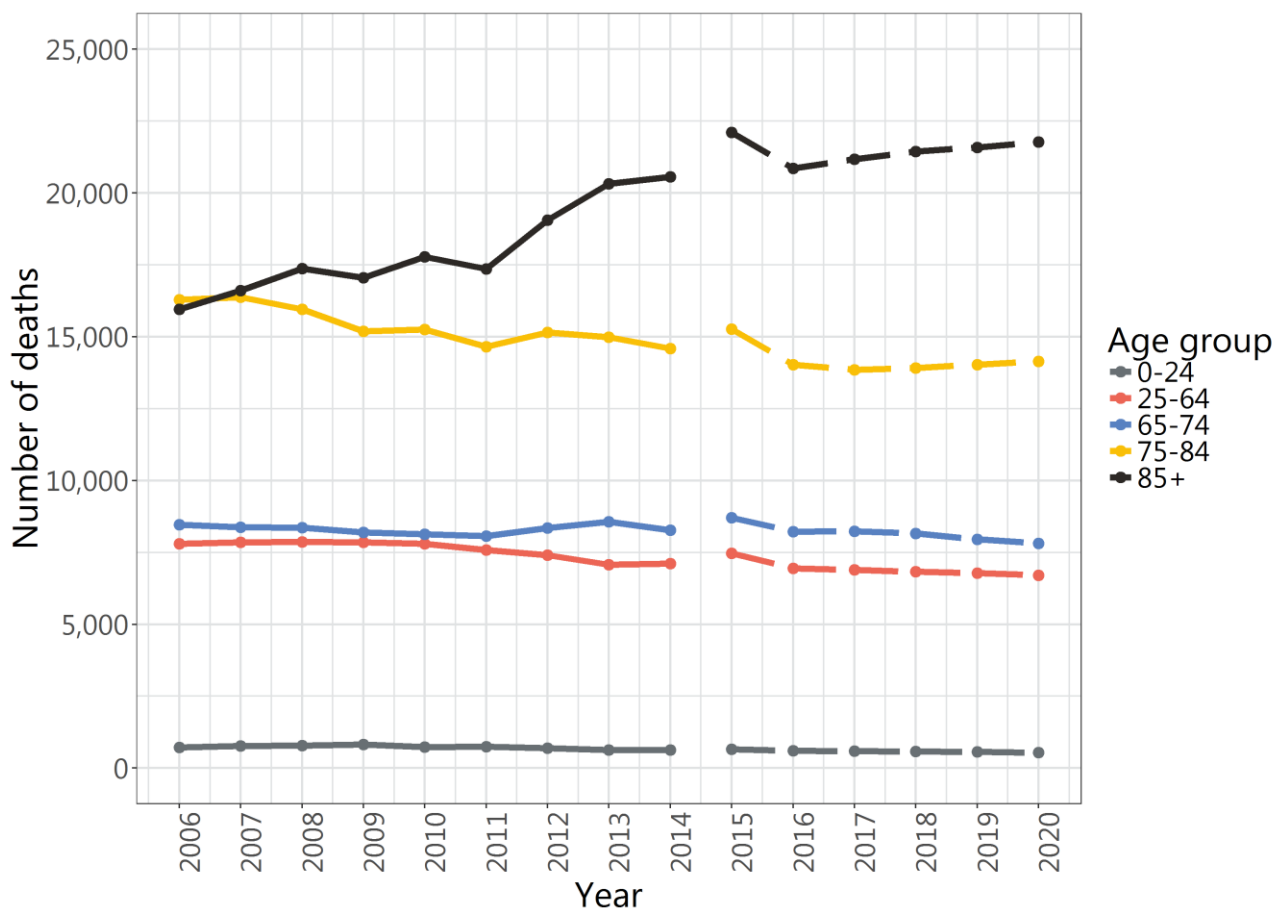
Trends and forecast deaths vary considerably between STPs in the West Midlands. Between 2006 and 2014, Shropshire & Telford STP and Herefordshire & Worcestershire STP saw deaths increase by more than 1% per annum, whilst growth was more modest in other areas. Over the four years to 2020, Shropshire & Telford STP, Herefordshire & Worcestershire STP and Staffordshire and Stoke-on-Trent STP will see the greatest growth in deaths. (figure 2iii).

**Figure 2iii – % Changes in the Number of Deaths by STP, 2006-2014 and 2016-2020**



A review of the trends and forecasts in deaths also show that substantial shifts in the distribution of deaths by age group have occurred. Between 2006 and 2014, the number of deaths of those aged over 85 years has grown by 29% from 16,000 to 20,600 and this trend is set to continue. Over the same period there have been reductions in the deaths of those aged 75 to 84 years although these reductions are set to level off in the near future. Marginal reductions in deaths in those aged under 75 are expected continue. Taken together, these changes suggest that the over 85s will account for 43% of deaths in the West Midlands by 2020, 6% points higher than in 2006.

**Figure 2iv – Changes in the Number of Deaths by Age Group, 2006 - 2020**

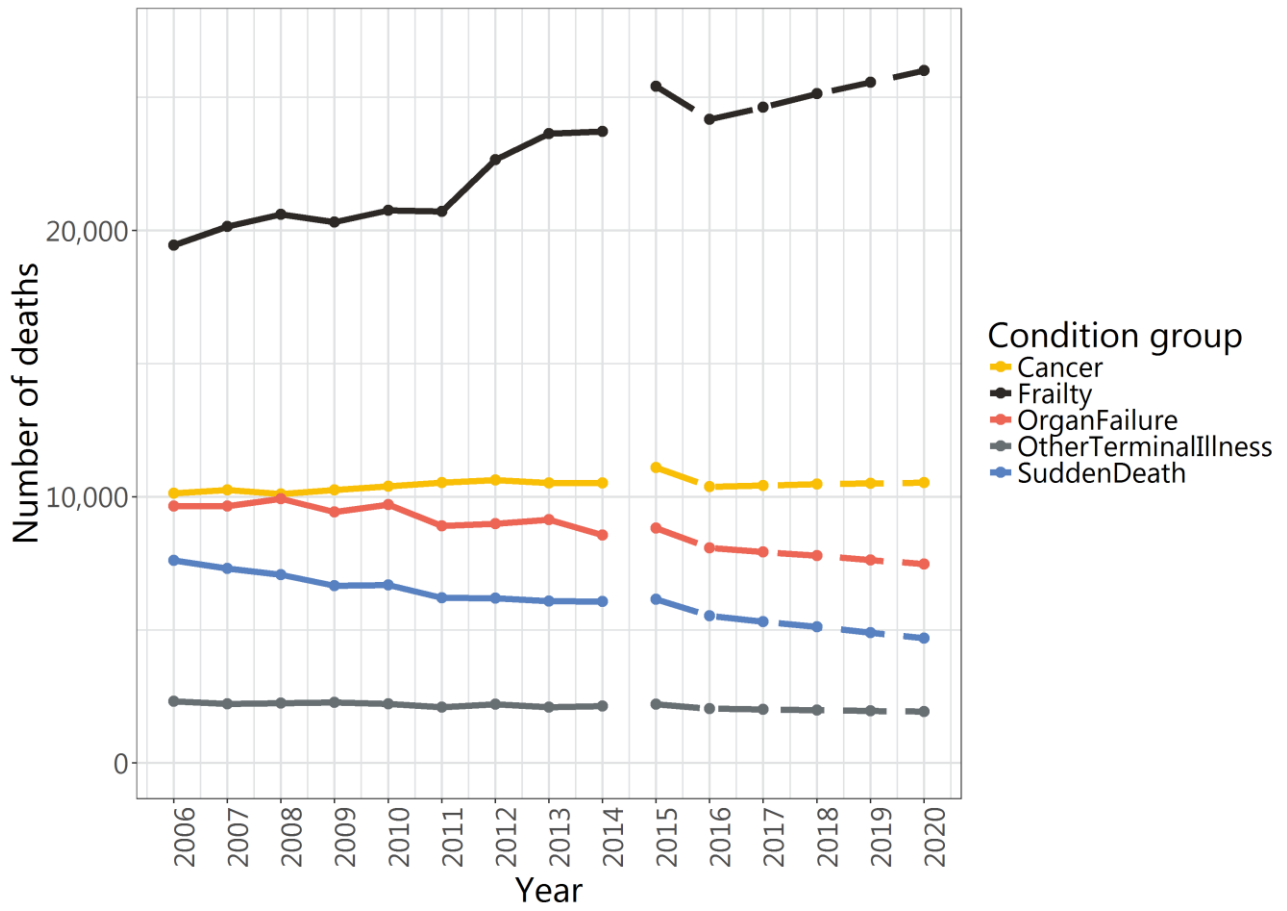


The work of Dr June Lunney and Dr Joanne Lynn provides a useful means of classifying patients approaching death according to their health care needs.<sup>12</sup> Five condition groups are defined with reference to the patient’s underlying cause of death and age; cancer, organ failure, frailty and degenerative conditions, other terminal illness and sudden deaths. Figure 2v shows that deaths in the frailty category have increased substantially since 2006 whereas deaths from organ failure, other terminal illness and sudden deaths have reduced. Cancer deaths have increased only marginally<sup>13</sup>.

<sup>12</sup> [JAMA](#). 2003 May 14;289(18):2387-92. & [J Am Geriatr Soc](#). 2002 Jun;50(6):1108-12.

<sup>13</sup> These modest changes in cancer deaths arise as a dynamic equilibrium from improvements in early identification, increased survival, reductions in age-specific cancer incidence and increases in the number of older people at the highest risk of cancer.

Figure 2v – Changes in the Number of Deaths by Condition Group, 2006 - 2020



## 3. Place of Death

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In 2008, the Department of Health published its strategy for end of life care.<sup>14</sup> The strategy sought changes to improve the quality of care at the end of life and to ensure that individuals could die in their place of choice. The strategy drew attention to the fact that whilst most deaths occurred in hospitals, most people *"would prefer to be cared for at home, as long as high-quality care can be assured and as long as they do not place too great a burden on their families and carers."*

In 2015, the National Palliative and End of Life Care Partnership published its Ambitions for Palliative and End of Life Care which emphasized the need to deliver high quality care in all settings.<sup>15</sup>

In 2016, the government set out its response to the Review of Choice in End of Life Care. This included a commitment to personalised care planning for all patients approaching the end of their lives, including advance decisions about where to be cared for and where to die.<sup>16</sup>

As a result of these strategies, monitoring the locations of deaths is now routine although less progress has been made in terms of identifying and recording patients' preferences for place of death.

This chapter explores some of the changes that have taken place in the West Midlands over the last 10 years; the variation in place of death by socio-demographic, geographic and condition subgroups, and the factors that influence the likelihood of a hospital death.

### 3.1 Deaths by Location Type

In 2014/15, approximately 50% of deaths in the West Midlands took place in hospital, 6% in hospices, 20% in care homes, 22% in patients' own homes and 2% in other settings<sup>17</sup>.

Deaths at home and in hospices are most common in those aged 25-65. Deaths in care homes are more common in older adults (fig 3i)

The location of deaths also varies systematically by condition group. In 2014/15 approximately 60% of deaths from organ failure, other terminal illness and sudden death occurred in a hospital setting; a substantially higher proportion than for cancer patients. Care homes play a large role in providing care at the end of life to frail older people. Approximately 2,000 cancer deaths occurred in hospice settings and although hospices

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<sup>14</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/136431/End\\_of\\_life\\_strategy.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136431/End_of_life_strategy.pdf)

<sup>15</sup> <http://endoflifecareambitions.org.uk/wp-content/uploads/2015/09/Ambitions-for-Palliative-and-End-of-Life-Care.pdf>

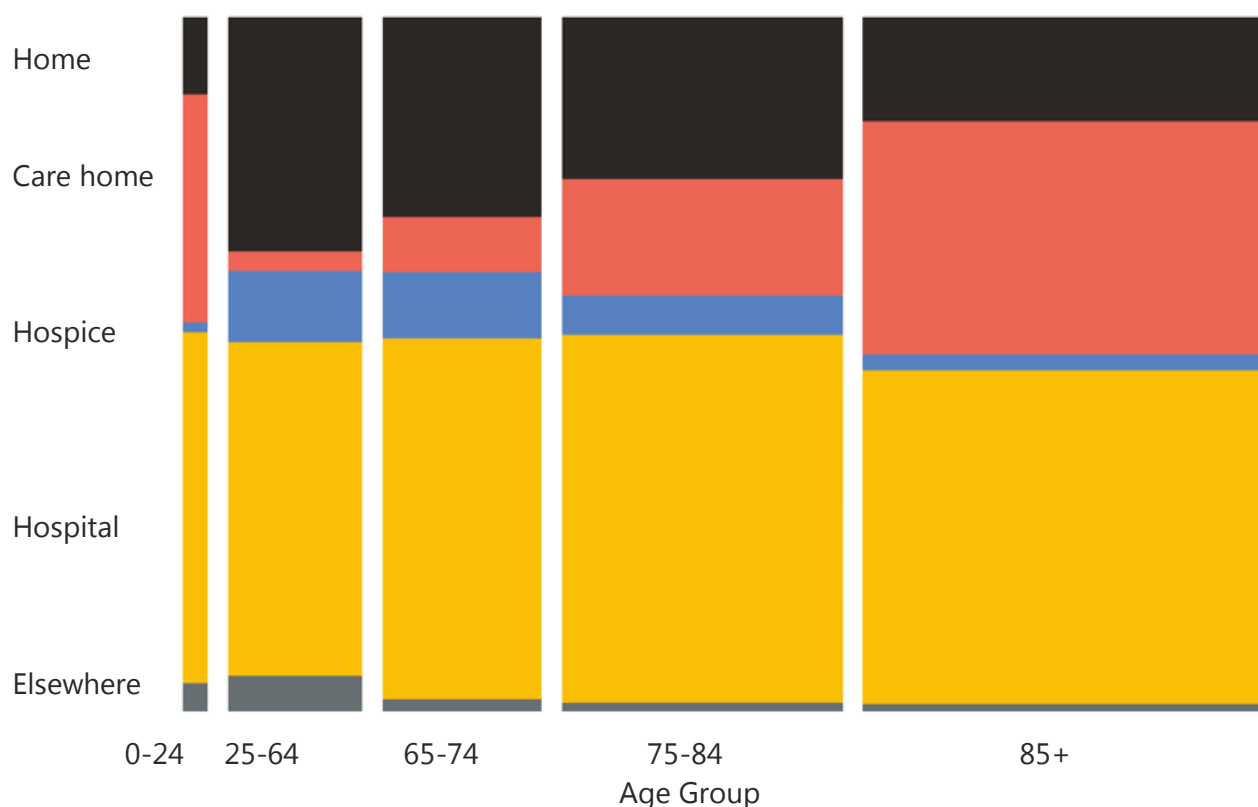
<sup>16</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/536326/choice-response.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/536326/choice-response.pdf)

<sup>17</sup> Note that these other settings include other communal residential establishments such as prisons and hotels, public spaces, and non-residential buildings.

play a less significant role in the deaths of patient from other condition groups, 30% of all deaths taking place in hospices were for non-cancer patients.

A variety of arrangements exist to support patients to die in their own homes including the provision of outreach support from community specialist palliative care teams and hospices.

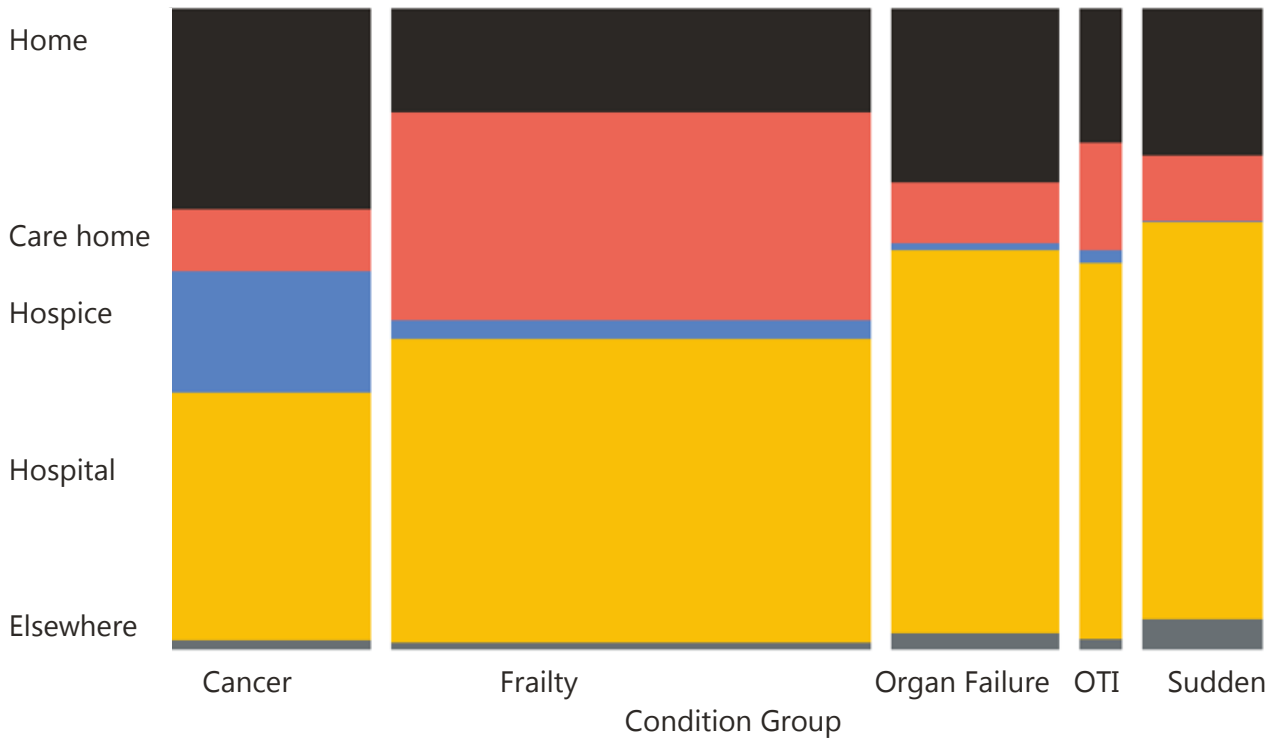
**Figure 3i –Deaths by Location Type and Age Group, 2014<sup>18</sup>**



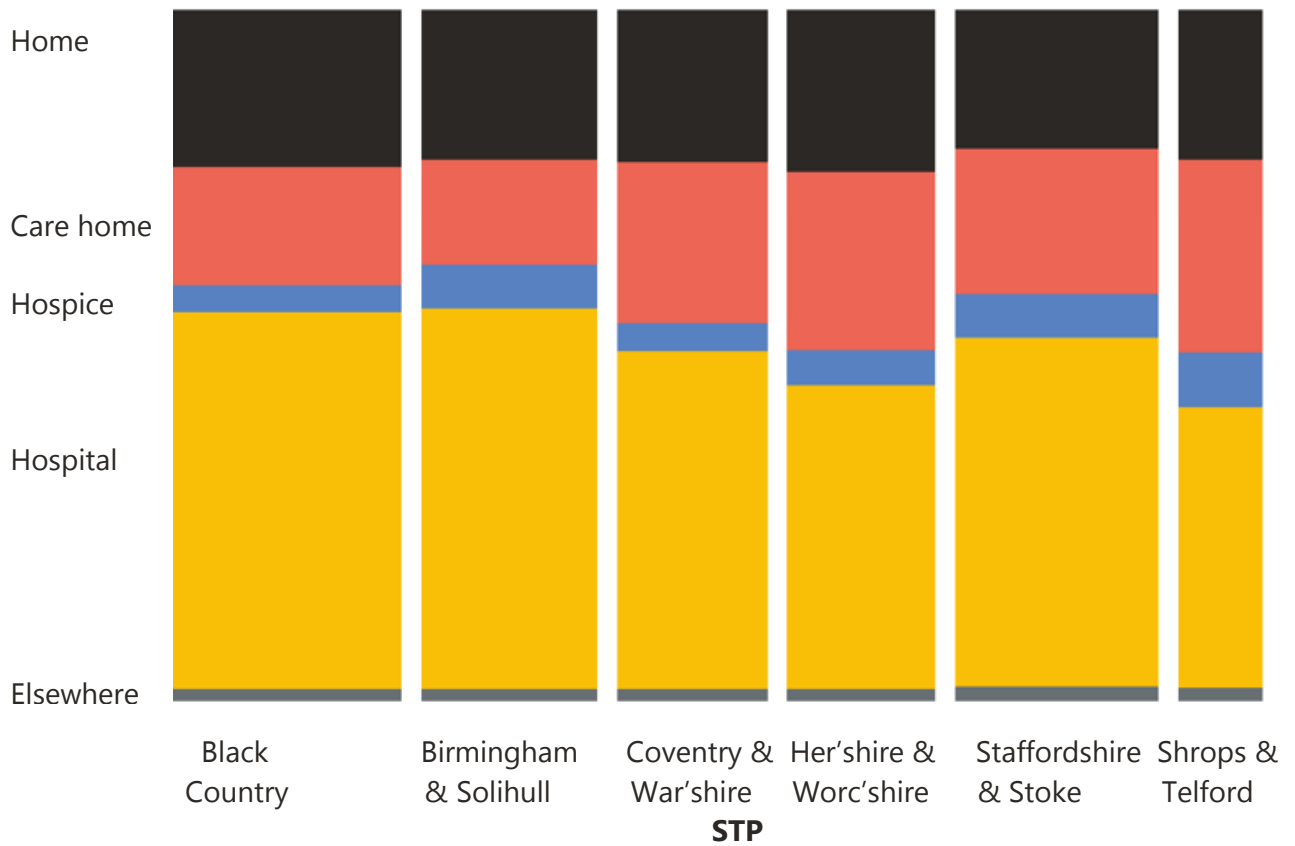
A greater proportion of deaths occur outside hospital settings in Shropshire & Telford STP and Herefordshire & Worcestershire STP. Hospice deaths are most common in Birmingham and Solihull STP.

<sup>18</sup> More up to date figures on the age profile and location of deaths for more recent periods can be derived from the ONS mortality dataset.

**Figure 3ii –Deaths by Location Type and Condition Group, 2014**



**Figure 3iii –Deaths by Location Type and STP, 2014**

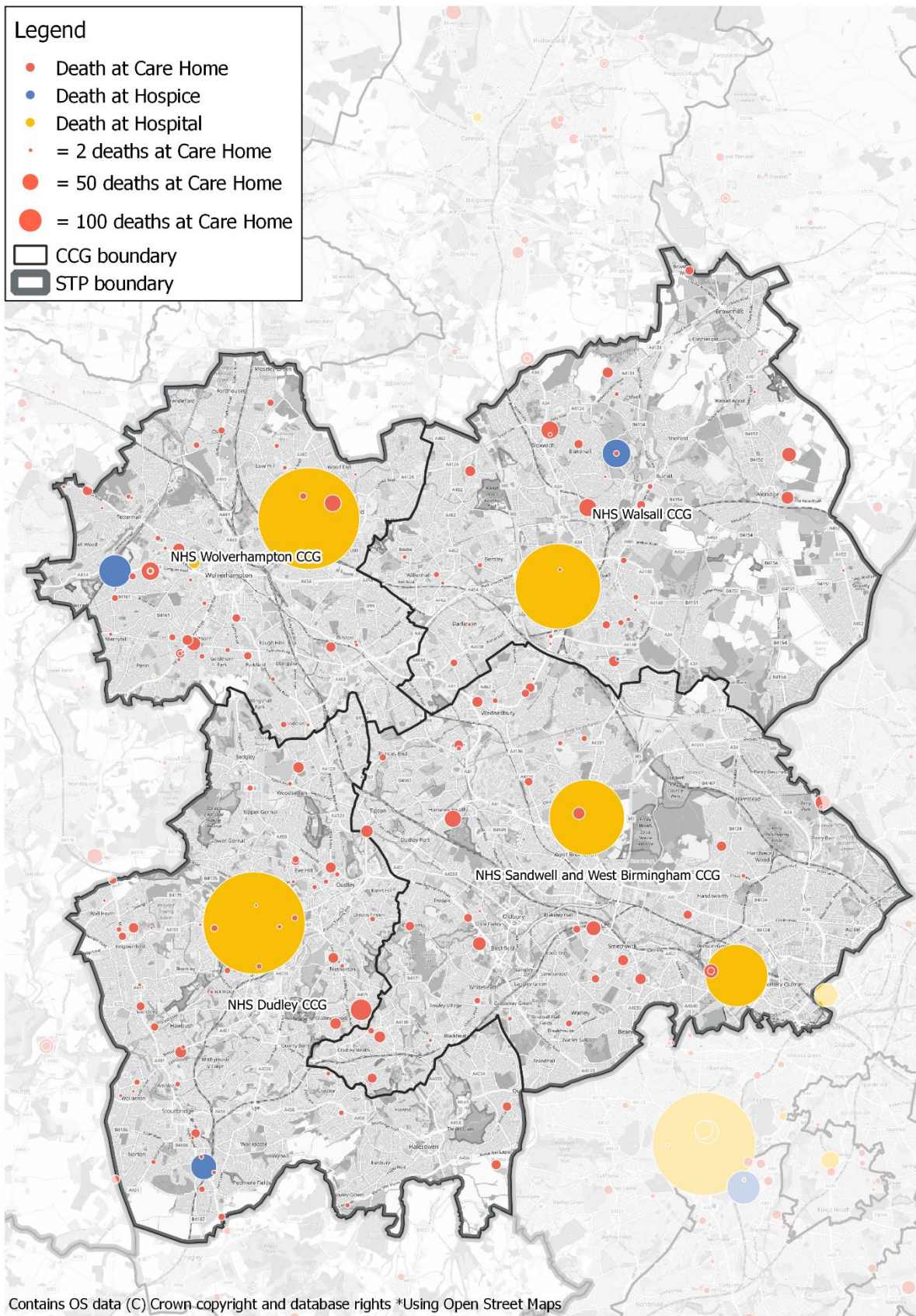


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Figures 3iv to 3ix show the location and quantity of deaths in care homes, hospices, and hospitals for each STP in 2014/15. In contrast to hospital and hospice deaths, care home deaths are distributed in relatively small numbers across many sites.

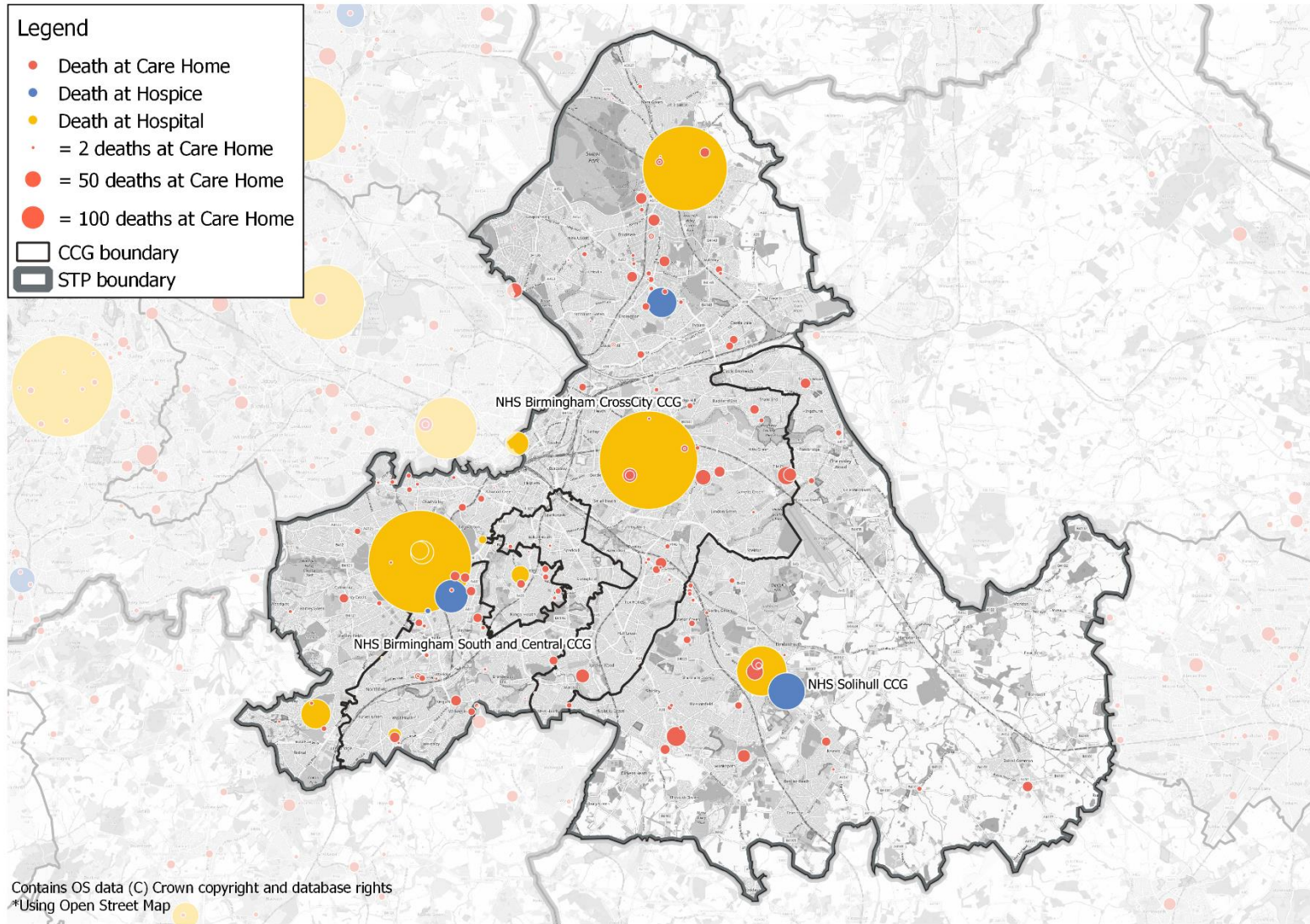


**Figure 3iv – Death Locations, Black Country and West Birmingham STP**



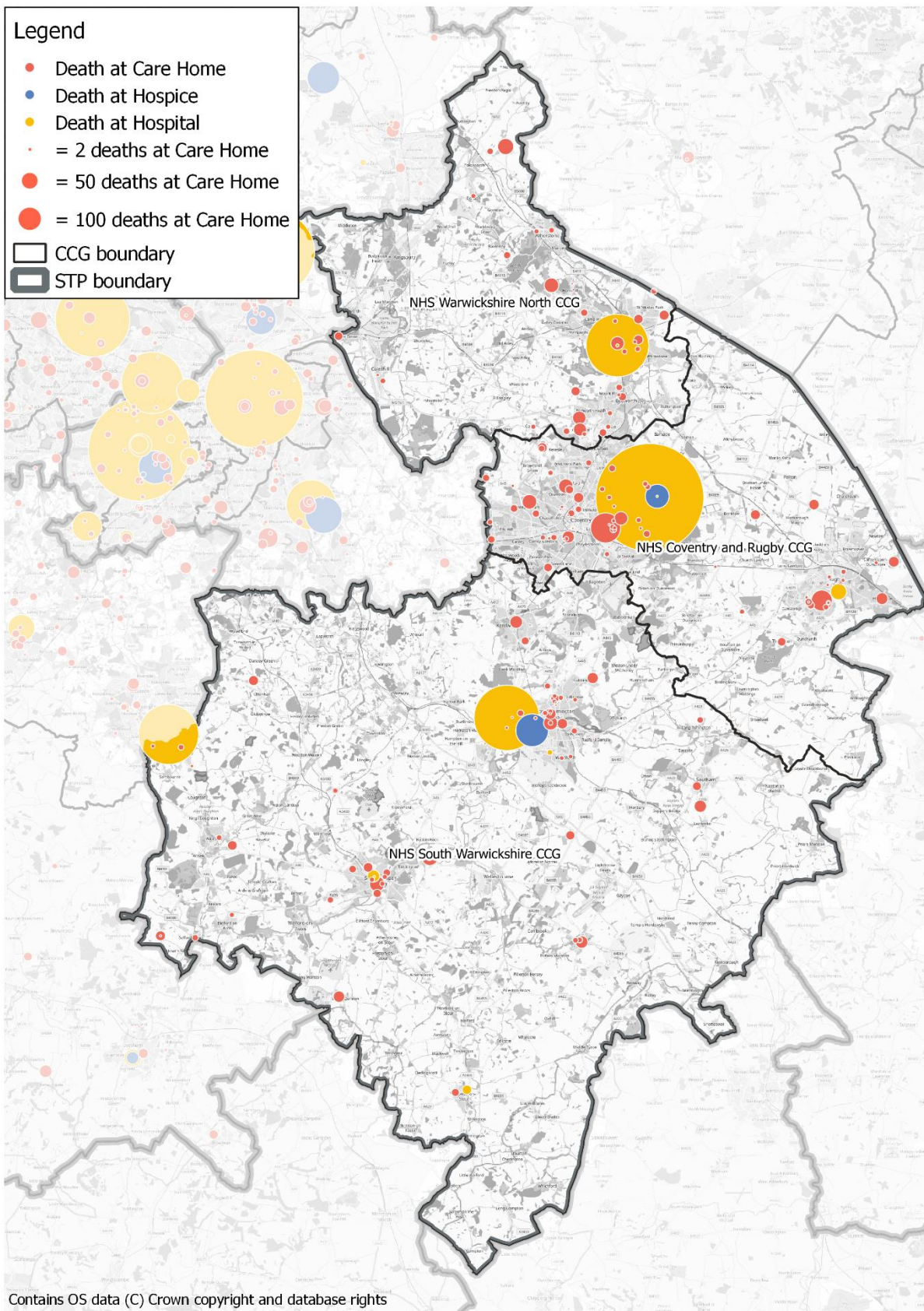


**Figure 3v – Death Locations, Birmingham and Solihull STP**



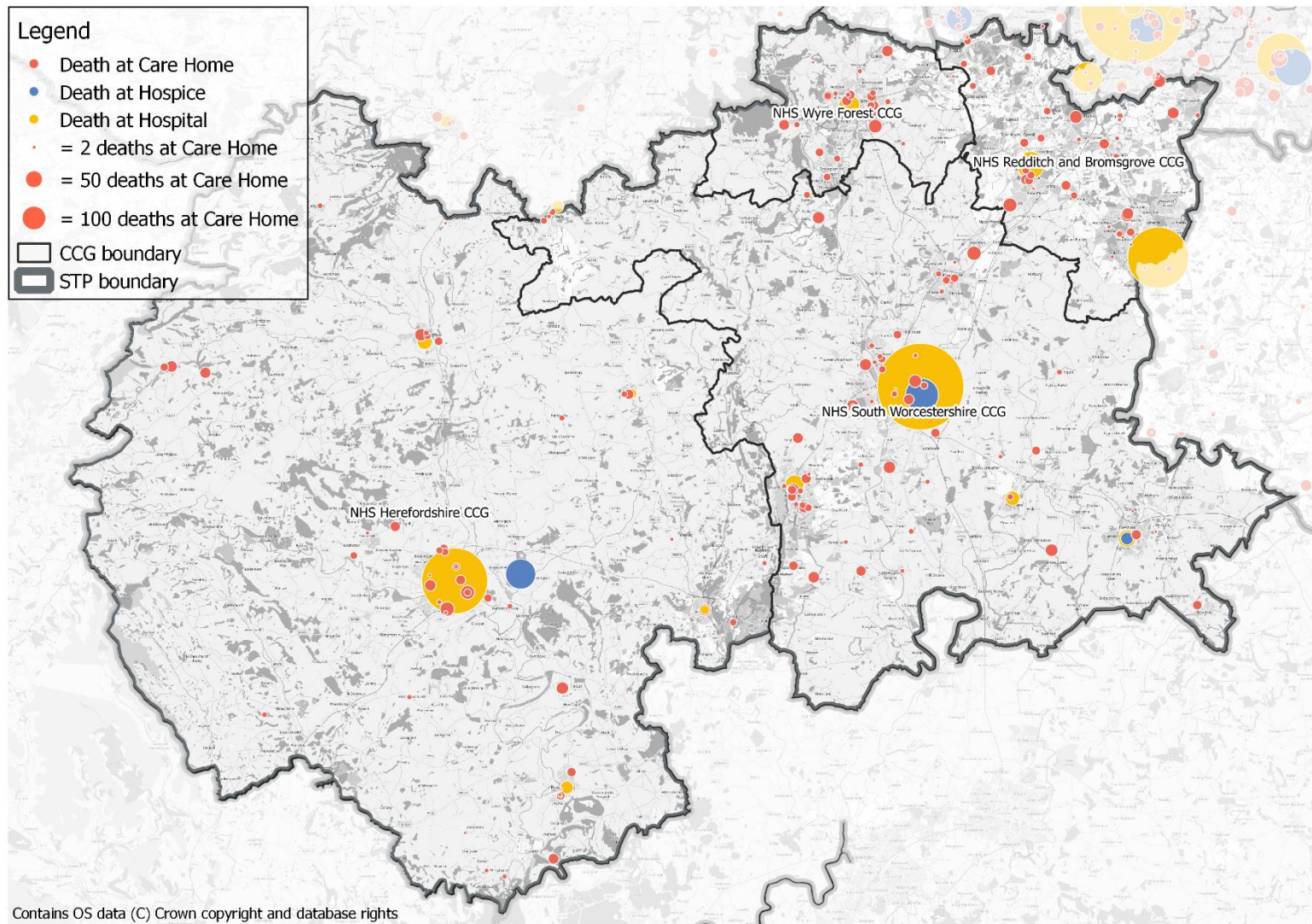


**Figure 3vi – Death Locations, Coventry and Warwickshire STP**



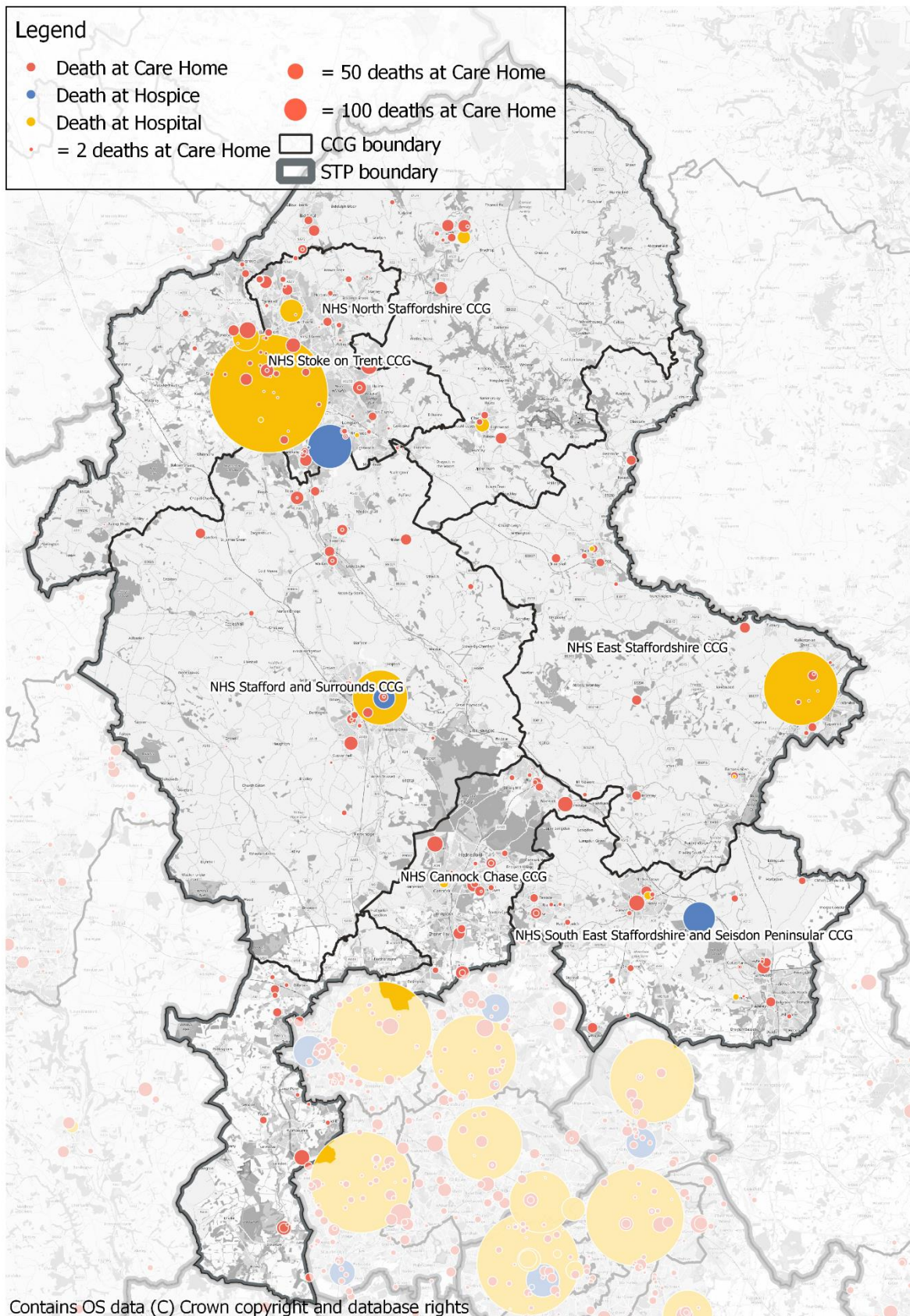


**Figure 3vii – Death Locations, Herefordshire and Worcestershire STP**



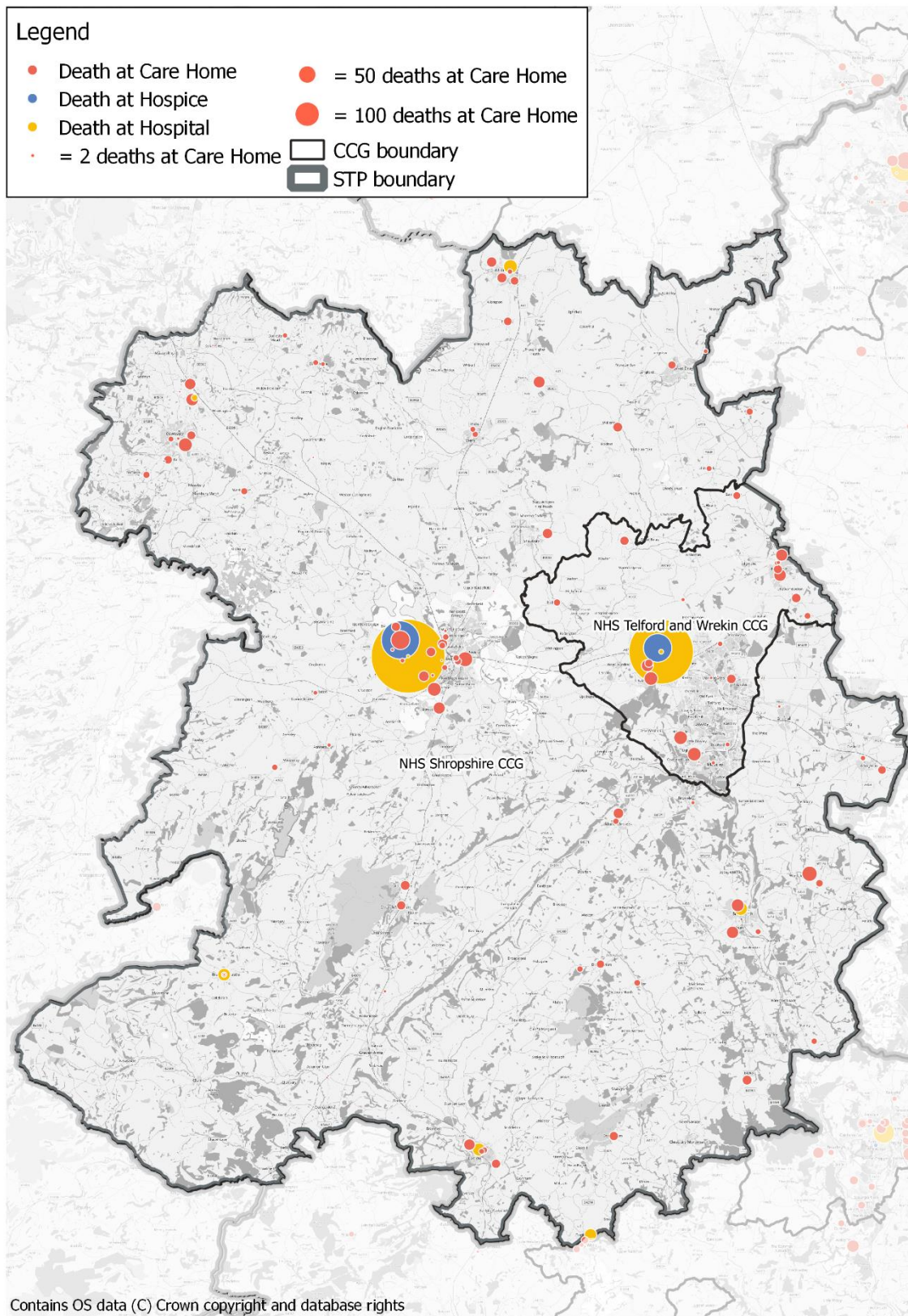


**Figure 3viii – Death Locations, Staffordshire and Stoke-on-Trent STP**





**Figure 3ix – Death Locations, Shropshire and Telford STP**



### 3.2 Trends in Deaths by Location Type

The number of deaths that occur in hospital has fallen from 29,600 in 2006/7 to 26,700 in 2014/15 (figure 3x). Over the same period there has been a broadly commensurate increase in deaths in care homes, hospices and people's own homes. In 2014/15, 50% of all deaths occurred outside hospital, up from 40% in 2006/7.

**Figure 3x – The Number of Deaths by Location Type, 2006 - 2014**

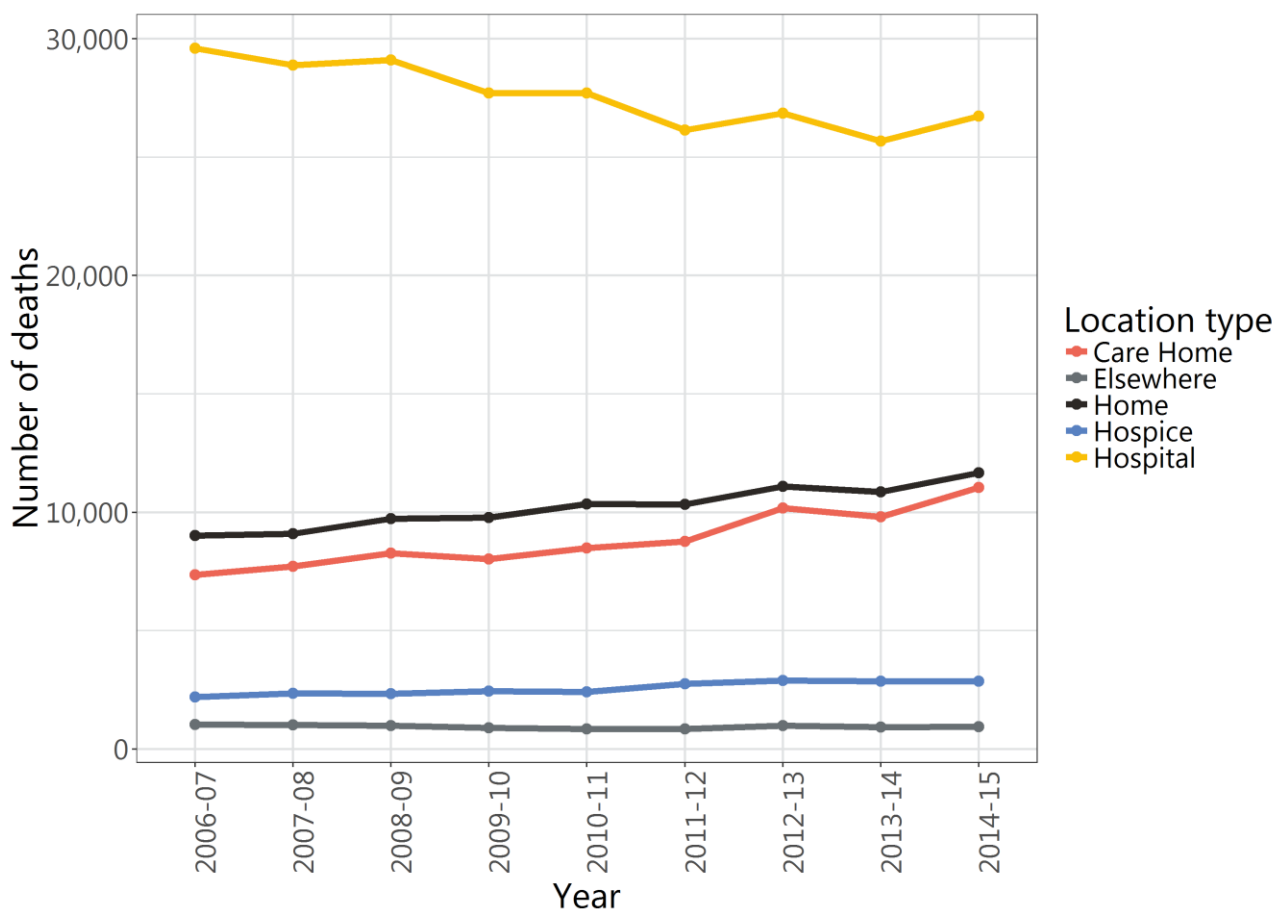
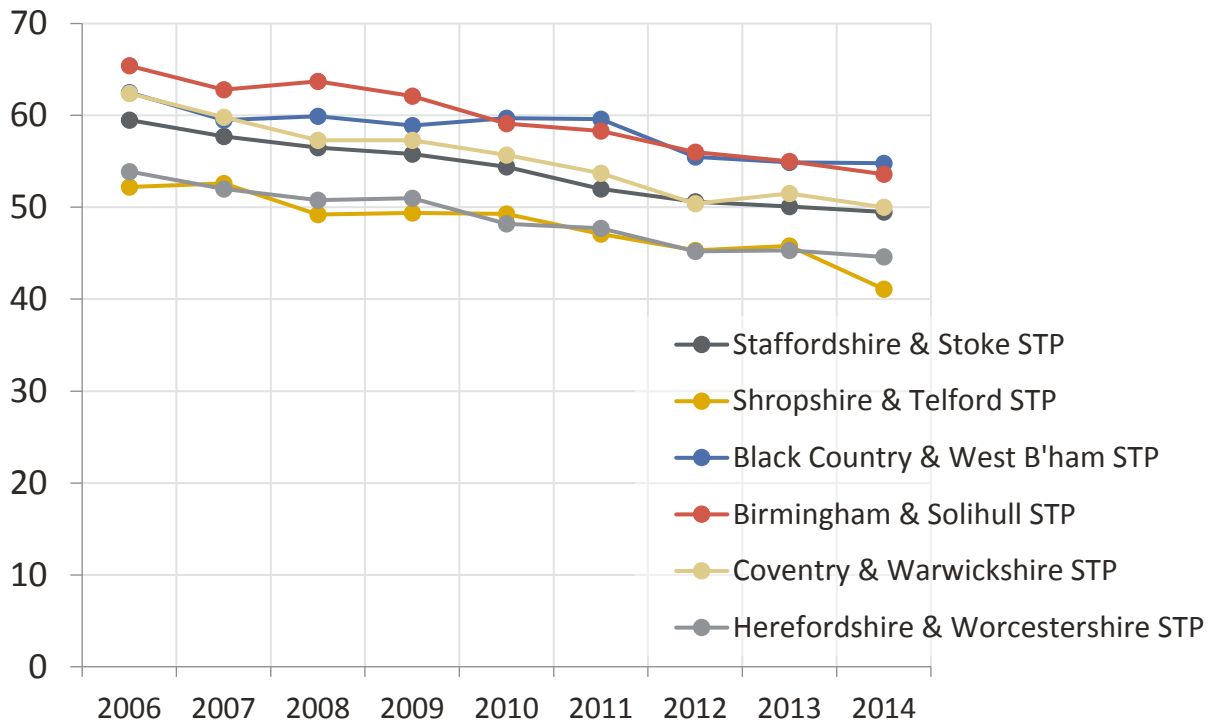


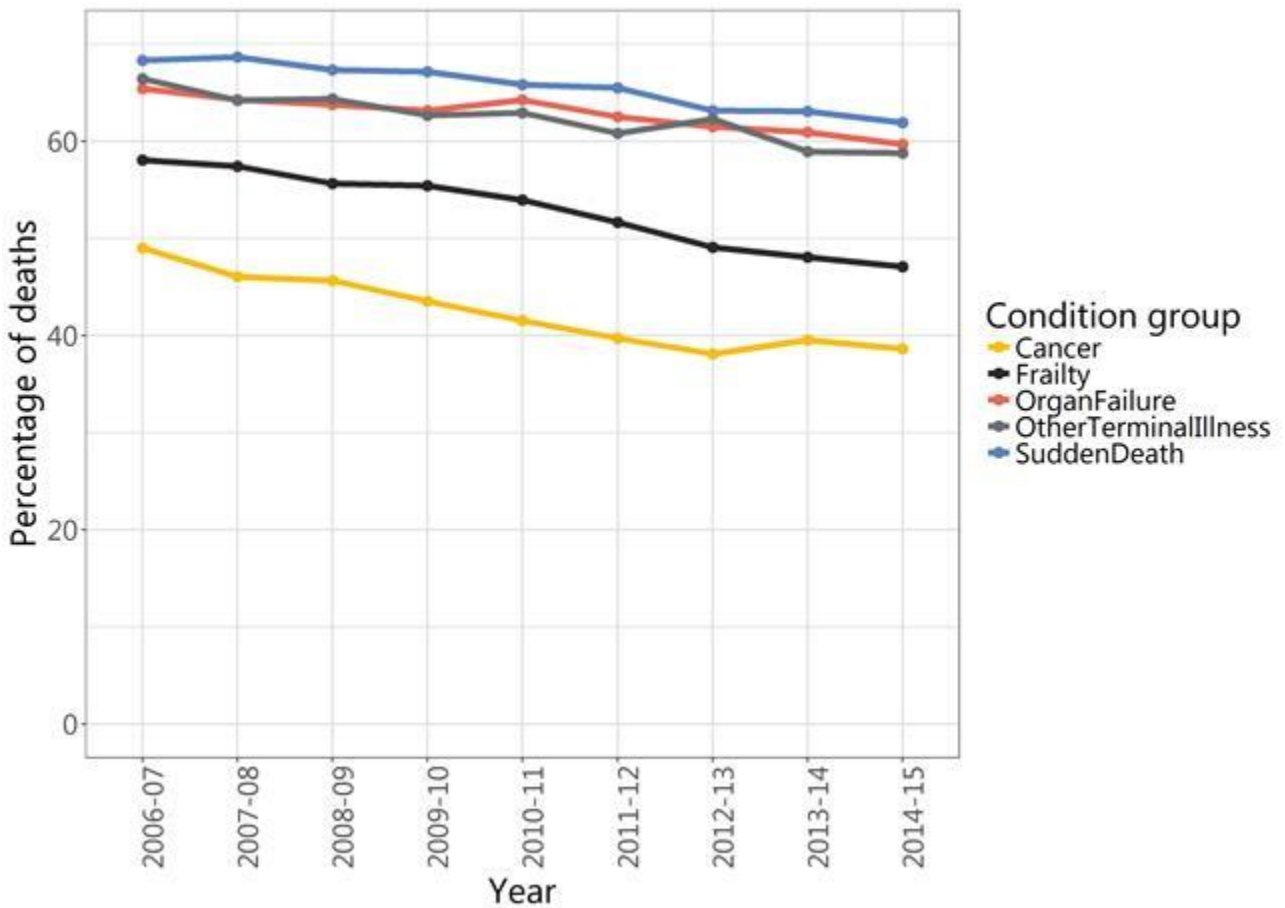
Figure 3xi shows that this trend away from deaths in hospital has occurred in all STPs in the West Midlands. Rates of change appear similar in most STPs, although changes in the Black Country and West Birmingham STP have been less marked.

The proportion of deaths that take place in hospital has fallen from all condition groups between 2006 and 2014.

**Figure 3xi – The Proportion of Deaths in Hospital by STP, 2006 - 2014**



**Figure 3xii – Percentage of Deaths in Hospital by Condition Group, 2006 - 2014**





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Whilst there is certainly variation in the proportion of deaths taking place in hospital between STPs and over time, it is unclear what factors are driving these differences and changes. Can the higher proportion of hospital deaths in the Black Country STP for example, be explained by differences in the proportion of cancer deaths, or deaths of people aged under 65? Logistic regression is an established statistical technique that can be used to estimate the influence of a range of factors on a binary outcome variable. In this case the binary outcome variable of interest is whether a patient dies in hospital or in some other location. The results described below are based on 445,886 deaths taking place in the West Midlands between 2006 and 2015 and shows the influence of age, gender, condition, STP, season, part of week and year on whether a patient died in hospital or not. A full description of the methods used and the model results are shown in appendix 2, but the key findings are presented here.

Having adjusted for a patient's age, gender, condition, STP, the season in which they died and whether they died during the week or at the weekend, we found that

- People aged under 24 and between 65 and 84 are 15-20% more likely to die in hospital, rather than in some other setting, than people aged over 85. People aged 25-64 are the least likely to die in hospital
- Women are 11% less likely to die in hospital, rather than in some other setting, than men
- People dying of cancer are less likely to die in hospital, rather than in some other setting, than people dying from other conditions.
- People dying at the weekend are about 2% less likely to die in hospital, rather than in some other setting, than people dying on a weekday
- People dying in the winter months are about 2% less likely to die in hospital, rather than in some other setting, than people dying in other months
- People were 30% less likely to die in hospital, rather than in some other setting, in 2014-15 than in 2006-7
- People from Shropshire and Telford are less likely to die in hospital, rather than in some other setting, than any other area; with people in Birmingham & Solihull STP and the Black Country STP more than 50% more likely to die in hospital, rather than in some other setting, than people from Shropshire and Telford.

## 4. Palliative Care Registers

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The Quality and Outcomes Framework (QOF) is a nationally prescribed performance management and incentive programme for primary medical services. Maintenance of a register of patients with palliative care needs has been a consistent component of QOF since 2006/7. This chapter explores how these registers have changed in size since 2006/7 and compares the number of people on palliative care registers in each STP relative to the number of deaths.

An audit of palliative care registers in primary care published in 2012 found that only a small proportion of patients in the last year of life were included on these registers but that those on the register were more likely to receive well-coordinated care and to be offered advance care planning.<sup>19</sup>

### 4.1 Palliative Care Registers

Guidance produced by NHS Employers<sup>20</sup>, recommends that a patient is included on a palliative care register if any of the following apply;

- their death in the next 12 months can be reasonably predicted (rather than trying to predict, clinicians often find it easier to ask 'the 'surprise question' – 'Would I be surprised if this patient were still alive in 12 months?')
- they have advanced or irreversible disease and clinical indicators of progressive deterioration and thereby a need for palliative care e.g. they have one core and one disease specific indicator in accordance with the GSF Prognostic Indicators Guidance
- they are entitled to a DS 1500 form. The DS 1500 form is designed to speed up the payment of financial benefits and can be issued when a patient is considered to be approaching the terminal stage of their illness. For these purposes, a patient is considered as terminally ill if they are suffering from a progressive disease and are not expected to live longer than six months.

No age or diagnosis restrictions should apply.

There are approximately 50,000 deaths in the West Midlands each year and given that only a small proportion of these are regarded as sudden deaths, and that almost all patients are registered with a GP, one might expect that most patients spend some time on a palliative

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<sup>19</sup> Thomas K, Corner H, Stobart-Rowlands M, National primary care audit in end of life care and ACP and recommendations for improvement, *BMJ Supportive & Palliative Care* 2012;2:192

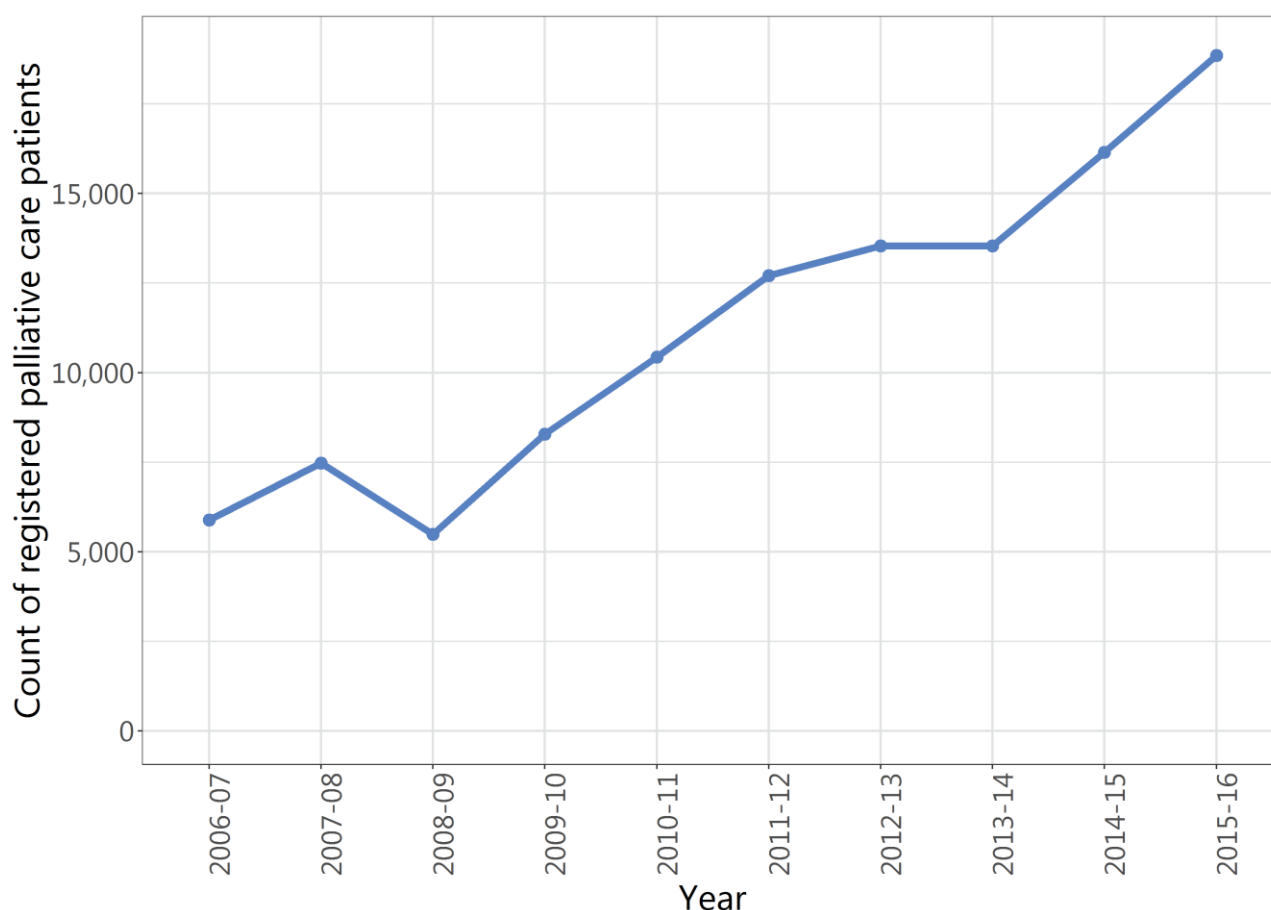
<sup>20</sup> <http://www.nhsemployers.org/~media/Employers/Documents/Primary%20care%20contracts/QOF/2016-17/2016-17%20QOF%20guidance%20documents.pdf>

care register prior to death. However, in March 2016, there were less than twenty thousand patients on practice palliative care registers across the West Midlands.

## 4.2 Trends in Palliative Care Registers

The numbers of patients on palliative care registers are however increasing each year, from six thousand patients in 2006/07 to eighteen thousand patients in 2015/16. Given that the number of deaths in the West Midlands has fallen over this period, this suggests that GP practices are improving the identification rates of patients approaching the end of their life.

**Figure 4i – Patients on Palliative Care Registers, West Midlands 2006-07 to 2015/16**

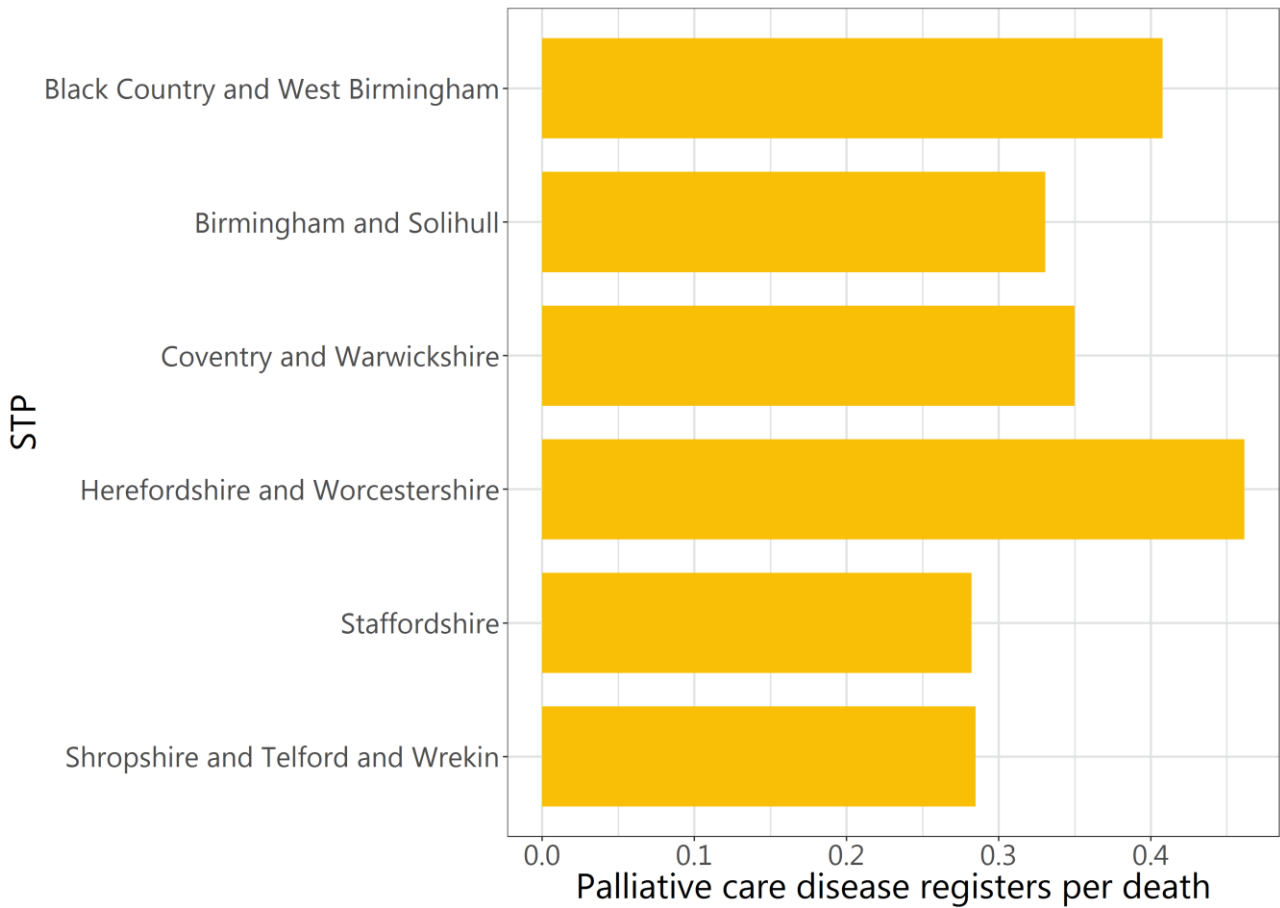


## 4.3 STP Palliative Care Registers

Figure 4ii compares the number of patients on palliative care registers with the number of deaths per annum in each of the six STPs. GP practices in Herefordshire and Worcestershire identify a

greater proportion of those approaching the end of their lives than practices in Shropshire and Telford STP and Staffordshire and Stoke-on-Trent STP.

**Figure 4ii – Patients on Palliative Care Registers per Death by STP, 2015/16**



## 5. Acute Healthcare Use Before Death

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A recent systematic review highlighted the widespread delivery of non-beneficial treatments in acute hospitals in the last 6 months of life.<sup>21</sup> Three consequences follow from this pattern of healthcare utilisation. Firstly, patients are at best inconvenienced and at worst experience pain, discomfort and emotional distress for little or no gain during a period of their lives when their time and quality for life is most precious. Secondly healthcare resources are used for little or no benefit at a time when healthcare budgets are under extreme pressure. And finally, difficulties with bed occupancy rates and hospital waiting lists are exacerbated. The case for improving the targeting of acute healthcare services more effectively is clear.

This chapter draws from previous work carried out by the Strategy Unit<sup>22</sup> and other sources to describe the patterns of acute healthcare use for patients in the West Midlands in the last 12 months of life; and to explore how these patterns of healthcare utilisation prior to death vary by condition group and by STP.

### 5.1 Patterns of Acute Activity Prior to Death

There is a clear and strong association between acute healthcare utilisation and proximity to death. These associations can be explored by linking Hospital Episode Statistics (HES) with data on death registrations.

Unplanned care such as accident and emergency department attendances and emergency hospital admissions rises sharply in the last year of life, often peaking in the month of death. Planned care such as outpatient appointments and elective admissions rises during most of the last year of life only tailing off 2 or 3 months before death.

Figure 5i compares the rates of hospital use in the last year of life for each of the Lynn & Lunney condition groups. The figures shown are the average units of activity per death in the condition group. Figures are shown for the last 3 months before death and for the period between 4 and 12 months prior to death.

Rates of A&E attendances in the last 12 months of life are marginally higher for organ failure and other terminal illnesses than for cancer, frailty and sudden deaths. The highest of emergency admissions, elective admissions and outpatient attendances in the last 12 months of life, are seen in patients dying from cancer.

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<sup>21</sup> <https://www.ncbi.nlm.nih.gov/labs/articles/27353273/>

<sup>22</sup> Understanding the Variation in Patterns of Acute Healthcare Utilisation Prior to Death, the Strategy Unit, March 2015

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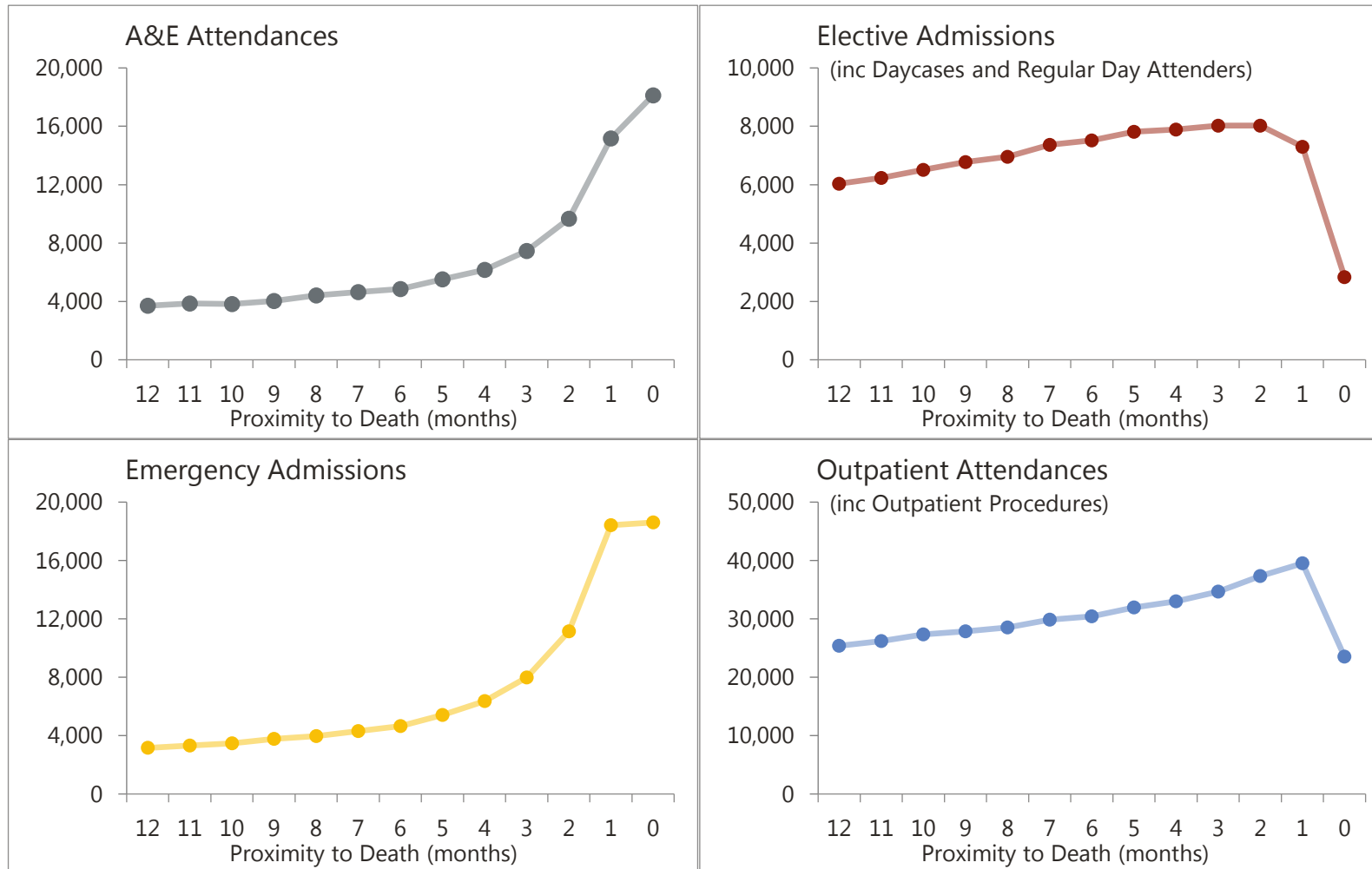
Figure 5ii shows the variation in acute hospital utilisation and commissioner costs for these services in the last 12 months of life by STP. Staffordshire and Stoke-on-Trent STP shows the highest rates of activity and costs per death.<sup>23</sup> If Staffordshire and Stoke-on-Trent could reduce acute care costs per patient in the last twelve months of life to the regional average it could free up £8m<sup>24</sup> for investment elsewhere.

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<sup>23</sup> Commissioner costs based on individual episodes of care

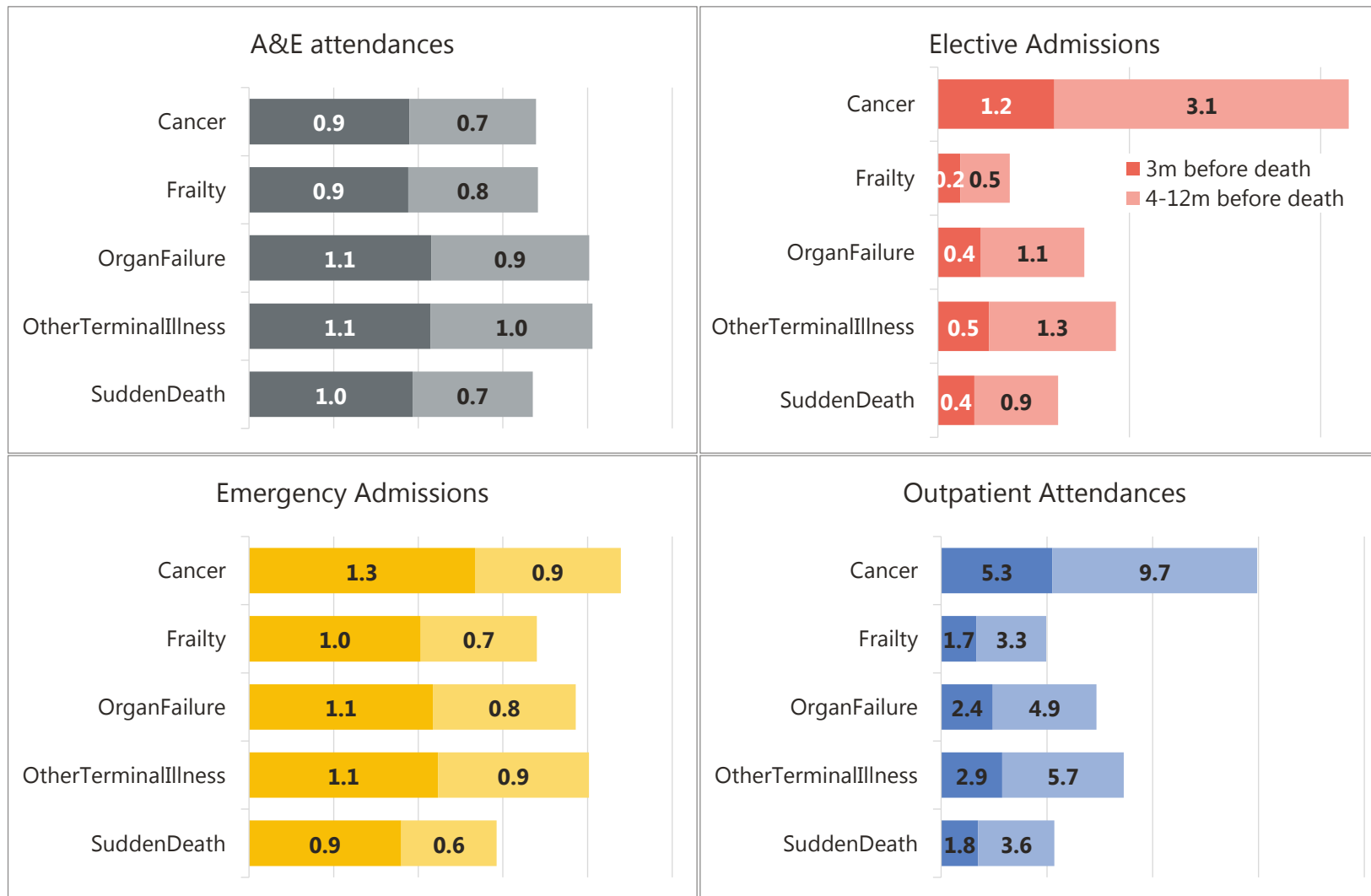
<sup>24</sup> Commissioner costs

**Figure 5i – Acute healthcare use in the last 12 months of life by point of delivery and proximity to death, West Midlands 2012/13<sup>25</sup>**



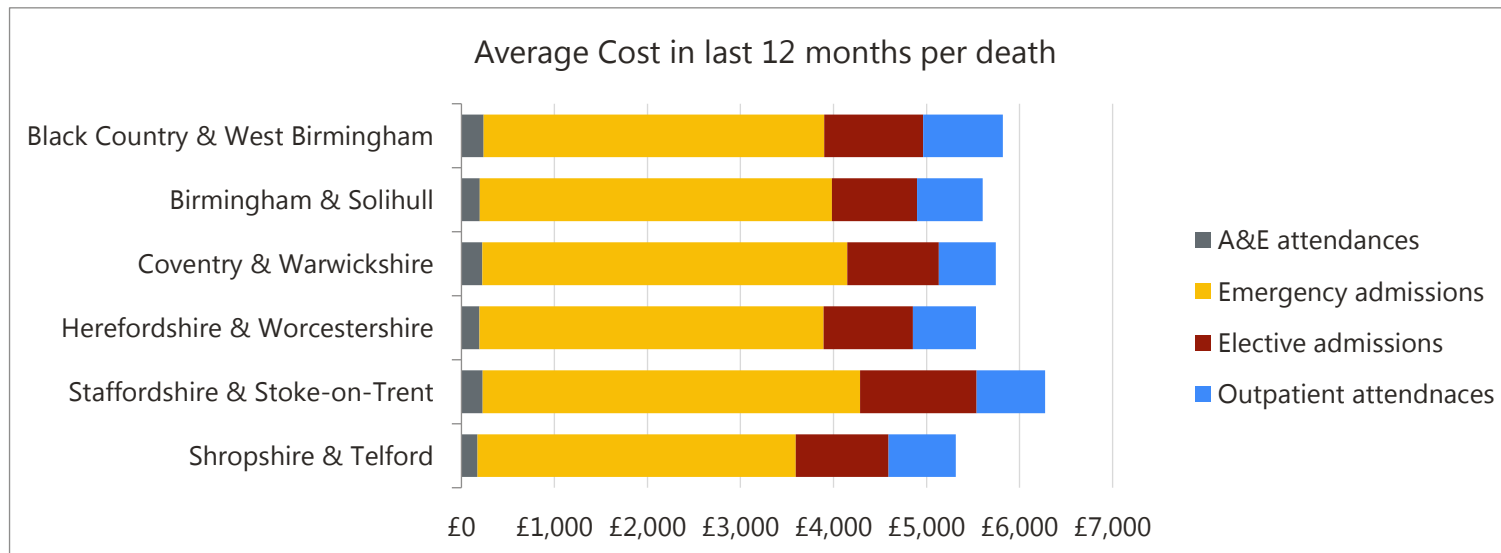
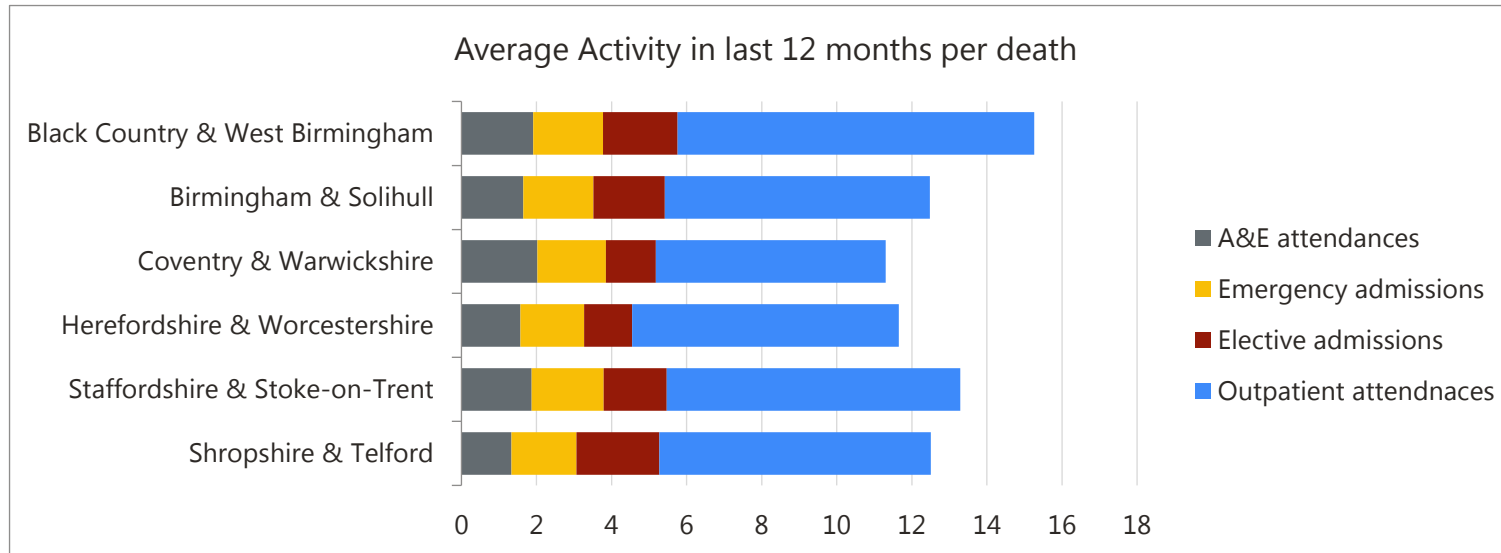
<sup>25</sup> Although outside the scope of this report, more up to date data on acute hospital use prior to death can be derived by linking HES and ONS mortality data.

**Figure 5ii – Acute healthcare utilisation per death in the last 12 months of life by Condition Group, West Midlands 2012/13**





**Figure 5iii – Acute healthcare utilisation and spend per death in the last 12 months of life by STP, West Midlands 2012/13**



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## 5.2 Patterns of Acute Resource Usage Prior to Death

NHS Right Care has recently published data describing acute healthcare utilisation prior to death as part of Long Term Conditions Packs for CCGs.<sup>26</sup> These packs include information on the numbers of days patients dying from cancer, dementia, circulatory diseases and respiratory conditions spent in hospital in their last year of life. Over the three-year period from 2013 to 2015, patients dying of these four conditions spend more than 1.9 million nights in hospital in their last 12 months of life occupying more than 20% of all general and acute beds in the West Midlands. On average patients spend more than 6 of their last 52 weeks in an acute hospital bed. Elective admissions represent a slightly higher proportion of these beds days than emergency admissions.

The figures are summarised by condition and admission method in figure 5iv. Patients who die from respiratory conditions and dementia spend more nights in hospital on average than patients dying of cancer and circulatory diseases.

**Figure 5iv– Average Hospital Bed Days in the Last Year of Life (2013-2015)**

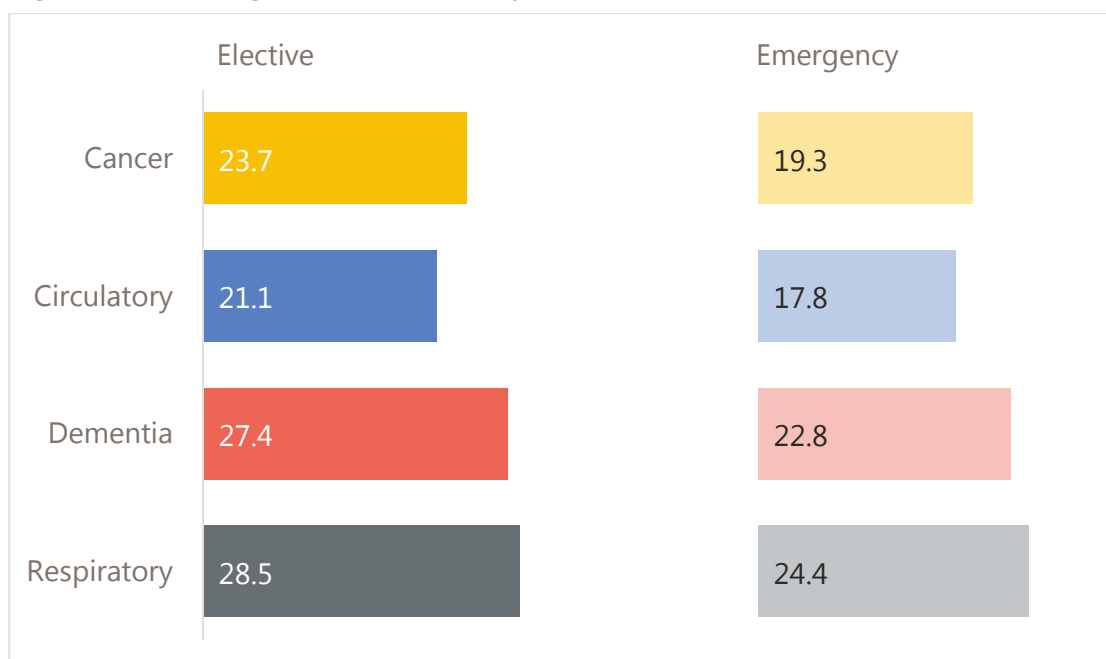
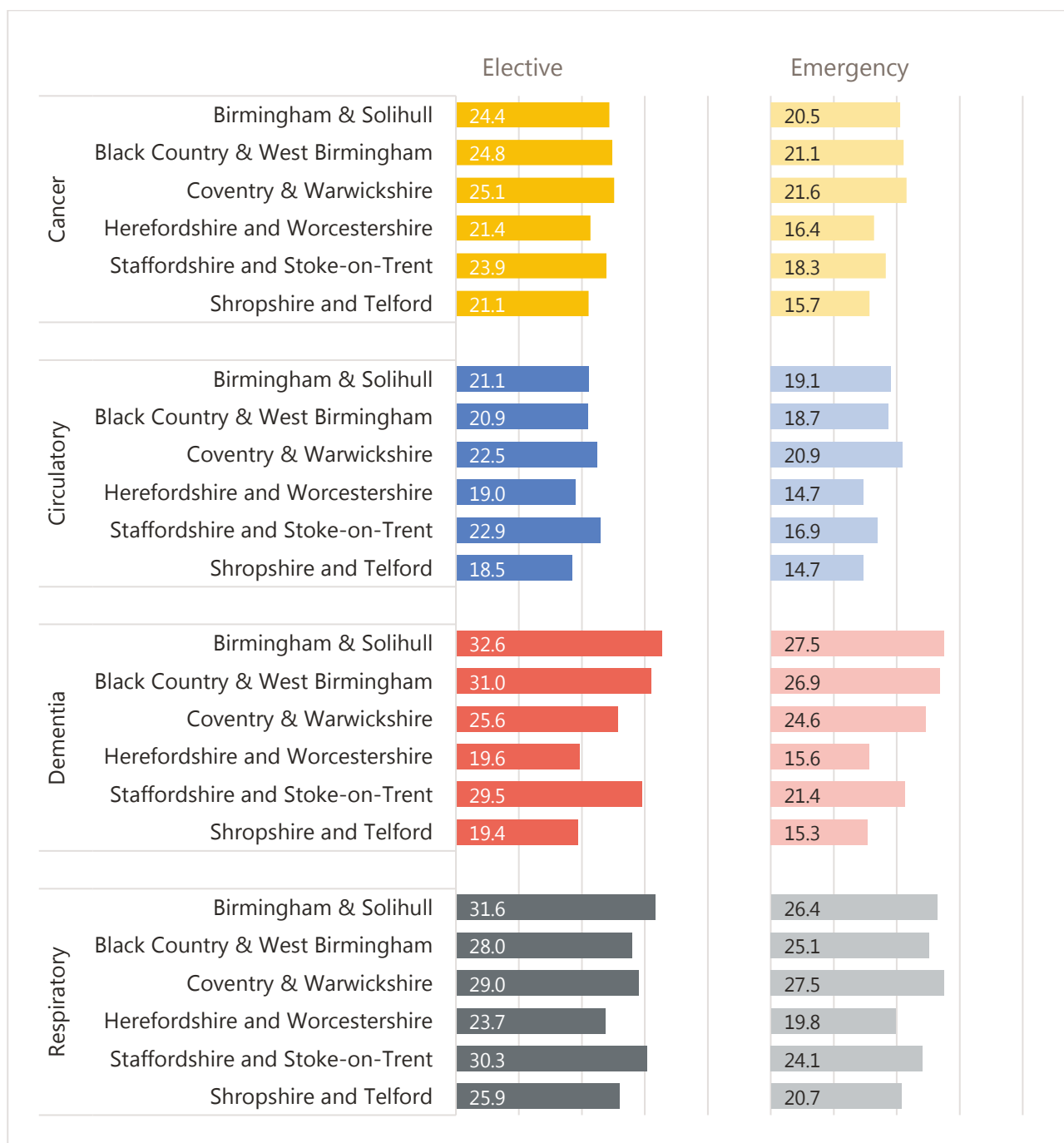


Figure 5v reports the same figures but at the level of STPs. The greatest variation between STPs in bed day use in the last 12 months of life is for patients which die from dementia. Patients from Herefordshire & Worcestershire STP and Shropshire & Telford STPs tend to spend less time in acute hospital beds in their last 12 months than patients in other areas.

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<sup>26</sup> <https://www.england.nhs.uk/rightcare/intel/cfv/data-packs/mids-east/#1>

**Figure 5v– Average Hospital Bed Days in the Last Year of Life by STP (2013-2015)**



## 6. Mapping Specialist-Level Palliative Care

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This chapter aims to provide an overview of scale and nature of specialist-level palliative care services across the West Midlands. Details are provided on the location and scope of each of the hospices, the number and location of palliative medicine consultants and the catchment areas and service offers by each of the community specialist palliative care services.

Specialist-level palliative care is defined as the *"active, total care of patients with progressive, advanced disease and their families. Care is provided by a multi-professional team who have undergone recognised specialist palliative care training. The aim of the care is to provide physical, psychological, social and spiritual support ..."*<sup>27</sup>

There is no single definitive source of information on palliative and end of life care services in the West Midlands and so each of the palliative medicine consultants in the West Midlands were invited to complete a short on-line questionnaire about their working patterns and about the services in which they work. Where gaps remained, these were filled from a range of other sources including for example, CQC Inspection reports.

The way in which specialist-level palliative care services are organised varies considerably from locality to locality, reflecting local needs, historical service provision. Furthermore, the range and capability of generalist services influences the demand for and configuration of specialist-level services. As a consequence, the terms used to describe services take on subtly different meanings in different areas. Nonetheless, commissioners and providers often wish to benchmark service provision. This chapter attempts to provide a consistent set of information about each service. The comparisons drawn will be questionable in places, but this should be seen as the start of a dialogue towards a more common approach to describing specialist services.

NHS England has recently published guidance on commissioning person-centred end of life care.<sup>28</sup>

### 6.1 Hospices Facilities in the West Midlands

Figure 6i below shows the locations of hospices in the West Midlands, whether these hospices serve adults or children, the number of inpatient beds and whether day-hospice facilities are available. CCG areas are shaded according to the number of deaths per square mile with darker areas indicating a higher density of deaths. A larger number of hospice beds would be expected in those areas with a greater concentration of deaths.

There are 22 hospices with a total of 309 beds in the West Midlands. 5 of these hospices are specifically designed to meet the needs of children. In addition to overnight care, all but one of the hospices offer day hospice facilities.

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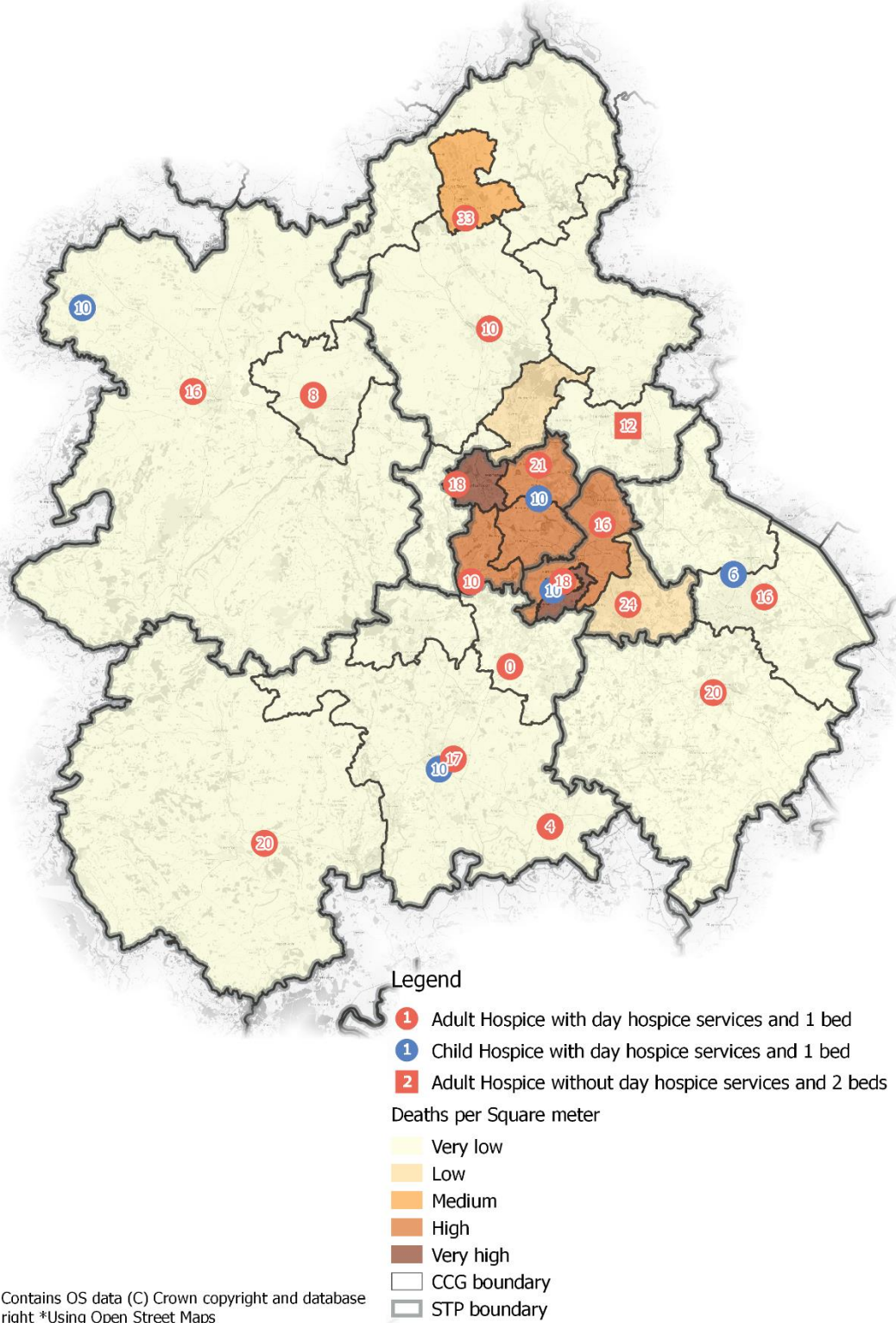
<sup>27</sup> Tebbit, National Council for Palliative Care, 1999

<sup>28</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/04/nhsiq-comms-eolc-tlkit-.pdf>

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Many hospices form part of charities or social enterprises with national or local coverage. Hospice funding arrangements are diverse, with complex historical contexts, but most are resourced through a mix of charitable fund raising and NHS contracts.

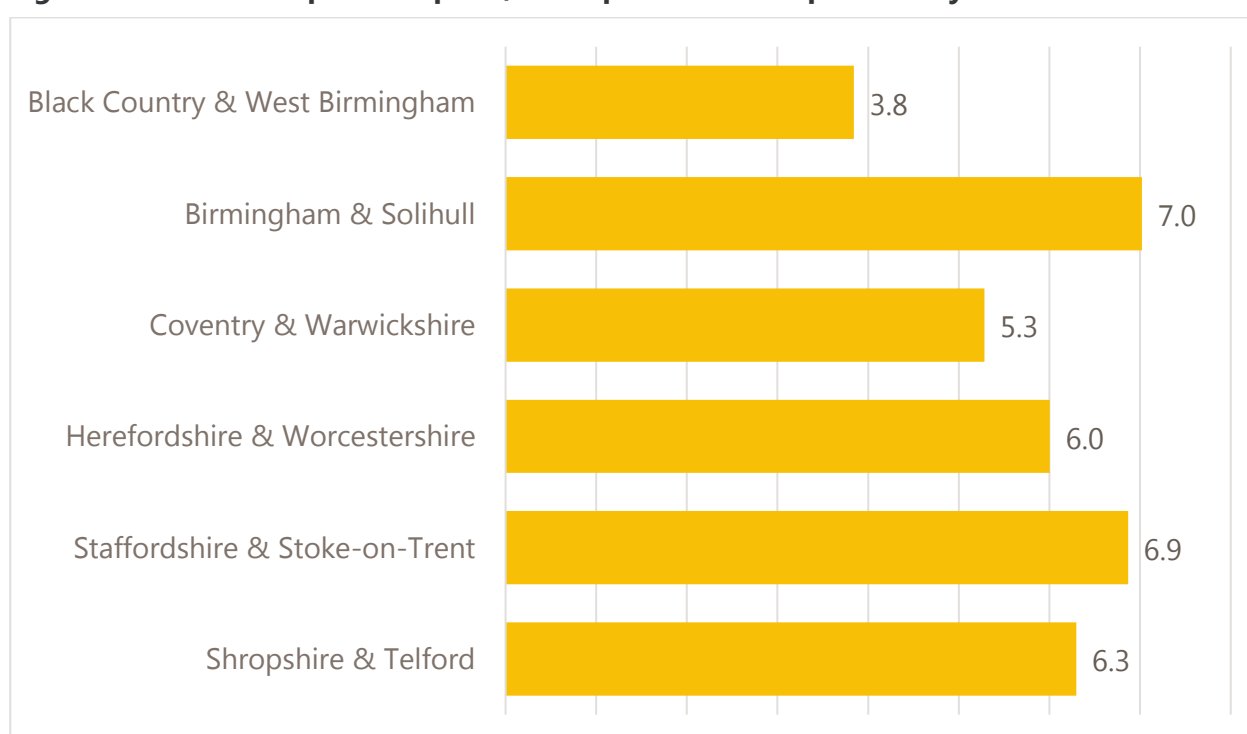
Figure 6i – Hospices and Hospice Beds in the West Midlands<sup>29</sup>



<sup>29</sup> Deaths per year per square metre; very low = 1.0 to 8.8, low = 8.8 to 16.6, medium = 16.6 to 24.4, high = 24.4 to 32.2, very high = 32.2 to 40.

Figure 6ii below shows the number of adult hospice beds per 1,000 expected<sup>30</sup> deaths per year in each of the STPs. Birmingham and Solihull and Staffordshire and Stoke-on-Trent have the greatest number of hospice beds per deaths. The number of hospice beds per deaths is considerably lower in the Black Country and in Coventry and Warwickshire STPs. It should be noted that hospices within one STP may accept patients from surrounding areas and that this may offset these discrepancies to some extent.

**Figure 6ii – Adult Hospice Bed per 1,000 Expected Deaths per Year by STP**



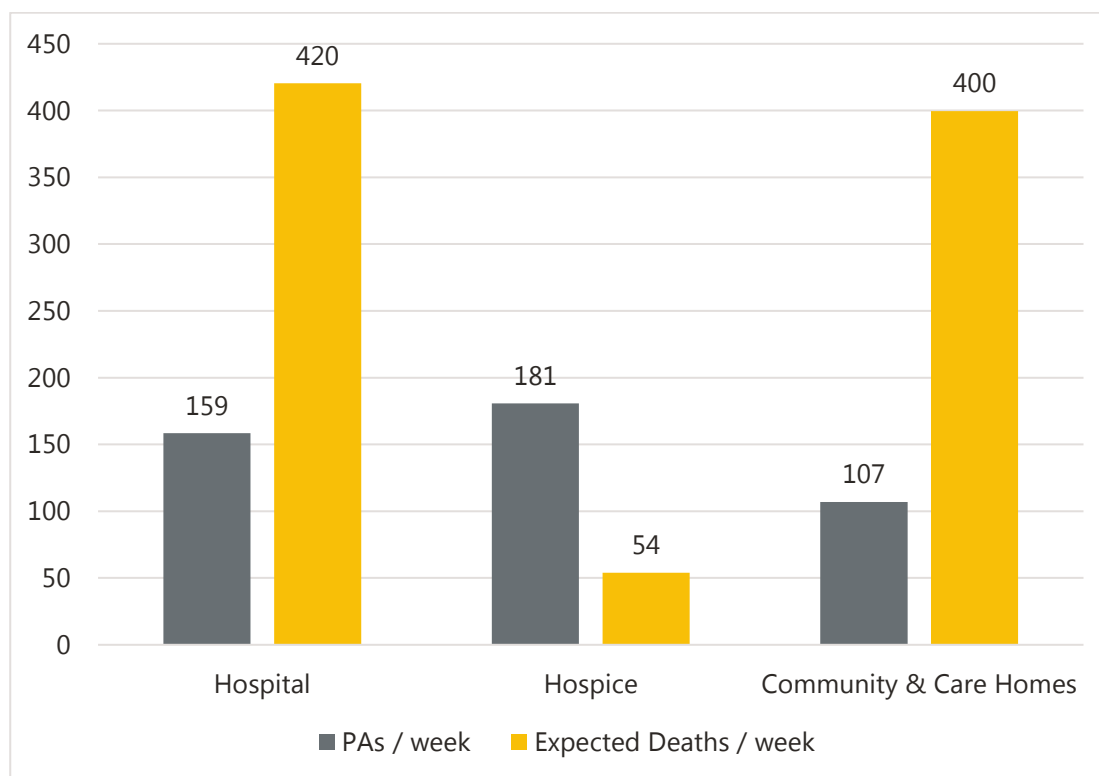
## 6.2 Consultants in Palliative Medicine

In May 2017, there were 54 consultants in palliative medicine employed in the West Midlands and additionally there was a vacant post in North Warwickshire. Two of these consultants were on maternity leave, one in Staffordshire and the second in Coventry. The remaining 52 consultants provided information on the number and location (hospital, hospice and community) of sessions worked each week. Programmed activities (PAs) are a commonly used unit of consultant time. A single PA represents 4 hours (3 hours in premium time). In total, across the West Midlands the 52 consultants worked 450 PAs per week. About one quarter of these PAs were delivered in community specialist palliative care teams with the remaining sessions split evenly across hospital and hospice settings.

<sup>30</sup> Expected deaths is defined here as all deaths in 2014 minus sudden deaths as defined by Lynn/Lunney categorisation.

Figure 6iii shows how these PAs were distributed between hospital, hospice and community settings and compares these figures, for context, with the location of expected deaths.<sup>31</sup>

**Figure 6iii – Average PAs Worked and Expected Deaths per Week by Location Type<sup>32</sup>**



<sup>31</sup> Note that some hospice and hospital PAs may be used to provide direct or indirect support in community settings. Furthermore, the location of a patient's death does not necessarily indicate where the palliative care support for that patient was provided. A patient dying in a hospital for example, may have received considerable community-based support before being admitted to hospital.

<sup>32</sup> Expected deaths is defined here as all deaths in 2014 minus sudden deaths as defined by Lynn/Lunney categorisation.



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## 6.3 Consultants in Palliative Medicine by STP

Figure 6iv shows the ratio of the number of PAs worked by palliative medicine consultants in each STP as a ratio of the number of deaths. These ratios vary from 1.6 deaths per PA in Shropshire and Telford to 2.9 deaths per PA in Coventry and Warwickshire.

**Figure 6iv – Expected Deaths per Palliative Medicine PA per week by STP<sup>33</sup>**

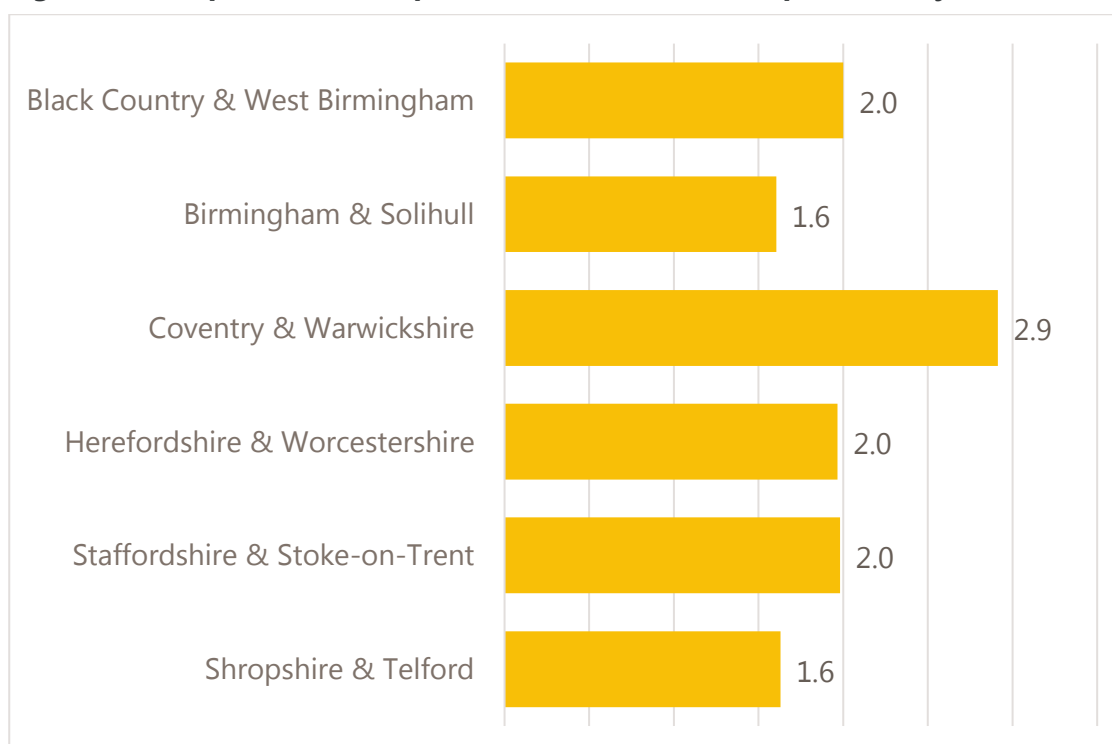
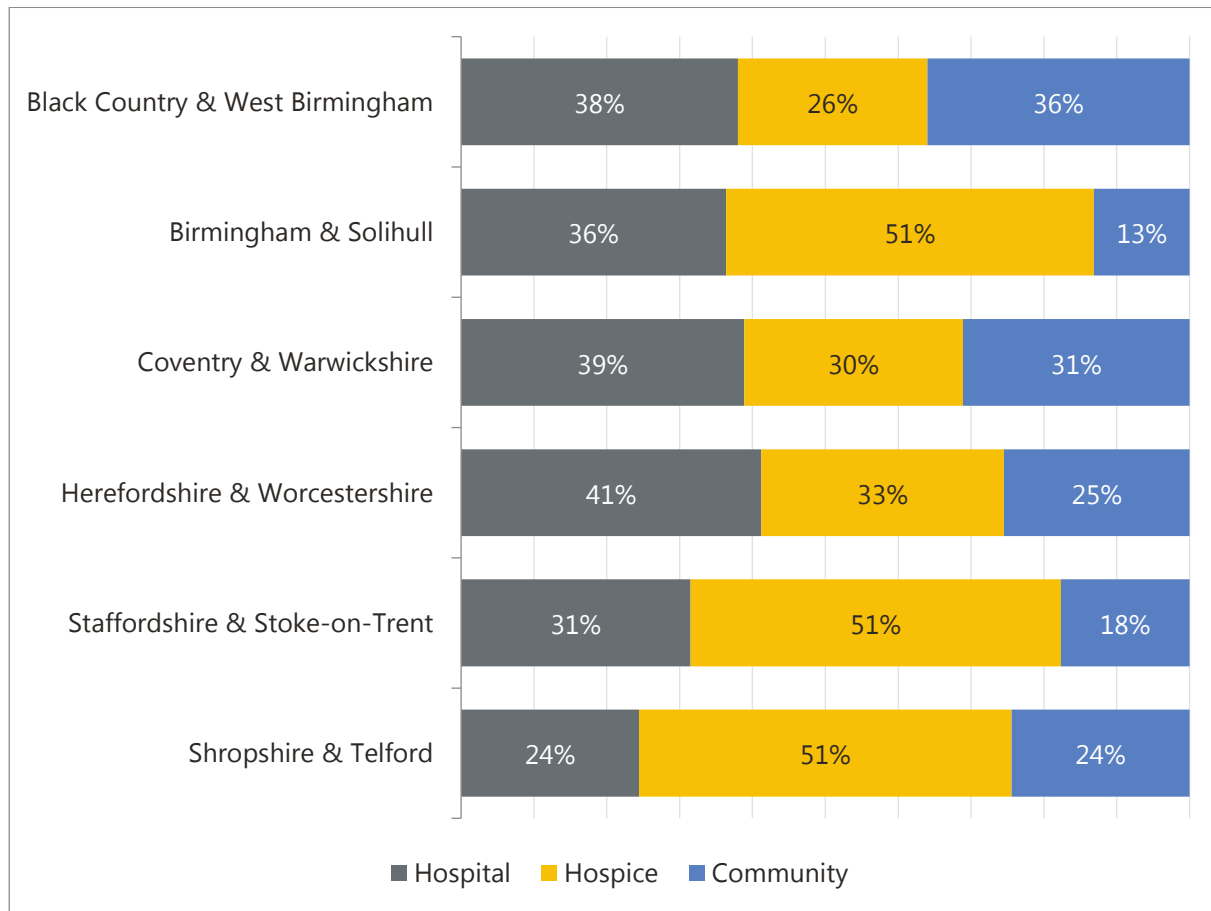


Figure 6v shows how each STP distributes the PAs worked by palliative medicine consultants across hospital, hospice and community settings. Compared to the other STPs, the Black County and West Birmingham STP and Coventry and Warwickshire STP allocates the greatest proportion of PAs to community settings. Birmingham and Solihull STP, Staffordshire and Stoke-on-Trent STP and Shropshire and Telford STP allocate more than 50% of PAs to hospice settings. Herefordshire and Worcestershire allocate the greatest proportion of PAs to hospital settings.

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<sup>33</sup> Expected deaths is defined here as all deaths in 2014 minus sudden deaths as defined by Lynn/Lunney categorisation.

**Figure 6v – Distribution of Palliative Medicine PAs by Setting and STP**



## 6.4 Community Specialist Palliative Care Services

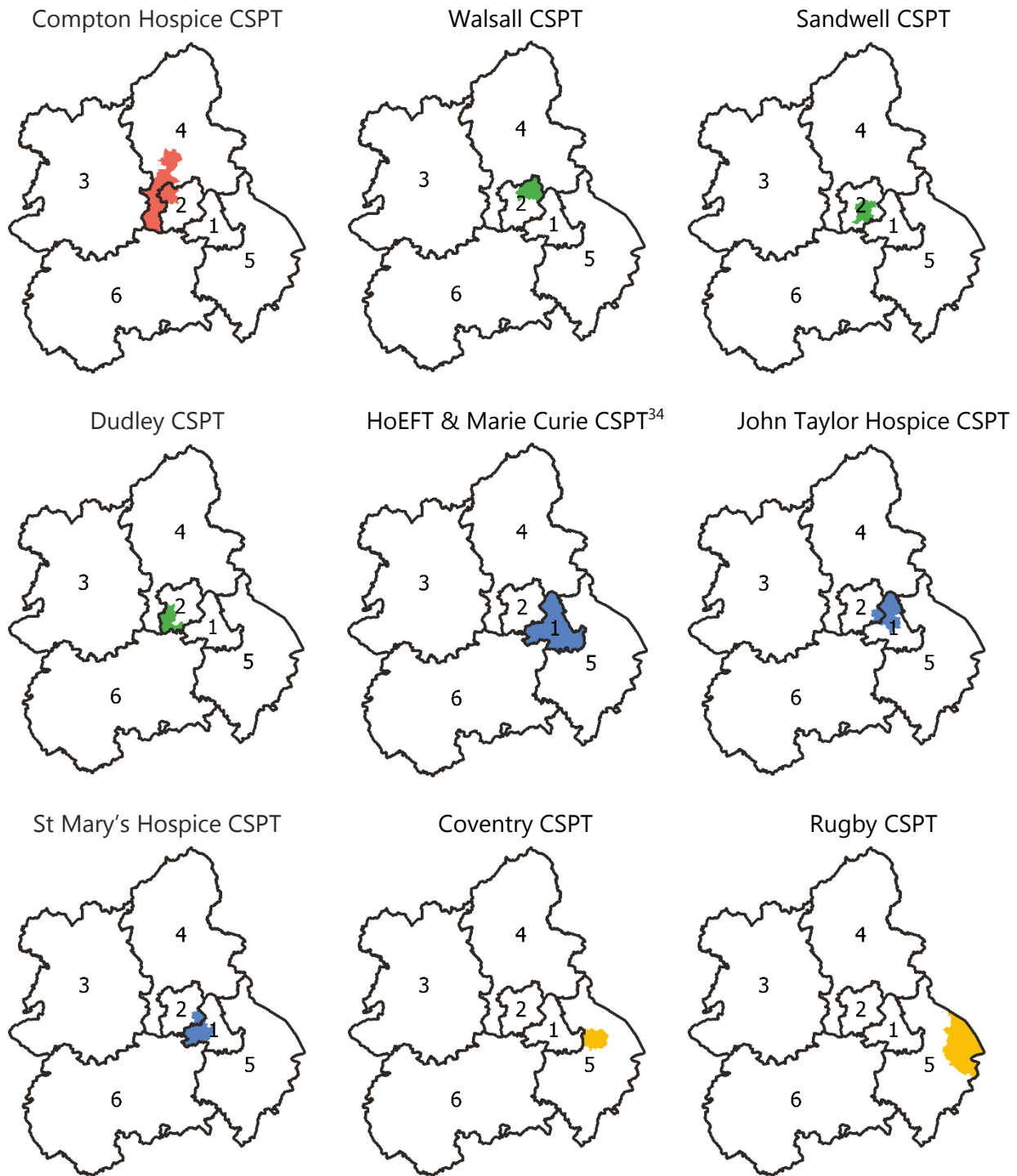
There are 19 community specialist palliative care teams in the West Midlands although it is worth noting that in some areas hospital-based teams also provide specialist-level support to patients in community settings.

**Figure 6vi – Community Specialist Palliative Care Teams**

STP	Team
Black Country & West Birmingham	Compton Hospice (Wolverhampton) Community SPC
	Dudley Macmillan Community SPC
	Sandwell Community SPC
	Walsall Integrated Community SPC
Birmingham and Solihull	Heart of England NHSFT Macmillan & Marie Curie WM Community SPC
	John Taylor Hospice (Birmingham) Community SPC
	St Mary's Hospice (Birmingham) Community SPC
Coventry & Warwickshire	Coventry Community SPC
	Rugby Community SPC
	South Warwickshire Community SPC
	North Warwickshire Community SPC
Herefordshire & Worcestershire	Redditch and Bromsgrove Community SPC
	St Richards Hospice (Worcestershire) Community SPC
	Wye Valley and St Michaels Hospice Community SPC
	Wyre Forest Community SPC
Staffordshire & Stoke-on-Trent	Douglas Macmillan Stoke Community SPC
	Macmillan Stafford Community SPC
	St Giles Lichfield & Walsall Community SPC
Shropshire & Telford	Severn Hospice Community SPC

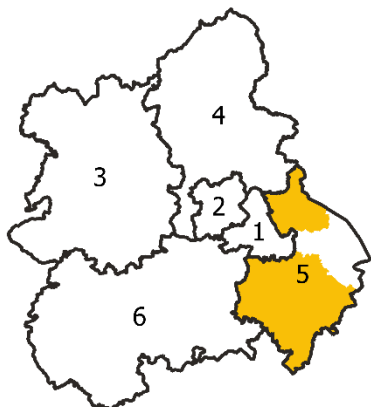
Figure 6vii illustrates the approximate catchments for each of these community teams. The complex commissioning arrangements for specialist community palliative care mean that different catchment areas exist for different service components within the same team. Furthermore, some catchment areas are defined in terms of GP registration or care home residency which are more difficult to represent. These maps therefore should be seen as indicative and illustrative. However, some important messages do emerge. Whilst all populations of the West Midlands are served by at least one team, the arrangements in Birmingham and Staffordshire appear particularly complex with several teams operating overlapping catchments.

**Figure 6vii – Catchments of Community Specialist Palliative Care Teams**

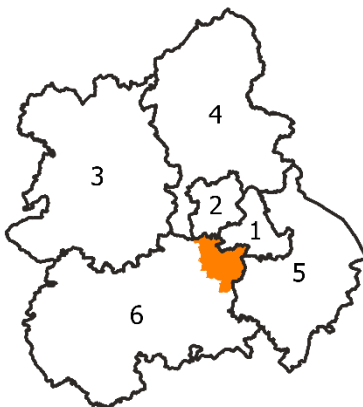


<sup>34</sup> This team also provide some cover to parts of West Birmingham and Sandwell.

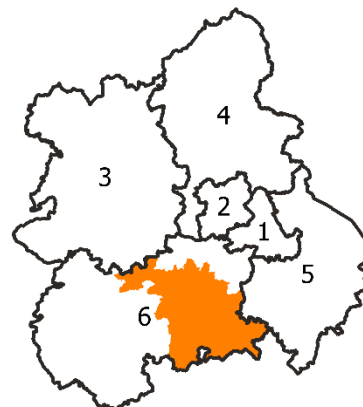
Warwickshire CSPT<sup>35</sup>



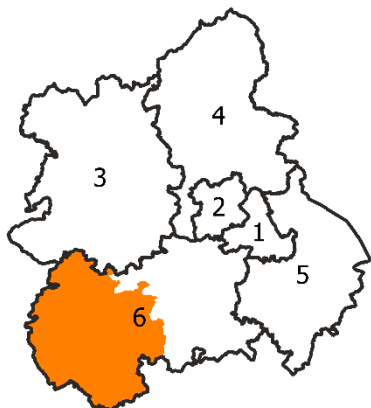
Redditch & Bromsgrove CSPT



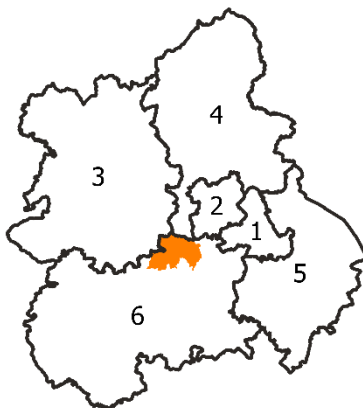
St. Richards Hospice CSPT



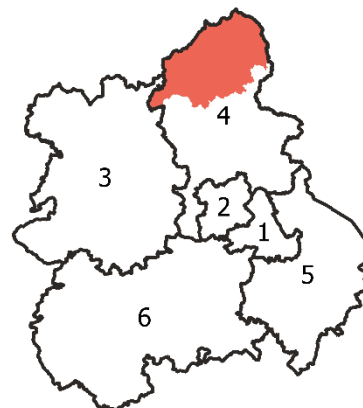
Wye Valley & St Michael's CSPT



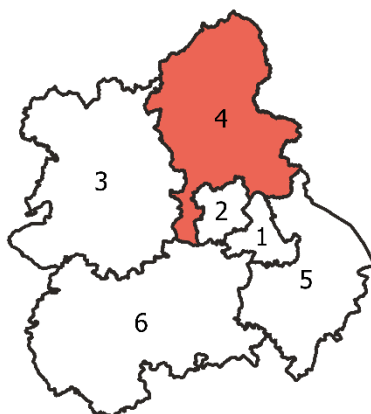
Wyre Forest CSPT



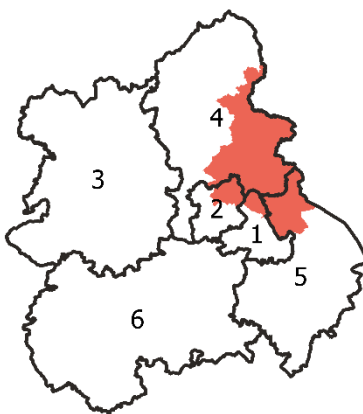
Douglas Macmillan CSPT



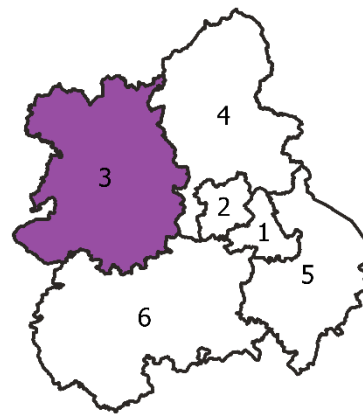
Macmillan Stafford CSPT



St Giles Lichfield CSPT



Severn Hospice CSPT



**Map Key**

- |  |   |
|--|---|
| <b>1</b> Birmingham & Solihull           | <b>4</b> Staffordshire & Stoke-on-Trent |
| <b>2</b> Black Country & West Birmingham | <b>5</b> Coventry & Warwickshire        |
| <b>3</b> Shropshire & Telford            | <b>6</b> Herefordshire & Worcestershire |

<sup>35</sup> North and South Warwickshire

Effective community specialist palliative care services deploy a rich mix of professional groups to offer holistic services to patients at the end of life. NHS England identifies those service components that must form a core part of a specialist level service, those that should be accessible via formal arrangements (e.g. SLA) and those where formal access to advice or input is required.<sup>36</sup>

**Figure 6viii – Recommended Core Service Components**

- C** Core part of service
- E** Part of extended team

<b>STP</b>	<b>Community Specialist Palliative Care Team</b>	<b>Palliative Medicine Consultant</b>	<b>Clinical Nurse Specialist</b>
Black Country & West B'ham	Compton Hospice	C	C
	Dudley Macmillan	C	C
	Sandwell	C	C
	Walsall Integrated	C	C
Birmingham & Solihull	HoEFT Macmillan & Marie Curie WM	C	C
	John Taylor Hospice (Birmingham)	E <sup>37</sup>	C
	St Mary's Hospice (Birmingham)	C	C
Coventry & Warwickshire	Coventry	C	C
	Rugby	C	C
	South Warwickshire (North & South)	C	C
	North Warwickshire	<sup>38</sup>	C
Herefordshire & Worcestershire	Redditch and Bromsgrove	C	C
	St Richards Worcestershire	C	C
	Wye Valley and St Michaels Hospice	C	C
	Wyre Forest	C	C
Staffordshire & Stoke-on-Trent	Douglas Macmillan Stoke	C	C
	Macmillan Stafford	C	C
	St Giles Lichfield & Walsall	C	C
Shropshire & Telford	Severn Hospice	C	C
<b>Teams with core component (of 19)</b>		<b>17</b>	<b>19</b>
<b>Teams with core or extended component (of 19)</b>		<b>18</b>	<b>19</b>

<sup>36</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/04/specilst-palliatv-care-comms-guid.pdf>

<sup>37</sup> This post runs until the end in September 2017. There is also a vacant post which is being advertised.

<sup>38</sup> There is a vacant post in North Warwickshire.

Table 6viii indicates that consultant in palliative medicine and specialist nurses form a core part of almost all teams.

Physiotherapists, occupational therapists, social workers, phycologists and spiritual care services are a core part of approximately half of the teams, and a core or extended element of many.

**Figure 6ix –Service Components - Formal Access Arrangements Required**

<b>STP</b>	<b>Community Specialist Palliative Care Team</b>	Physiotherapy	Occupational Therapy	Social worker	Psychologist	Spiritual care services
Black Country & West B'ham	Compton Hospice	C	E	C	C <sup>39</sup>	C
	Dudley Macmillan	C	C		C	E
	Sandwell	E	C	E		E
	Walsall Integrated	C	C		C	C
Birmingham & Solihull	HoEFT Macmillan & Marie Curie WM	E	E	E	E	E
	John Taylor Hospice (Birmingham)	C	C	E		C
	St Mary's Hospice (Birmingham)	E	C	C		C
Coventry & Warwickshire	Coventry	C	C		C	
	Rugby					
	South Warwickshire	E	E		C	C
	North Warwickshire	E	E		E	C
Herefordshire & Worcestershire	Redditch and Bromsgrove	E	E	E	E	E
	St Richards Worcestershire	C	C	C	C	C
	Wye Valley and St Michaels Hospice	E	E	E	E	C
	Wyre Forest	C	E		C	E
Staffordshire & Stoke-on-Trent	Douglas Macmillan Stoke	E	E	C	C	E
	Macmillan Stafford	E	E	E		
	St Giles Lichfield & Walsall	C	C	C	C	C
Shropshire & Telford	Severn Hospice	E		E	E	C
<b>Teams with core component (of 19)</b>		<b>8</b>	<b>8</b>	<b>5</b>	<b>9</b>	<b>10</b>
<b>Teams with core or extended component (of 19)</b>		<b>17</b>	<b>17</b>	<b>12</b>	<b>14</b>	<b>16</b>

Almost all teams report having access to a specialist interventional pain management service and many report having access to a dietician and a pharmacist.

<sup>39</sup> Psychotherapy input.

**Figure 6x - Service Components - Formal Access to Advice and Input Required**

<b>STP</b>	<b>Community Specialist Palliative Care Team</b>	Dietitian	Pharmacist	Specialist pain management
Black Country & West B'ham	Compton Hospice	E	C	E
	Dudley Macmillan	E		E
	Sandwell	E	E	E
	Walsall Integrated	E	E	E
Birmingham & Solihull	HoEFT Macmillan & Marie Curie WM		E	
	John Taylor Hospice (Birmingham)		C	C
	St Mary's Hospice (Birmingham)		E	E
Coventry & Warwickshire	Coventry		E	E
	Rugby	E		E
	South Warwickshire	E	C	E
	North Warwickshire	E	E	E
Herefordshire & Worcestershire	Redditch and Bromsgrove	E	E	E
	St Richards Worcestershire	E	E	E
	Wye Valley and St Michaels Hospice	E	E	E
	Wyre Forest			E
Staffordshire & Stoke-on-Trent	Douglas Macmillan Stoke	E	E	C
	Macmillan Stafford	E		
	St Giles Lichfield & Walsall	E	C	E
Shropshire & Telford	Severn Hospice			C
<b>Teams with core component (of 19)</b>		<b>0</b>	<b>4</b>	<b>3</b>
<b>Teams with core or extended component (of 19)</b>		<b>13</b>	<b>14</b>	<b>17</b>

Teams report the availability of a number of other service components. Most teams report having access to financial advice, a lymphoedema specialist, education and information services, bereavement services, complementary therapy and night sitting services. A smaller number report the availability of a rapid response service.



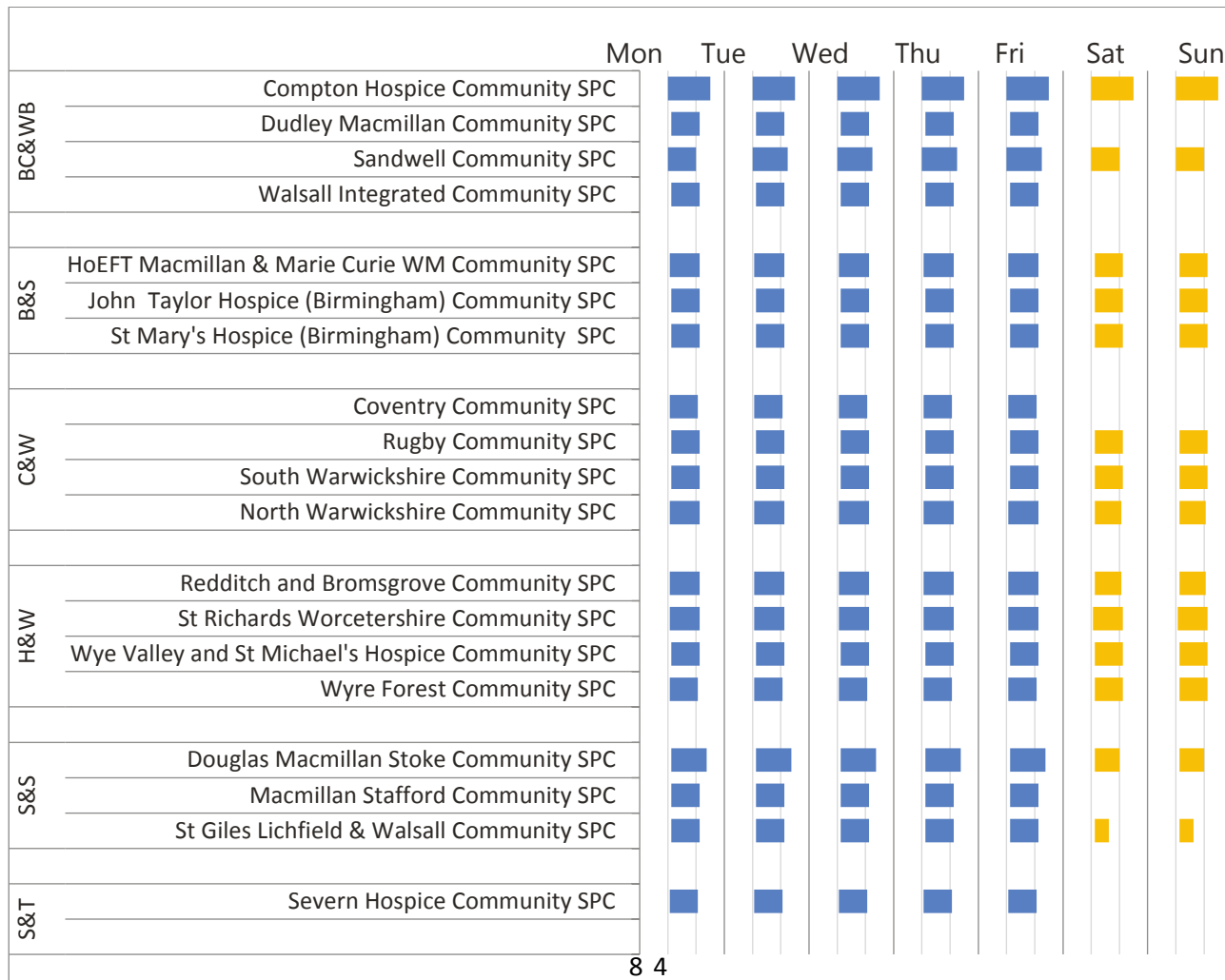
**Figure 6xi – Other Service Components**

<b>STP</b>	<b>Community Specialist Palliative Care Team</b>	Financial advice	Lymphoedema specialist	Education / training / information services	Bereavement services	Complementary therapy	Night sitting	Rapid Response
Black Country & West B'ham	Compton Hospice	E	C	C	C	C	C	C
	Dudley Macmillan	C	E	C	E	E	E	
	Sandwell	E	E	C	E	E	E	E
	Walsall Integrated	C	C	C	C	C	E	E
Birmingham & Solihull	HoEFT Macmillan & Marie Curie WM	E		C	E	E		
	John Taylor Hospice (Birmingham)	C	E		C			
	St Mary's Hospice (Birmingham)	C	E	C	C	E	E <sup>40</sup>	E <sup>40</sup>
Coventry & Warwickshire	Coventry			C			E	
	Rugby	E	E	C	E		E	
	South Warwickshire	E	E	C			E	
	North Warwickshire	E	E	C			E	
Herefordshire & Worcestershire	Redditch and Bromsgrove	E	E		E	E	E	E
	St Richards Worcestershire	C	E	C	C	C	C	C
	Wye Valley and St Michaels Hospice	C	E	C	C	C	E	C
	Wyre Forest	E	E	E	E	E	E	
Staffordshire & Stoke-on-Trent	Douglas Macmillan Stoke	E	C	C	C	C	C	C
	Macmillan Stafford							
	St Giles Lichfield & Walsall	E	C	C	C	C	C	
Shropshire & Telford	Severn Hospice		E	E	E	E	E	E
<b>Teams with core component (of 19)</b>		<b>6</b>	<b>4</b>	<b>14</b>	<b>8</b>	<b>6</b>	<b>4</b>	<b>4</b>
<b>Teams with core or extended component (of 19)</b>		<b>16</b>	<b>16</b>	<b>16</b>	<b>15</b>	<b>13</b>	<b>16</b>	<b>9</b>

Whilst most community specialist nursing teams operate between 9am and 5pm (or 8am and 4pm) Monday and Friday, many also provide extended hours. 14 of the 19 teams operate in Saturdays and Sundays and 2 operate into the early evening. The chart below demonstrates this variation in working practice. Further details of core operating hours are shown in appendix 3. Apart from the three teams in Worcestershire, all teams confirm that on-call facilities are available to patients outside these hours with medical cover is supplied by consultants in palliative medicine.

<sup>40</sup> Via district nursing service and Marie Curie services.

**Figure 6xi – Core Operating Hours for Specialist Nursing Service**



8 4

## 7. Reviews and Audits

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Palliative and end of life care services are the subject of numerous audits and regulatory reviews. This chapter sets out the results of the most recent set of assessments. These include the national end of life care audit, the end of life care component of CQC hospital inspections,<sup>41</sup> the digital maturity assessment of NHS Trusts in relation to the recording of patient's end of life care preferences and CQC inspections of hospices.

The absence of audits or reviews of community specialist palliative care services is noted.

### 7.1 National End of Life Care Audit - Dying in Hospital

In 2015, the Healthcare Quality Improvement Partnership commissioned Royal College of Physicians to design and coordinate an audit of end of life care in Hospitals in England.<sup>42</sup> The results were published in March 2016 and build on an earlier audit conducted in 2013. The audit had two components; an anonymised consecutive case note review of more than 9000 patients who died in NHS hospitals; and a review of the organisational elements that underpin the delivery of care.

In the West Midlands, 960 case notes were reviewed across twenty-five sites in fourteen NHS Trusts and Foundations Trusts. Sample sizes varied from 81 case notes Shropshire and Telford to 321 cases in the Black Country and West Birmingham.<sup>43</sup> The following charts demonstrate the results each STP area achieved against 5 quality standards. On each chart, the whiskers show the 95% confidence interval around the survey result. Blue dots indicate STPs that perform better than the national rate, red dots perform significantly worse and grey dots are not significantly different to the national rate.

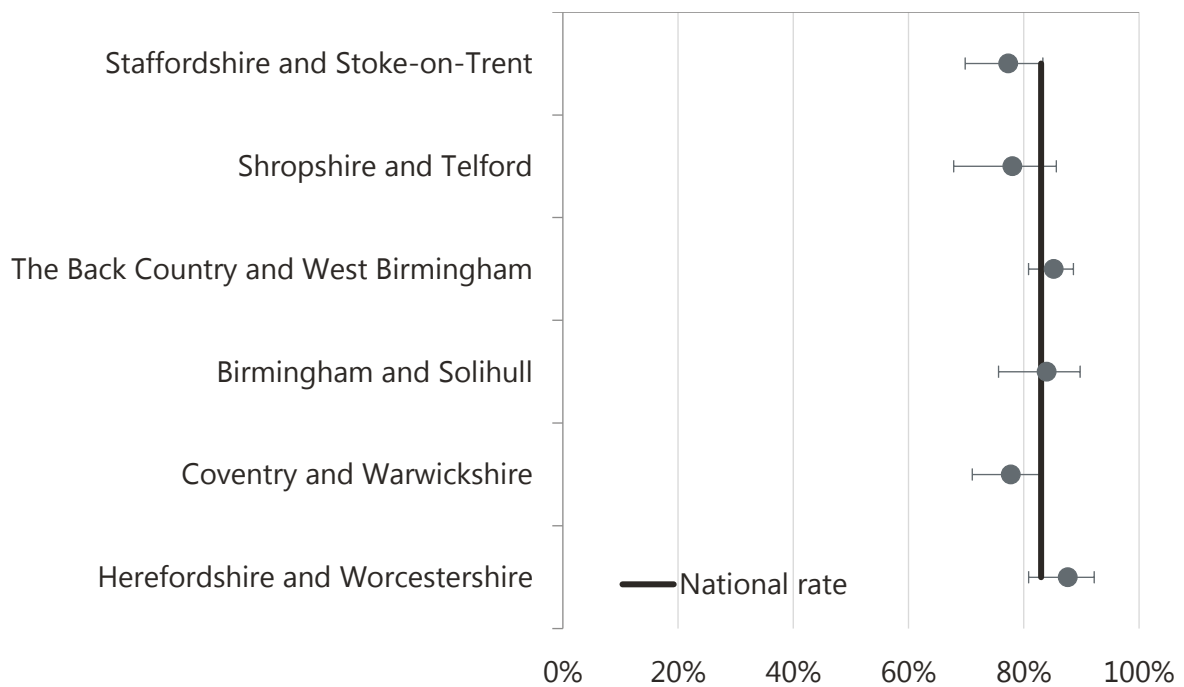
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<sup>41</sup> These inspections were conducted between 2014 and 2017.

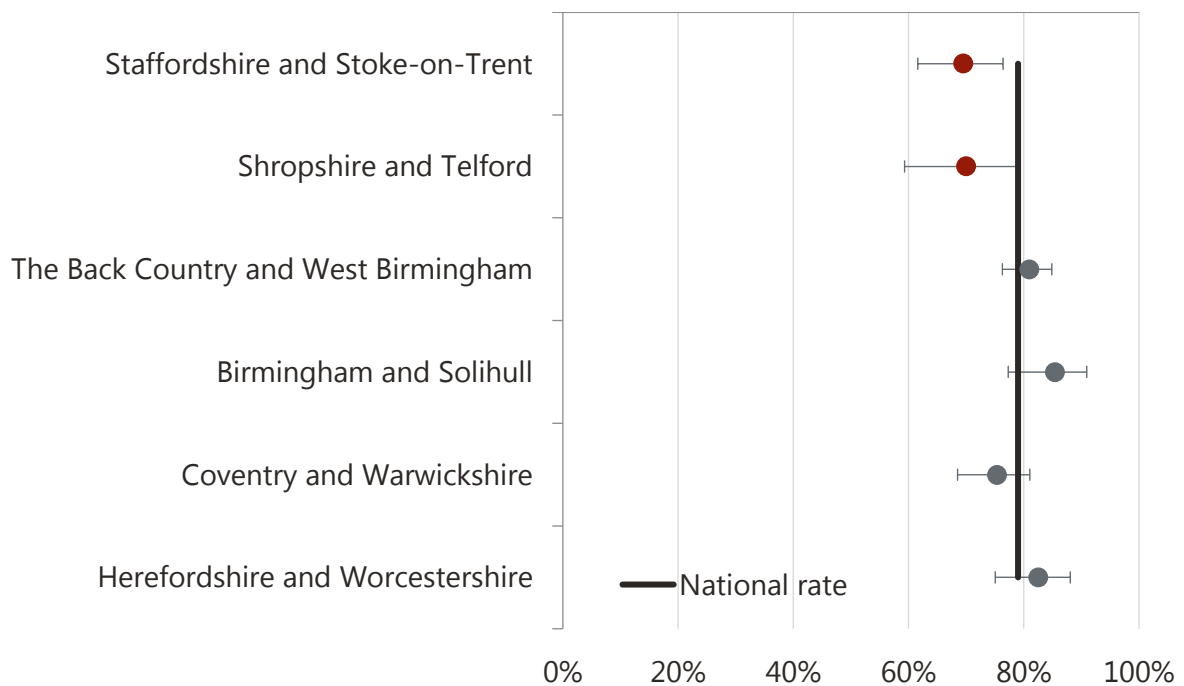
<sup>42</sup> <https://www.rcplondon.ac.uk/projects/outputs/end-life-care-audit-dying-hospital-national-report-england-2016>

<sup>43</sup> Case notes reviewed per STP: The Back Country and West Birmingham STP 321, Birmingham and Solihull STP 103, Coventry and Warwickshire STP 178, Herefordshire and Worcestershire 130, Staffordshire and Stoke-on-Trent STP 146, Shropshire and Telford STP 81.

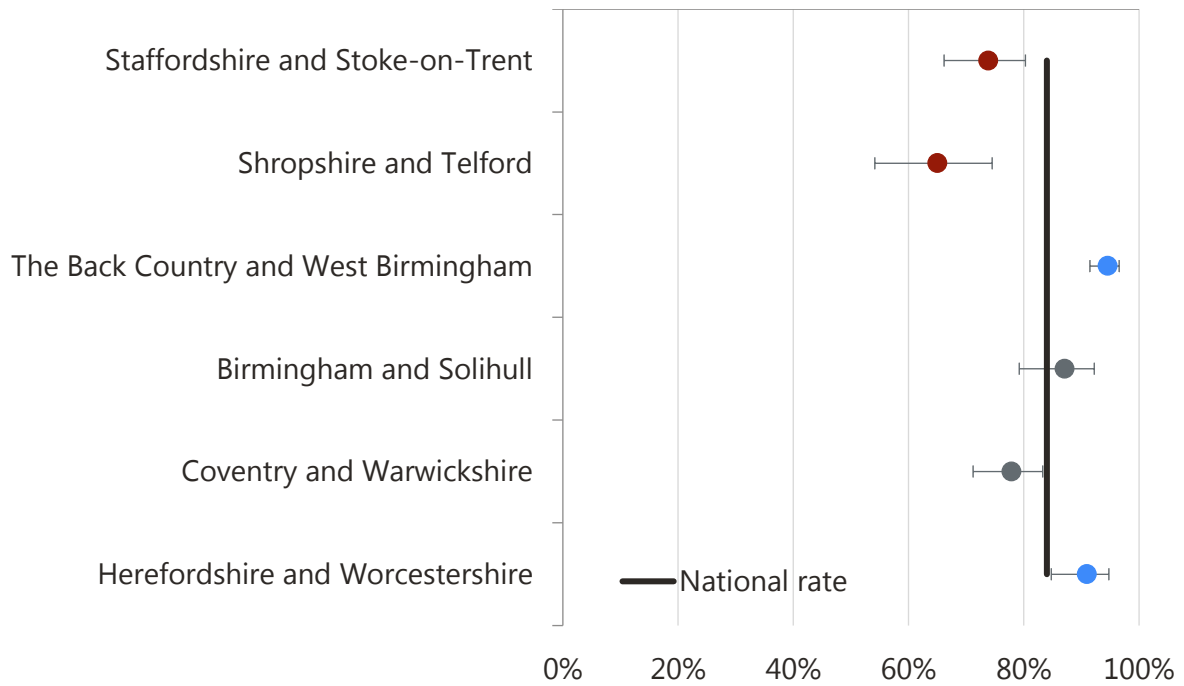
**Figure 7i : Is there documented evidence within the last episode of care that it was recognised that the patient would probably die in the coming hours or days?**



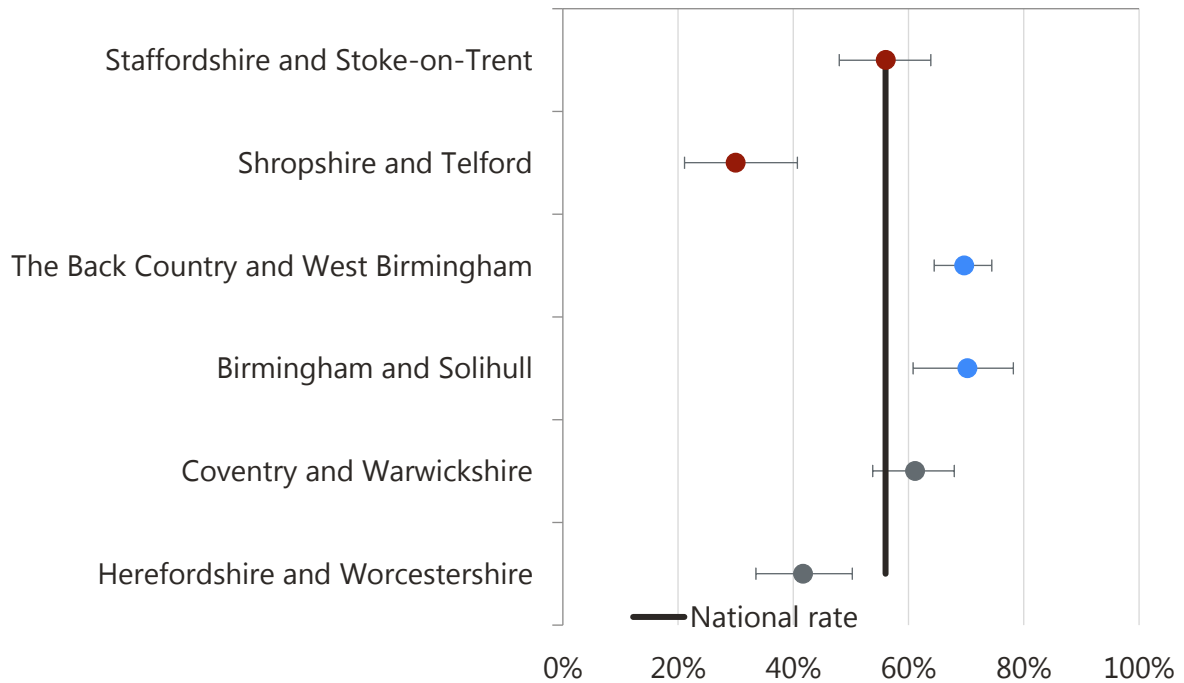
**Figure 7ii : Is there documented evidence within the last episode of care that health professional recognition that the patient would probably die in the coming hours or days (imminent death) had been discussed with a nominated person(s) important to the patient?**



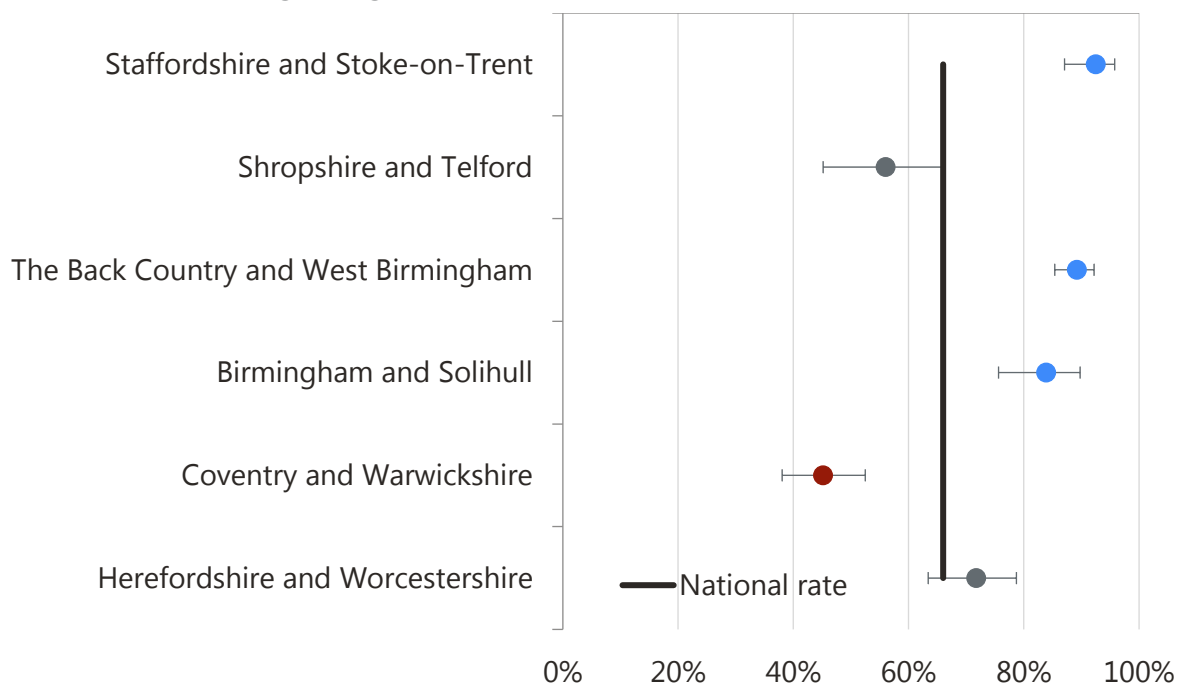
**Figure 7iii : Is there documented evidence that the patient was given an opportunity to have Concerns listened to?**



**Figure 7iv : Is there documented evidence that the needs of the person(s) important to the patient were asked about?**



**Figure 7v : Is there documented evidence in the last 24 hours of life of a holistic assessment of the patient’s needs regarding an individual plan of care?**



The Black Country and West Birmingham STP and Birmingham and Solihull STP perform consistently above the national level, often significantly so. In contrast Shropshire and Telford STP and Staffordshire and Stoke-on-Trent STP tend to perform below the national level.

The results of the organisational standards element of the National Audit are presented in figure 7vi below. Three themes emerge. Firstly, that less than half of the West Midlands acute trusts have a lay member of the trust board with responsibility for end of life care and a similar proportion did not have an end of life care facilitator. Secondly that only 3 trusts report having access to face-to-face specialist-level palliative care for at least 9am to 5pm seven days a week. And finally, Shropshire and Telford Hospitals NHS Trust report compliance with only one of the eight organisational standards.

**Table 7vi : Organisational Standards : National End of Life Care Audit 2016**

STP	Trust / Site	Is there a lay member on the Trust board with a responsibility / role for End of Life Care?	Did your Trust seek bereaved relatives' or friends' views during the last two financial?	In the last year did formal in-house training include / cover specifically communication skills training for care in the last hours or days of life for.....?			Access to face-to-face specialist palliative care for at least 9-5 Mon-Sun?	Does your trust have 1 or more End of Life Care Facilitators as of 1st May 2015?	
				...medical staff	...reg. nursing staff	non-reg. nursing staff			...allied health prof'nals
Black Country & W. B'ham	Royal Wolv'ton NHS Trust	Yes	Yes	Yes	Yes	Yes	Yes	No	No
	Dudley Group NHS FT	Yes	Yes	No	Yes	Yes	Yes	No	No
	Sandwell & WB NHS Trust	No	Yes	Yes	Yes	Yes	No	Yes	Yes
	Walsall Healthcare NHS Trust	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Birmingham & Solihull	UHB NHS FT	No	Yes	Yes	Yes	Yes	Yes	No	Yes
	HoEFT NHS FT	-	-	-	-	-	-	-	-
Coventry & Warwickshire	UHCW NHS Trust	Yes	Yes	No	No	No	No	No	Yes
	George Eliot NHS Trust	No	Yes	Yes	Yes	No	No	No	Yes
	South Warks NHS FT	No	Yes	Yes	Yes	Yes	Yes	No	Yes
Herefordshire & Worc'shire	Worcetser Acute NHS Trust	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Wye Valley NHS Trust	No	Yes	Yes	Yes	Yes	Yes	No	No
Staffordshire & Stok-on-Trent	University Hospital (UHNM)	Yes	No	Yes	Yes	Yes	Yes	No	No
	County Hospital (UHNM)	Yes	No	Yes	Yes	Yes	Yes	No	No
	Burton Hospitals NHS Trust	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Shrop. & Telf.	Shrops. & Telford NHS Trust	No	No	No	No	No	No	No	Yes
<b>W. Midlands (% of trusts responding yes)</b>		<b>47%</b>	<b>73%</b>	<b>73%</b>	<b>80%</b>	<b>73%</b>	<b>67%</b>	<b>20%</b>	<b>53%</b>
<b>National (% of trusts responding yes)</b>		<b>49%</b>	<b>80%</b>	<b>63%</b>	<b>71%</b>	<b>62%</b>	<b>49%</b>	<b>37%</b>	<b>59%</b>

## 7.2 Hospital CQC Inspection Results – End of Life Care Component

Table 7vii : Latest CQC Hospital Inspection Results – End of Life Care

STP	Trust	Site	Date of last CQC Inspection Report	CQC End of Life Care rating
The Black Country & West B'ham	Royal	New Cross	13/12/2016	Good
	Wolverhampton NHS Trust	Cannock Chase	3/9/2015	Good
		Dudley Group NHS FT	Russells Hall	28/11/2016
	Sandwell & WB NHS Trust	Corbett Hospital	3/12/2014	Good
		City Hospital	26/3/2015	Requires improvement
		Sandwell General	26/3/2015	Good
Walsall Healthcare NHS Trust	Manor	26/1/2016	Requires improvement	
Birmingham & Solihull	UHB NHS FT	Queen Elizabeth	8/3/2016	Good
	HoEFT NHS FT	Heartlands	1/6/2015	Good
		Good Hope	1/6/2015	Good
	Birmingham Women's & Children's NHS FT	Birmingham Children's	21/2/2017	Outstanding
Coventry & Warwickshire	UHCW NHS Trust	University, Coventry	12/1/2017	Requires improvement
	George Eliot NHS Trust	George Eliot	16/7/ 2014	Good
	S. Warwickshire NHS FT	Warwick	28 March 2017	Requires improvement
Herefordshire & Worcestershire	Worcestershire Acute Hospitals Trust	Worcestershire Royal	2/12/2015	Good
		Alexandra	2/12/2015	Good
	Wye Valley NHS Trust	Hereford County	3/11/2016	Good
Staffordshire & Stoke-on-Trent	UHNM NHS Trust	University, Stoke	28/7/2015	Requires improvement
		The County	28/7/2015	Requires improvement
	Burton Hosp. NHS FT	Queens	22/10/2015	Good
Shropshire & Telford	Shrewsbury & Telford NHS Trust	The Princess Royal	20/1/2015	Requires improvement
		The Royal Shrewsbury	20/1/2015	Inadequate



## 7.3 Participation in National Palliative & End of Life Care Programmes

Transforming End of Life care in Acute Hospitals, a programme developed by the NHSIQ and the National Council for Palliative Care in 2010, provided a framework for acute trusts seeking quality improvements in end of life care in acute settings.<sup>44</sup> Twenty-five acute trusts signed up to the first phase pilots for the programme, one of which was in the West Midlands, Worcestershire Acute Hospitals NHS Trust. The programme was extended in 2013 to incorporate a wider set of Acute Hospitals, including 8 trusts in the West Midlands

**Table 7viii : Participation in National Programmes**

STP	Trust	Transforming EoLC	
		in Acute Hospitals Programme (phase)	Building on the Best Programme
The Black Country & West B'ham	Royal Wolverhampton NHS Trust		
	Dudley Group NHS FT	✓(2)	
	Sandwell & WB NHS Trust		
	Walsall Healthcare NHS Trust	✓(2)	
Birmingham & Solihull	UHB NHS FT		✓
	HoEFT NHS FT	✓(2)	
	Birmingham Women's & Children's NHS FT		
Coventry & Warwickshire	UHCW NHS Trust	✓(2)	
	George Eliot NHS Trust	✓(2)	
	S. Warwickshire NHS FT	✓(2)	
Herefordshire & Worcestershire	Worcestershire Acute Hospitals Trust	✓(1)	✓
	Wye Valley NHS Trust		
Staffordshire & Stoke on Trent	UHNM NHS Trust (County Hospital site)	✓(2)	
	Burton Hosp. NHS FT	✓(2)	
Shropshire & Telford	Shrewsbury & Telford NHS Trust		

<sup>44</sup> <http://webarchive.nationalarchives.gov.uk/20150317171337/http://www.nhsiq.nhs.uk/improvement-programmes/long-term-conditions-and-integrated-care/end-of-life-care/acute-hospital-care.aspx>

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Building on the Best was launched in 2016, building on the successful Transforming End of Life Care in Acute Hospitals programme in England.<sup>45</sup> The programme is supported by a partnership between the National Council for Palliative Care, Macmillan Cancer Support, NHS England and the NHS Trust Development Authority. Ten acute trusts were identified to launch the programme, 2 from the West Midlands.

Apart from Shropshire and Telford, all STP have been represented on these national programmes to improve end of life care. Participation rates are notably high in Coventry and Warwickshire STP.

## **7.4 Digital Maturity Assessment: Recording End of Life Care Preferences**

In 2015, NHS England required NHS trusts and Foundation Trusts to complete a Digital Maturity Assessment.<sup>46</sup> The self-assessment process aimed to measure the extent to which healthcare services in England are supported by effective digital technologies. The assessment contained a question about trusts' compliance with a national standard to record patients' end of life preferences in a consistent electronic format via EPaCCS (Electronic Palliative Care Coordination Systems).

Healthcare professionals are clear about the benefits of sharing up-to-date information about a patient and their end-of-life care wishes. The requirement to deliver EPaCCS and the associated national standard is not new. Pilot sites were established in 2009 and a national roll-out began in 2010. In 2013, Public Health England conducted surveys of CCGs and found that only 30% had operational EPaCCS systems and appropriate access to these systems outside the NHS was limited.

The results of the 2015 Digital Maturity Assessment are shown in figure 7viii below.<sup>47</sup>

The audit demonstrated a mixed picture of compliance, although greater confidence was reported in Birmingham and Solihull and Herefordshire and Worcestershire STPs. Whilst the Digital Maturity Assessment indicates some further progress in the West Midlands, there is clearly still some way to go before complete coverage is achieved.

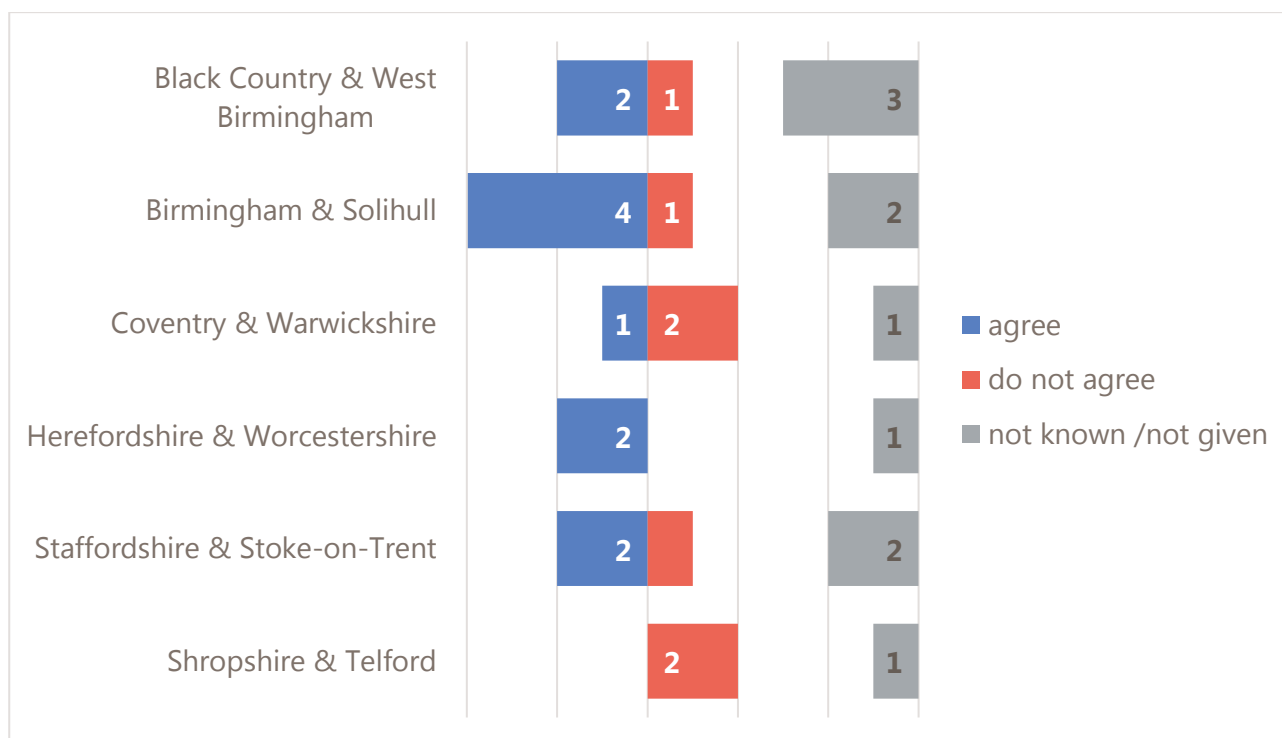
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<sup>45</sup> <http://www.ncpc.org.uk/news/new-building-best-programme-aims-improve-end-life-hospital-care-across-uk>

<sup>46</sup> <https://www.england.nhs.uk/digitaltechnology/info-revolution/maturity-index/>

<sup>47</sup> For the responses off individual organisations see appendix 4.

**Figure 7viii : Patients end-of-life preferences are recorded in accordance with the Palliative Care Co-ordination: Core Content (SCCI1580) national standard**



Agree includes responses 'completely agree' and 'mostly agree'

Do not agree includes responses 'completely disagree', 'somewhat disagree' and 'neither agree nor disagree'

An economic evaluation of the EPaCCS early implementer sites conducted by NHS IQ estimated the net benefit over 4 years for a 200,000 population at around £270,000.<sup>48</sup> Drawing on this evaluation, Public Health England published a tool in 2017 which enables CCGs to better understand the economic impact of EPaCCS and other palliative and end of life care interventions.<sup>49</sup>

In October 2015, all CCGs submitted details of the Footprints within which they would work to develop Local Digital Roadmaps (LDRs).<sup>50</sup> The LDRs would align closely with STP Footprints detailing the approach to information sharing and Universal Capability (UC) delivery plans. Of the 10 UCs, the 8<sup>th</sup> (H) details 'Professionals across care settings made aware of end-of-life preference information'. The LDRs were published locally in January 2017 and detail how UC 8 (H) will be met.

<sup>48</sup> <http://thewholesystem.co.uk/wp-content/uploads/2014/07/economic-eval-epaccs.pdf>

<sup>49</sup> <http://www.endoflifecare-intelligence.org.uk/resources/publications/costeffectivecomm>

<sup>50</sup> <https://www.england.nhs.uk/digitaltechnology/info-revolution/digital-roadmaps/footprints/>

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## 7.5 Hospice CQC Ratings

CQC ratings indicate that the 22 hospices in the West Midlands operate at a high standard. 20 of the hospices received an overall rating of 'Good' and the remaining 2, located within the Birmingham and Solihull STP were rated as 'Outstanding' in their most recent inspection reports. Ratings were notably high against the standards for responsiveness and caring. CQC considered 3 hospices to require improvement against the safety standards.

**Figure 7viii : Hospice CQC ratings**

	<b>Name</b>	<b>Latest Report</b>	<b>Overall</b>	<b>Safe</b>	<b>Effective</b>	<b>Caring</b>	<b>Responsive</b>	<b>Well-led</b>
The Black Country & West Birmingham	St Giles Walsall Hospice	25/12/2015	Good	Good	Good	Good	Outstanding	Good
	Compton Hall/Hospice	21/07/2016	Good	Good	Good	Good	Good	Good
	Mary Stevens Hospice	01/10/2016	Good	Good	Good	Good	Good	Good
	Acorns Hospice (Walsall)	07/10/2016	Good	Req. Improv't	Good	Outstanding	Outstanding	Good
Birmingham & Solihull	John Taylor Hospice	09/08/2016	Good	Good	Good	Good	Good	Good
	St Marys Hospice	13/10/2016	Good	Good	Good	Good	Good	Good
	Acorns Hospice (Selly Oak)	01/10/2016	Outstanding	Good	Outstanding	Outstanding	Outstanding	Outstanding
	Marie Curie Hospice (WW)	28/09/2015	Outstanding	Good	Good	Outstanding	Good	Outstanding
Coventry & Warwickshire	Warwick Myton Hospice	23/11/2016	Good	Good	Good	Good	Good	Good
	Coventry Myton Hospice	21/01/2017	Good	Good	Good	Good	Outstanding	Good
	Zoe's Place Baby Hospice	26/10/2016	Good	Good	Good	Good	Good	Good
Herefordshire & Worcestershire	Macmillan Unit Evesham	02/12/2015	Good	Good	Good	Good	Good	Good
	St Michaels Hospice	28/06/2016	Good	Good	Good	Good	Outstanding	Good
	Acorns Hospice (Worcester)	05/10/2016	Good	Req. Improv't	Outstanding	Outstanding	Good	Good
	St Richards Hospice	09/06/2016	Good	Good	Good	Good	Outstanding	Good
Staffordshire and Stoke-on-Trent	Douglas Macmillan Hospice	03/02/2015	Good	Good	Good	Good	Outstanding	Good
	St Giles Hospice	08/03/2017	Good	Good	Good	Good	good	Good
	Katharine House Hospice	21/07/2016	Good	Good	Good	Good	Good	Good
	Tree Tops- Donna Louise Trust	22/11/2016	Good	Good	Good	Good	Good	Good
Shropshire & Telford	Severn Hospice	18/06/2016	Good	Req. Improv't	Good	Good	Good	Good
	Severn Hospice	19/06/2016	Good	Good	Good	Good	Good	Good
	Hope House Children's Hospice	23/12/2016	Good	Good	Good	Good	Good	Req. Improv't

# Appendices

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## Appendix 1 - Key Data Sources Used in This Report

**Survey of Palliative Medicine Consultants** - All consultants in palliative medicine operating in the West Midlands region were asked to complete an online questionnaire for the purposes of this report during May and June 2017. 54 consultants were invited to participate, 52 responses were received and a further 2 were on maternity leave. The questionnaire asked for information on their work settings and the number of PAs per week worked in each of these settings. Consultants' working in hospital settings were asked about the presence of dedicated specialist-level palliative care beds. Consultants working in hospice settings were asked to provide information on the number of hospice beds, and whether day hospice services were provided. Consultants working in community settings were asked about the community service components, operating hours, on-call arrangements and service eligibility or referral criteria.

**Hospital Episode Statistics** – A series of anonymised record-level datasets containing administrative and clinical details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England. The dataset is maintained by NHS Digital and is supplied to The Strategy Unit under a strict data sharing agreement.

**HES-ONS Linked Mortality Data** – An anonymised record-level dataset containing information that is gathered and collated as part of the death registration process. The dataset includes information on the location and underlying cause of death, the age, gender and area of residence of the decedent. This dataset is maintained by the Office of National Statistics and is supplied to The Strategy Unit via NHS Digital under a strict data sharing agreement.<sup>51</sup>

**ONS 2014-based Sub-National Population Projections\*** - Local Authority and CCG population projections are produced by the Office of National Statistics every 2 or 3 years. Along with forecasts of population size and age profile, ONS provide information about the components that result in population change; births, deaths and internal and international migration. Forecast deaths are available by Local Authority, gender and single year of age.

**Communal Establishments File** - The Communal Establishment File contains data for Communal Establishments in England and Wales. These are places with a resident community, e.g. hospitals and nursing homes, that have been codified for births and death registration purposes. The dataset is maintained and supplied by the Office of National Statistics.

**CQC Inspection Reports\*** – Reports published the Care Quality Commission following statutory inspections of health and social care providers. This report draws on both the outcomes of these

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<sup>51</sup> In the main, this report used mortality data up to the end of 2014-15. Data for 2015-16 became available after the analysis was completed and before the reports publication.

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inspections and contextual information contained in the inspection report. All reports are published on the Care Quality Commission website.

**QOF Palliative Care Register Sizes\*** – Data on the numbers of people on GP practice palliative care registers are published as part of the Quality and Outcomes Framework by NHS Digital on an annual basis.

**Healthcare Utilisation Prior to Death\*** – Data in this report is drawn from a Strategy Unit report titled Understanding the Variation in Patterns of Acute Healthcare Utilisation Prior to Death that was published in March 2015. The report described patterns of acute healthcare utilisation in the last 12 months of life and explored variation by age, condition group and CCG. [Report available on request].

**Right Care Long Term Conditions Focus Packs\*** – Published by NHS England Right Care in December 2016, these packs contain information on the number of days patients spend in hospital in the last 12 months of life. Supplementary data tables provide this information by CCG, admission method and condition.

**National End of Life Care Audit - Dying in Hospital\*** – Conducted by the Royal College of Physicians, this audit reviewed the casenotes of a sample of patients dying in hospital and hospitals operational arrangements against a set of standards for end of life care. Summary data is published on the Healthcare Quality Improvement website.

**Digital Maturity Assessment\*** - A Self-assessment of NHS Trusts digital maturity conducted by NHS England in 2015. The assessment contained a question about the trusts compliance with a national standard to record patients' end of life preferences in consistent electronic format. The results of the assessment were published by NHS England.

Datasets marked with an asterisk (\*) exist in the public domain and can be freely accessed by CCGs, Trusts and other providers. Hospital Episode Statistics and ONS Mortality data be accessed via application from the NHS Digital. The Communal Establishment File can be obtained by statutory agencies on application from the Office of National Statistics.



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## Appendix 2 - Location of Death Regression Model

The table below describes a regression model which assesses the influence of a number of factors on the likelihood of a patient dying in hospital, rather than in some other setting.

Results are shown as odds ratios. In this context, the odds ratio for a given category of patients are the increased odds<sup>52</sup> of a patient dying in hospital compared to those in the reference category.

### Data source and exclusions

The anonymised ONS mortality dataset was used as the data source. 445,886 deaths meeting the following criteria were included in the analysis;

- Resident PCT of patient in West Midlands
- Death between 1<sup>st</sup> April 2006 and 31<sup>st</sup> March 2015
- Valid age, gender, condition group, location type

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<sup>52</sup> The odds of a death in hospital is the probability of a death in hospital as a ratio of the probability of a death in another setting.

## Model variables

Type	Variable	Data type	Levels
Dependent / outcome variable	Death in hospital	Binary	1 – Death in hospital 0 – Death in other setting (e.g. home, care home, hospice, elsewhere)
Independent / predictor variables	Age	Categorical	85 + years (reference category) 75-84 years 65-74 years 25-64 years 0-24 years
	Gender	Binary	0 – male (reference category) 1 - female
	Condition	Categorical	Cancer (reference category) Frailty Organ failure Other terminal illness Sudden death
	STP	Categorical	Shropshire & Telford (reference category) Black Country & West Birmingham Birmingham & Solihull Coventry & Warwickshire Herefordshire & Worcestershire Staffordshire & Stoke-on-Trent
	Financial year		2006-07 (reference category) 2007-09 2008-09 2009-10 2010-11 2011-12 2012-13 2013-14 2014-15
	Season	Binary	0 – Apr – Nov (reference category) 1 – Dec- Mar
	Part of week	Binary	0 – Weekend (reference category) 1 – Weekday

## Model results

Dependent variable	Level	Odds Ratio	95% Confidence Interval
Age	85 + years (reference category)	1.000	-
	75-84 years	1.191	(1.171, 1.211)
	65-74 years	1.165	(1.140, 1.190)
	25-64 years	0.944	(0.922, 0.965)
	0-24 years	1.187	(1.108, 1.272)
Gender	Male (reference category)	1.000	-
	Female	0.894	(0.883, 0.905)
Condition	Cancer (reference category)	1.000	-
	Frailty	1.661	(1.629, 1.694)
	Organ failure	2.356	(2.311, 2.403)
	Other terminal illness	2.335	(2.261, 2.411)
	Sudden death	2.649	(2.592, 2.708)
STP	Shropshire & Telford (reference category)	1.000	-
	Black Country & West Birmingham	1.536	(1.499, 1.573)
	Birmingham & Solihull	1.604	(1.564, 1.645)
	Coventry & Warwickshire	1.341	(1.307, 1.376)
	Herefordshire & Worcestershire	1.032	(1.006, 1.059)
	Staffordshire & Stoke-on-Trent	1.293	(1.262, 1.325)
Year	2006-07 (reference category)	1.000	-
	2007-09	0.951	(0.926, 0.976)
	2008-09	0.901	(0.878, 0.925)
	2009-10	0.869	(0.847, 0.892)
	2010-11	0.832	(0.811, 0.854)
	2011-12	0.772	(0.752, 0.793)
	2012-13	0.712	(0.694, 0.731)
	2013-14	0.703	(0.685, 0.721)
	2014-15	0.673	(0.656, 0.690)
Season	Apr – Nov (reference category)	1.000	-
	Dec- Mar	0.986	(0.974, 0.998)
Part of week	Weekend (reference category)	1.000	-
	Weekday	1.022	(1.008, 1.035)
(constant)		0.643	(0.926, 0.976)

All covariates significant at 95% level.

## Appendix 3 - Community Specialist Nursing Service – Operating Times

Team	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	From	To	From	To	From	To	From	To	From	To	From	To	From	To
Compton Hospice Community SPC	08:00	20:00	08:00	20:00	08:00	20:00	08:00	20:00	08:00	20:00	08:00	20:00	08:00	20:00
Dudley Macmillan Community SPC	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00				
Sandwell Community SPC	08:00	16:00	08:00	18:00	08:00	18:00	08:00	18:00	08:00	18:00	08:00	16:00	08:00	16:00
Walsall Integrated Community SPC	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00				
HoEFT Macmillan & Marie Curie Community SPC	08:30	17:00	08:30	17:00	08:30	17:00	08:30	17:00	08:30	17:00	09:00	17:00	09:00	17:00
John Taylor Hospice (Birmingham) Community SPC	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00
St Mary's Hospice (Birmingham) Community SPC	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00
Coventry Community SPC	08:30	16:30	08:30	16:30	08:30	16:30	08:30	16:30	08:30	16:30				
Rugby Community SPC	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00
South Warwickshire Community SPC	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00
North Warwickshire Community SPC	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00
Redditch and Bromsgrove Community SPC	08:30	17:00	08:30	17:00	08:30	17:00	08:30	17:00	08:30	17:00	09:00	16:30	09:00	16:30
St Richards Worcestershire Community SPC	08:30	17:00	08:30	17:00	08:30	17:00	08:30	17:00	08:30	17:00	08:30	17:00	08:30	17:00
Wye Valley & St Michaels Hospice Community SPC	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00
Wyre Forest Community SPC	08:30	16:30	08:30	16:30	08:30	16:30	08:30	16:30	08:30	16:30	09:00	17:00	09:00	17:00
Douglas Macmillan Stoke Community SPC	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	16:00	09:00	16:00
Macmillan Stafford Community SPC	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00				
St Giles Lichfield & Walsall Community SPC	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	13:00	09:00	13:00
Severn Hospice Community SPC	08:30	16:30	08:30	16:30	08:30	16:30	08:30	16:30	08:30	16:30				

## Appendix 4 - Organisations Responses to Digital Maturity assessment question about EPACCS

Patients end-of-life preferences are recorded in accordance with the Palliative Care Co-ordination: Core Content (SCCI1580) national standard

STP	NHS Organisation	Answer
Black Country & West Birmingham	Black Country Partnership NHS FT	Not Given
	Dudley and Walsall Mental Health Partnership NHS Trust	Not Given
	Sandwell and West Birmingham Hospitals NHS Trust	Neither Agree nor Disagree
	The Dudley Group NHS FT	Agree Completely
	The Royal Wolverhampton NHS Trust	Mostly Agree
	Walsall Healthcare NHS Trust	Don't Know
Birmingham & Solihull	Birmingham and Solihull Mental Health NHS FT	Mostly Agree
	Birmingham Children's Hospital NHS FT	Mostly Agree
	Birmingham Community Healthcare NHS Trust	Disagree Completely
	Birmingham Women's NHS FT	Don't Know
	Heart of England NHS FT	Mostly Agree
	The Royal Orthopaedic Hospital NHS FT	Don't Know
Coventry & Warwickshire	University Hospitals Birmingham NHS FT	Agree Completely
	Coventry and Warwickshire Partnership NHS Trust	Agree Completely
	George Eliot Hospital NHS Trust	Don't Know
	South Warwickshire NHS FT	Disagree Completely
Herefordshire & Worcestershire	University Hospitals Coventry and Warwickshire NHS	Neither Agree nor Disagree
	Worcestershire Acute Hospitals NHS Trust	Not Given
	Worcestershire Health and Care NHS Trust	Mostly Agree
Staffordshire & Stoke-on-Trent	Wye Valley NHS Trust	Mostly Agree
	Burton Hospitals NHS FT	Mostly Agree
	North Staffordshire Combined Healthcare NHS Trust	Agree Completely
	South Staffordshire and Shropshire Healthcare NHS FT	Not Given
	Staffordshire & Stoke-on-Trent Partnership NHS Trust	Not Given
Shropshire & Telford	University Hospital of North Staffordshire NHS Trust	Somewhat Disagree
	Robert Jones & Agnes Hunt Orthopaedic Hospital NHS FT	Somewhat Disagree
	Shrewsbury and Telford Hospital NHS Trust	Disagree Completely
-	Shropshire Community Health NHS Trust	Don't Know
-	West Midlands Ambulance Service NHS Trust	Disagree Completely

# Data Tables<sup>53</sup>

## A1 : Deaths by Age Group, Year & STP

### Black Country & West Birmingham STP

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	219	213	225	208	216	206	208	175	169
25-64	1938	1927	1915	1871	1897	1830	1782	1643	1836
65-74	2139	1971	1991	1951	2031	1957	1962	1959	1945
75-84	3840	3826	3762	3586	3624	3412	3560	3605	3450
85+	3433	3462	3551	3607	3706	3772	3914	4192	4414
Unknown	124	66	52	86	113	116	116	94	84

### Birmingham & Solihull STP

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	175	168	220	211	174	185	157	173	144
25-64	1479	1413	1478	1438	1521	1440	1433	1435	1383
65-74	1604	1591	1529	1436	1473	1485	1489	1512	1454
75-84	3089	3080	2947	2728	2771	2612	2729	2691	2596
85+	2963	2996	3099	3040	3267	3099	3414	3631	3720
Unknown	64	36	32	64	83	81	80	62	71

### Coventry & Warwickshire STP

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	82	98	108	112	99	100	81	85	88
25-64	1196	1203	1194	1260	1156	1115	1124	1040	1045
65-74	1224	1248	1175	1218	1157	1184	1243	1244	1273
75-84	2406	2401	2412	2202	2227	2190	2241	2149	2082
85+	2651	2637	2810	2784	2716	2741	2948	3193	3215
Unknown	66	42	28	50	54	51	45	30	31

### Herefordshire & Worcestershire STP

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	75	90	68	80	65	69	67	72	72
25-64	982	1013	1005	1062	990	1005	939	942	867
65-74	1065	1056	1172	1098	1085	1096	1127	1226	1180
75-84	2231	2334	2246	2098	2197	2090	2151	2095	2109
85+	2417	2653	2790	2728	2946	2855	3174	3269	3349
Unknown	89	49	46	107	124	116	105	76	64

<sup>53</sup> Figures in all tables have been derived from ONS Mortality data grouped by PCTs. Figures derived in other ways may differ slightly.

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**Staffordshire & Stoke-on-Trent STP**

<b>Age Group</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>0-24</b>	114	141	101	147	135	128	127	99	112
<b>25-64</b>	1596	1626	1619	1614	1585	1546	1502	1413	1398
<b>65-74</b>	1754	1812	1788	1744	1714	1641	1815	1853	1719
<b>75-84</b>	3439	3453	3323	3280	3155	3083	3158	3158	3146
<b>85+</b>	3184	3425	3608	3341	3517	3348	3858	4160	4099
<b>Unknown</b>	123	73	41	65	107	106	112	88	80

**Shropshire and Telford STP**

<b>Age Group</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>0-24</b>	55	62	65	61	45	51	57	28	39
<b>25-64</b>	616	674	659	607	654	652	627	597	582
<b>65-74</b>	678	695	710	751	670	712	715	778	698
<b>75-84</b>	1286	1286	1268	1299	1286	1266	1315	1289	1212
<b>85+</b>	1303	1430	1511	1552	1624	1544	1751	1871	1772
<b>Unknown</b>	79	36	30	37	44	34	29	25	14



## A2 : Deaths by Age Group, Year and Health & Well-Being Board

### Birmingham HWB

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	190	177	227	231	194	194	176	185	154
25-64	1463	1398	1437	1432	1506	1417	1410	1419	1405
65-74	1541	1516	1438	1400	1425	1392	1399	1456	1384
75-84	2905	2872	2743	2614	2594	2435	2537	2546	2462
85+	2785	2811	2840	2749	2988	2858	3038	3233	3310
Unknown	68	41	36	64	90	84	85	71	74

### Coventry HWB

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	39	39	49	49	42	45	39	33	37
25-64	477	470	489	480	476	416	436	399	417
65-74	453	462	436	446	428	451	453	454	452
75-84	887	899	885	806	768	786	802	777	734
85+	960	927	1008	985	982	956	1013	1107	1132
Unknown	19	11	10	16	20	19	11	9	11

### Dudley HWB

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	36	32	46	34	32	33	38	21	25
25-64	410	460	433	433	430	411	398	370	405
65-74	445	457	536	466	493	508	482	466	521
75-84	857	949	964	867	923	861	920	953	865
85+	854	930	924	986	955	1017	1050	1107	1235
Unknown	30	10	16	13	21	24	27	14	13

### Herefordshire HWB

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	14	19	22	16	18	18	14	17	21
25-64	239	255	256	252	246	261	211	221	196
65-74	279	292	293	277	275	277	273	277	294
75-84	600	615	600	542	561	574	527	531	535
85+	630	717	737	718	735	759	827	827	888
Unknown	37	21	18	25	12	15	17	9	15

### Sandwell HWB

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	71	61	63	60	63	54	61	54	48
25-64	466	432	417	441	453	415	433	397	442
65-74	482	431	405	428	450	417	425	449	395
75-84	838	779	736	777	747	727	753	768	739
85+	720	690	702	729	753	759	766	847	827
Unknown	17	16	9	19	39	31	34	34	21

### Shropshire HWB

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	25	42	39	36	25	29	32	12	19
25-64	392	415	411	381	400	397	389	348	352
65-74	446	455	474	491	435	471	468	518	454
75-84	917	900	896	905	948	886	905	927	859
85+	939	1079	1152	1157	1193	1150	1315	1411	1318
Unknown	50	23	21	24	32	27	19	21	10

### Solihull HWB

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	22	23	27	12	13	20	13	17	15
25-64	261	243	260	238	254	242	251	224	211
65-74	317	303	304	262	285	313	313	293	278
75-84	625	618	591	523	570	560	588	550	523
85+	557	548	629	674	676	640	779	844	846
Unknown	5	4	1	10	13	14	13	10	9

### Staffordshire HWB

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	78	103	69	100	98	85	84	66	70
25-64	1180	1177	1169	1185	1164	1118	1089	1012	1029
65-74	1304	1362	1367	1311	1291	1219	1342	1412	1302
75-84	2610	2552	2477	2454	2456	2345	2435	2453	2437
85+	2480	2646	2777	2640	2746	2703	3084	3315	3248
Unknown	107	57	31	55	92	91	93	72	64

### Stoke-on-Trent HWB

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	36	38	32	47	37	43	43	33	42
25-64	416	449	450	429	421	428	413	401	369
65-74	450	450	421	433	423	422	473	441	417
75-84	829	901	846	826	699	738	723	705	709
85+	704	779	831	701	771	645	774	845	851
Unknown	16	16	10	10	15	15	19	16	16

### Telford & Wrekin HWB

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	30	20	26	25	20	22	25	16	20
25-64	224	259	248	226	254	255	238	249	230
65-74	232	240	236	260	235	241	247	260	244
75-84	369	386	372	394	338	380	410	362	353
85+	364	351	359	395	431	394	436	460	454
Unknown	29	13	9	13	12	7	10	4	4

### Walsall HWB

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	38	55	42	46	43	50	38	33	47
25-64	423	402	409	395	390	411	382	326	395
65-74	516	467	469	440	428	443	453	426	435
75-84	862	842	872	779	739	755	770	750	785
85+	729	651	760	716	783	754	815	845	961
Unknown	18	10	10	15	14	16	17	16	15

### Warwickshire HWB

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	43	59	59	63	57	55	42	52	51
25-64	719	733	705	780	680	699	688	641	628
65-74	771	786	739	772	729	733	790	790	821
75-84	1519	1502	1527	1396	1459	1404	1439	1372	1348
85+	1691	1710	1802	1799	1734	1785	1935	2086	2083
Unknown	47	31	18	34	34	32	34	21	20

### Wolverhampton HWB

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	37	33	40	36	45	40	39	38	24
25-64	394	405	437	370	385	374	341	342	361
65-74	442	388	368	391	423	369	379	381	386
75-84	842	846	803	754	822	686	721	729	672
85+	751	828	795	793	818	843	880	947	955
Unknown	50	21	12	29	19	28	20	11	23

### Worcestershire HWB

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	61	71	46	64	47	51	53	55	51
25-64	743	758	749	810	744	744	728	721	671
65-74	786	764	879	821	810	819	854	949	886
75-84	1631	1719	1646	1556	1636	1516	1624	1564	1574
85+	1787	1936	2053	2010	2211	2096	2347	2442	2461
Unknown	52	28	28	82	112	101	88	67	49

## A3 : Deaths by Age Group, Year & Clinical Commissioning Grp

### Birmingham South & Central CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	29	27	36	48	38	31	30	33	31
25-64	258	254	261	246	257	258	248	260	251
65-74	258	259	250	241	244	231	238	244	251
75-84	486	472	465	448	448	386	421	416	415
85+	472	483	484	459	506	468	506	553	574
Unknown	14	6	7	14	17	11	15	13	12

### Cannock Chase CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	13	16	11	14	16	13	12	11	11
25-64	185	182	180	173	179	174	169	152	162
65-74	196	202	209	201	200	186	210	210	194
75-84	395	379	369	364	383	354	362	368	380
85+	386	407	417	402	415	408	469	507	500
Unknown	18	10	5	10	16	15	15	12	11

### Coventry & Rugby CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	51	51	64	64	55	59	50	44	48
25-64	620	610	636	623	618	540	567	518	542
65-74	589	601	567	580	557	586	588	590	587
75-84	1153	1168	1151	1047	998	1021	1042	1010	954
85+	1248	1205	1310	1280	1276	1243	1317	1438	1471
Unknown	25	14	13	21	26	24	15	11	15

### Dudley CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	36	32	46	34	32	33	38	21	25
25-64	410	460	433	433	430	411	398	370	405
65-74	445	457	536	466	493	508	482	466	521
75-84	857	949	964	867	923	861	920	953	865
85+	854	930	924	986	955	1017	1050	1107	1235
Unknown	30	10	16	13	21	24	27	14	13

### East Staffordshire CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	12	15	10	13	15	12	12	10	10
25-64	172	170	168	162	167	162	157	142	151
65-74	183	188	195	187	187	174	196	196	181
75-84	369	353	344	340	357	330	337	343	355
85+	360	379	389	374	387	380	437	473	467
Unknown	17	9	4	9	15	14	14	11	10

### Herefordshire CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	14	19	22	16	18	18	14	17	21
25-64	239	255	256	252	246	261	211	221	196
65-74	279	292	293	277	275	277	273	277	294
75-84	600	615	600	542	561	574	527	531	535
85+	630	717	737	718	735	759	827	827	888
Unknown	37	21	18	25	12	15	17	9	15

### North Staffordshire CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	15	25	18	31	23	23	24	15	18
25-64	293	301	302	351	303	281	279	279	253
65-74	360	393	366	347	329	325	334	403	370
75-84	713	731	706	704	624	649	700	692	615
85+	632	698	779	718	760	754	843	888	854
Unknown	21	10	9	7	15	19	19	14	13

### Warwickshire North CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	13	20	18	20	18	17	13	17	17
25-64	242	249	234	267	226	241	234	219	211
65-74	267	272	255	268	252	251	275	274	288
75-84	526	517	529	485	516	491	503	478	473
85+	589	601	629	631	604	629	685	737	732
Unknown	17	12	6	12	12	11	13	8	7

### Redditch & Bromsgrove CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	19	22	14	20	15	16	17	17	16
25-64	232	236	234	253	232	232	227	225	209
65-74	245	238	274	256	253	256	266	296	276
75-84	509	536	514	485	510	473	507	488	491
85+	558	604	641	627	690	654	732	762	768
Unknown	16	9	9	26	35	32	27	21	15

### Sandwell & West Birmingham CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	108	93	97	92	96	83	93	83	73
25-64	711	660	636	673	692	634	661	605	675
65-74	736	659	618	654	687	637	648	686	603
75-84	1279	1189	1123	1186	1140	1110	1149	1173	1128
85+	1099	1053	1072	1112	1150	1158	1169	1293	1263
Unknown	26	25	14	29	59	48	52	53	33

### Shropshire CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	25	42	39	36	25	29	32	12	19
25-64	392	415	411	381	400	397	389	348	352
65-74	446	455	474	491	435	471	468	518	454
75-84	917	900	896	905	948	886	905	927	859
85+	939	1079	1152	1157	1193	1150	1315	1411	1318
Unknown	50	23	21	24	32	27	19	21	10

### Solihull CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	22	23	27	12	13	20	13	17	15
25-64	261	243	260	238	254	242	251	224	211
65-74	317	303	304	262	285	313	313	293	278
75-84	625	618	591	523	570	560	588	550	523
85+	557	548	629	674	676	640	779	844	846
Unknown	5	4	1	10	13	14	13	10	9

### South East Staffordshire & Seisdon Peninsula CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	22	27	18	24	26	22	21	18	18
25-64	308	304	300	289	299	290	281	254	269
65-74	328	336	348	335	334	310	350	351	324
75-84	659	632	615	608	638	590	603	613	634
85+	643	678	695	670	691	680	781	846	834
Unknown	30	16	8	17	27	25	26	20	18

### South Warwickshire CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	18	27	25	28	25	24	18	24	23
25-64	334	344	324	370	312	334	323	303	292
65-74	369	376	353	370	348	347	380	379	398
75-84	727	715	732	670	713	678	696	661	655
85+	814	831	870	873	835	869	947	1018	1012
Unknown	24	16	9	17	16	16	17	11	9

### South Worcestershire CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	31	37	24	33	24	26	27	28	26
25-64	383	391	387	418	384	384	376	372	346
65-74	406	394	454	424	418	423	441	490	457
75-84	842	887	849	803	844	782	838	807	812
85+	922	999	1059	1037	1141	1082	1211	1260	1270
Unknown	27	14	14	42	58	52	45	35	25

### Stafford & Surrounds CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	15	18	12	16	18	15	14	12	12
25-64	208	206	203	196	202	196	190	172	182
65-74	222	228	236	227	226	210	237	238	219
75-84	446	428	416	411	432	399	408	415	429
85+	436	459	471	453	468	460	529	573	565
Unknown	20	11	5	11	18	17	17	14	12

### Stoke-on-Trent CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	37	39	33	49	38	44	44	34	43
25-64	430	464	465	443	435	442	426	414	381
65-74	465	465	435	447	437	436	488	455	431
75-84	856	930	874	853	722	762	747	728	732
85+	727	804	858	724	796	666	799	873	879
Unknown	17	17	10	10	16	15	20	17	17

### Telford & Wrekin CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	30	20	26	25	20	22	25	16	20
25-64	224	259	248	226	254	255	238	249	230
65-74	232	240	236	260	235	241	247	260	244
75-84	369	386	372	394	338	380	410	362	353
85+	364	351	359	395	431	394	436	460	454
Unknown	29	13	9	13	12	7	10	4	4

### Walsall CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	38	55	42	46	43	50	38	33	47
25-64	423	402	409	395	390	411	382	326	395
65-74	516	467	469	440	428	443	453	426	435
75-84	862	842	872	779	739	755	770	750	785
85+	729	651	760	716	783	754	815	845	961
Unknown	18	10	10	15	14	16	17	16	15

### Wolverhampton CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	37	33	40	36	45	40	39	38	24
25-64	394	405	437	370	385	374	341	342	361
65-74	442	388	368	391	423	369	379	381	386
75-84	842	846	803	754	822	686	721	729	672
85+	751	828	795	793	818	843	880	947	955
Unknown	50	21	12	29	19	28	20	11	23



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### Wyre Forest CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	10	12	8	11	8	9	9	9	9
25-64	128	130	129	139	128	128	125	124	115
65-74	135	131	151	141	139	141	147	163	152
75-84	280	296	283	268	281	261	279	269	271
85+	307	333	353	346	380	360	404	420	423
Unknown	9	5	5	14	19	17	15	12	8

### Birmingham Cross City CCG

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-24	124	118	158	150	124	134	115	124	97
25-64	959	917	957	954	1010	940	934	951	920
65-74	1030	1029	975	934	944	941	937	975	924
75-84	1978	1990	1891	1758	1753	1666	1720	1726	1658
85+	1934	1965	1986	1907	2085	1990	2129	2233	2300
Unknown	45	26	24	40	53	56	52	40	51

## B1 : Deaths by Condition Group, Year & STP

### Black Country & West Birmingham STP

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	2368	2242	2352	2316	2381	2372	2448	2403	2435
Frailty	4338	4318	4321	4434	4518	4562	4819	5039	5245
Organ Failure	2414	2356	2452	2319	2346	2124	2117	2224	2087
Other Terminal Illness	556	507	544	543	596	522	534	495	528
Sudden Death	1843	1824	1669	1563	1614	1580	1491	1391	1493
Unknown	172	216	158	134	130	133	134	115	109

### Birmingham & Solihull STP

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	1854	1897	1821	1790	1905	1928	1877	1900	1894
Frailty	3609	3713	3718	3596	3777	3713	4093	4202	4250
Organ Failure	1817	1754	1785	1786	1861	1650	1602	1645	1560
Other Terminal Illness	420	403	435	363	396	359	409	385	370
Sudden Death	1519	1380	1408	1240	1231	1110	1171	1168	1109
Unknown	157	139	138	142	121	142	149	205	186

### Coventry & Warwickshire STP

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	1508	1559	1482	1612	1539	1555	1605	1488	1582
Frailty	3093	3121	3267	3214	3099	3191	3465	3640	3639
Organ Failure	1437	1409	1470	1297	1321	1325	1329	1306	1197
Other Terminal Illness	390	370	347	378	341	323	349	313	354
Sudden Death	1141	1094	1067	1027	1040	930	894	948	916
Unknown	56	76	94	98	69	57	40	46	46

### Herefordshire & Worcestershire STP

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	1402	1474	1453	1406	1468	1494	1494	1531	1536
Frailty	2835	3140	3183	3152	3308	3289	3605	3618	3741
Organ Failure	1245	1261	1377	1327	1352	1243	1293	1319	1217
Other Terminal Illness	313	298	311	301	300	306	309	310	289
Sudden Death	1007	966	962	948	940	872	837	873	815
Unknown	57	56	41	39	39	27	25	29	43

### Staffordshire & Stoke-on-Trent STP

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	2113	2198	2133	2189	2185	2258	2246	2260	2165
Frailty	3992	4168	4319	4109	4211	4107	4648	4977	4848
Organ Failure	2021	2097	2057	1938	2021	1820	1882	1858	1786
Other Terminal Illness	473	472	445	497	413	418	428	404	428
Sudden Death	1485	1434	1380	1330	1310	1176	1283	1204	1232
Unknown	126	161	146	128	73	73	85	68	95

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### Shropshire and Telford STP

<b>Condition Group</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Cancer</b>	892	883	865	945	913	928	967	939	915
<b>Frailty</b>	1580	1699	1799	1814	1852	1859	2028	2159	1995
<b>Organ Failure</b>	722	779	787	769	806	741	773	791	717
<b>Other Terminal Illness</b>	165	180	171	190	173	177	181	192	166
<b>Sudden Death</b>	617	615	584	557	557	533	520	492	503
<b>Unknown</b>	41	27	37	32	22	21	25	15	21

## B2 : Deaths by Condition Group, Year & Health & Well-Being Board

### Birmingham HWB

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	1716	1715	1658	1703	1721	1758	1717	1750	1751
Frailty	3392	3485	3425	3316	3520	3427	3690	3818	3863
Organ Failure	1801	1709	1718	1743	1804	1604	1545	1637	1537
Other Terminal Illness	412	410	428	376	415	357	394	378	368
Sudden Death	1470	1337	1348	1199	1202	1092	1148	1115	1075
Unknown	163	159	145	154	136	142	150	211	193

### Coventry HWB

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	538	563	531	580	568	556	579	534	553
Frailty	1120	1119	1183	1148	1117	1123	1208	1275	1281
Organ Failure	569	543	564	487	492	496	483	490	455
Other Terminal Illness	146	134	131	148	135	128	134	119	142
Sudden Death	439	416	428	373	374	347	330	342	335
Unknown	24	32	40	44	31	23	20	19	17

### Dudley HWB

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	547	585	619	560	599	639	635	589	636
Frailty	1044	1130	1133	1151	1168	1180	1303	1333	1418
Organ Failure	524	541	602	530	557	494	468	524	510
Other Terminal Illness	113	91	119	127	126	128	114	123	132
Sudden Death	381	464	421	415	386	394	378	351	349
Unknown	23	27	25	16	18	19	17	11	19

### Herefordshire HWB

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	349	405	386	368	379	385	356	359	374
Frailty	748	833	825	835	857	852	927	887	945
Organ Failure	337	358	368	327	315	351	307	360	339
Other Terminal Illness	71	73	85	65	74	85	89	68	61
Sudden Death	283	242	252	231	210	221	184	203	216
Unknown	11	8	10	4	12	10	6	5	14

### Sandwell HWB

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	497	448	459	505	488	491	498	522	482
Frailty	923	862	850	906	968	949	972	1048	1049
Organ Failure	555	509	494	524	505	459	488	514	461
Other Terminal Illness	137	117	123	137	139	112	133	101	121
Sudden Death	427	413	360	345	359	357	339	321	329
Unknown	53	60	45	36	45	35	43	44	32

### Shropshire HWB

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	608	597	586	637	626	630	642	622	621
Frailty	1128	1241	1332	1297	1345	1362	1467	1618	1463
Organ Failure	475	534	535	528	543	483	536	537	461
Other Terminal Illness	111	127	114	137	125	112	120	124	117
Sudden Death	425	396	408	374	381	362	353	327	340
Unknown	22	19	18	21	13	11	10	9	10

### Solihull HWB

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	399	419	405	353	441	428	422	425	396
Frailty	704	681	741	757	767	786	915	935	939
Organ Failure	308	313	328	319	322	288	313	279	265
Other Terminal Illness	80	54	72	60	54	62	85	60	66
Sudden Death	274	260	249	222	218	206	201	222	207
Unknown	22	12	17	8	9	19	21	17	9

### Staffordshire HWB

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	1588	1615	1597	1623	1681	1719	1716	1712	1661
Frailty	3071	3219	3322	3192	3290	3274	3643	3932	3789
Organ Failure	1498	1496	1485	1445	1496	1342	1410	1400	1354
Other Terminal Illness	366	356	341	381	321	308	323	310	339
Sudden Death	1155	1101	1060	1021	1009	878	971	930	948
Unknown	80	111	85	82	49	42	64	46	58

### Stoke-on-Trent HWB

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	525	583	536	566	504	539	530	548	504
Frailty	921	949	997	917	921	833	1005	1045	1059
Organ Failure	523	601	572	493	525	478	472	458	432
Other Terminal Illness	107	116	104	116	92	110	105	94	89
Sudden Death	330	333	320	309	301	298	312	274	284
Unknown	46	50	61	46	24	31	21	22	37

### Telford & Wrekin HWB

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	284	286	279	308	287	298	325	317	294
Frailty	452	458	467	517	507	497	561	541	532
Organ Failure	247	245	252	241	263	258	237	254	256
Other Terminal Illness	54	53	57	53	48	65	61	68	49
Sudden Death	192	219	176	183	176	171	167	165	163
Unknown	19	8	19	11	9	10	15	6	11

#### Walsall HWB

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	554	511	544	505	525	535	573	508	596
Frailty	937	848	936	911	906	934	982	1015	1109
Organ Failure	547	560	575	502	470	471	455	450	470
Other Terminal Illness	120	101	120	102	147	111	117	122	126
Sudden Death	401	373	356	337	330	346	321	283	311
Unknown	27	34	31	34	19	32	27	18	26

#### Warwickshire HWB

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	970	996	951	1032	971	999	1026	954	1029
Frailty	1973	2002	2084	2066	1982	2068	2257	2365	2358
Organ Failure	868	866	906	810	829	829	846	816	742
Other Terminal Illness	244	236	216	230	206	195	215	194	212
Sudden Death	702	678	639	654	666	583	564	606	581
Unknown	32	44	54	54	38	34	20	27	29

#### Wolverhampton HWB

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	509	461	488	480	512	449	480	509	468
Frailty	947	1025	954	989	966	999	1050	1092	1117
Organ Failure	496	478	520	487	549	458	450	465	404
Other Terminal Illness	114	137	117	104	111	111	100	96	85
Sudden Death	409	357	343	285	350	295	275	267	331
Unknown	41	63	33	28	24	28	25	19	16

#### Worcestershire HWB

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	1053	1069	1067	1038	1089	1109	1138	1172	1162
Frailty	2087	2307	2358	2317	2451	2437	2678	2731	2796
Organ Failure	908	903	1009	1000	1037	892	986	959	878
Other Terminal Illness	242	225	226	236	226	221	220	242	228
Sudden Death	724	724	710	717	730	651	653	670	599
Unknown	46	48	31	35	27	17	19	24	29

## B3 : Deaths by Condition Group, Year & Clinical Commissioning Grp

### Birmingham South & Central CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	1854	1897	1821	1790	1905	1928	1877	1900	1894
Frailty	3609	3713	3718	3596	3777	3713	4093	4202	4250
Organ Failure	1817	1754	1785	1786	1861	1650	1602	1645	1560
Other Terminal Illness	420	403	435	363	396	359	409	385	370
Sudden Death	1519	1380	1408	1240	1231	1110	1171	1168	1109
Unknown	157	139	138	142	121	142	149	205	186

### Cannock Chase CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	2113	2198	2133	2189	2185	2258	2246	2260	2165
Frailty	3992	4168	4319	4109	4211	4107	4648	4977	4848
Organ Failure	2021	2097	2057	1938	2021	1820	1882	1858	1786
Other Terminal Illness	473	472	445	497	413	418	428	404	428
Sudden Death	1485	1434	1380	1330	1310	1176	1283	1204	1232
Unknown	126	161	146	128	73	73	85	68	95

### Coventry & Rugby CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	1508	1559	1482	1612	1539	1555	1605	1488	1582
Frailty	3093	3121	3267	3214	3099	3191	3465	3640	3639
Organ Failure	1437	1409	1470	1297	1321	1325	1329	1306	1197
Other Terminal Illness	390	370	347	378	341	323	349	313	354
Sudden Death	1141	1094	1067	1027	1040	930	894	948	916
Unknown	56	76	94	98	69	57	40	46	46

### Dudley CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	2368	2242	2352	2316	2381	2372	2448	2403	2435
Frailty	4338	4318	4321	4434	4518	4562	4819	5039	5245
Organ Failure	2414	2356	2452	2319	2346	2124	2117	2224	2087
Other Terminal Illness	556	507	544	543	596	522	534	495	528
Sudden Death	1843	1824	1669	1563	1614	1580	1491	1391	1493
Unknown	172	216	158	134	130	133	134	115	109

### East Staffordshire CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	2113	2198	2133	2189	2185	2258	2246	2260	2165
Frailty	3992	4168	4319	4109	4211	4107	4648	4977	4848
Organ Failure	2021	2097	2057	1938	2021	1820	1882	1858	1786
Other Terminal Illness	473	472	445	497	413	418	428	404	428
Sudden Death	1485	1434	1380	1330	1310	1176	1283	1204	1232
Unknown	126	161	146	128	73	73	85	68	95



#### Herefordshire CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	1402	1474	1453	1406	1468	1494	1494	1531	1536
Frailty	2835	3140	3183	3152	3308	3289	3605	3618	3741
Organ Failure	1245	1261	1377	1327	1352	1243	1293	1319	1217
Other Terminal Illness	313	298	311	301	300	306	309	310	289
Sudden Death	1007	966	962	948	940	872	837	873	815
Unknown	57	56	41	39	39	27	25	29	43

#### North Staffordshire CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	2113	2198	2133	2189	2185	2258	2246	2260	2165
Frailty	3992	4168	4319	4109	4211	4107	4648	4977	4848
Organ Failure	2021	2097	2057	1938	2021	1820	1882	1858	1786
Other Terminal Illness	473	472	445	497	413	418	428	404	428
Sudden Death	1485	1434	1380	1330	1310	1176	1283	1204	1232
Unknown	126	161	146	128	73	73	85	68	95

#### Warwickshire North CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	1508	1559	1482	1612	1539	1555	1605	1488	1582
Frailty	3093	3121	3267	3214	3099	3191	3465	3640	3639
Organ Failure	1437	1409	1470	1297	1321	1325	1329	1306	1197
Other Terminal Illness	390	370	347	378	341	323	349	313	354
Sudden Death	1141	1094	1067	1027	1040	930	894	948	916
Unknown	56	76	94	98	69	57	40	46	46

#### Redditch & Bromsgrove CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	1402	1474	1453	1406	1468	1494	1494	1531	1536
Frailty	2835	3140	3183	3152	3308	3289	3605	3618	3741
Organ Failure	1245	1261	1377	1327	1352	1243	1293	1319	1217
Other Terminal Illness	313	298	311	301	300	306	309	310	289
Sudden Death	1007	966	962	948	940	872	837	873	815
Unknown	57	56	41	39	39	27	25	29	43

#### Sandwell & West Birmingham CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	2368	2242	2352	2316	2381	2372	2448	2403	2435
Frailty	4338	4318	4321	4434	4518	4562	4819	5039	5245
Organ Failure	2414	2356	2452	2319	2346	2124	2117	2224	2087
Other Terminal Illness	556	507	544	543	596	522	534	495	528
Sudden Death	1843	1824	1669	1563	1614	1580	1491	1391	1493
Unknown	172	216	158	134	130	133	134	115	109

### Shropshire CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	892	883	865	945	913	928	967	939	915
Frailty	1580	1699	1799	1814	1852	1859	2028	2159	1995
Organ Failure	722	779	787	769	806	741	773	791	717
Other Terminal Illness	165	180	171	190	173	177	181	192	166
Sudden Death	617	615	584	557	557	533	520	492	503
Unknown	41	27	37	32	22	21	25	15	21

### Solihull CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	1854	1897	1821	1790	1905	1928	1877	1900	1894
Frailty	3609	3713	3718	3596	3777	3713	4093	4202	4250
Organ Failure	1817	1754	1785	1786	1861	1650	1602	1645	1560
Other Terminal Illness	420	403	435	363	396	359	409	385	370
Sudden Death	1519	1380	1408	1240	1231	1110	1171	1168	1109
Unknown	157	139	138	142	121	142	149	205	186

### South East Staffordshire & Seisdon Peninsula CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	2113	2198	2133	2189	2185	2258	2246	2260	2165
Frailty	3992	4168	4319	4109	4211	4107	4648	4977	4848
Organ Failure	2021	2097	2057	1938	2021	1820	1882	1858	1786
Other Terminal Illness	473	472	445	497	413	418	428	404	428
Sudden Death	1485	1434	1380	1330	1310	1176	1283	1204	1232
Unknown	126	161	146	128	73	73	85	68	95

### South Warwickshire CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	1508	1559	1482	1612	1539	1555	1605	1488	1582
Frailty	3093	3121	3267	3214	3099	3191	3465	3640	3639
Organ Failure	1437	1409	1470	1297	1321	1325	1329	1306	1197
Other Terminal Illness	390	370	347	378	341	323	349	313	354
Sudden Death	1141	1094	1067	1027	1040	930	894	948	916
Unknown	56	76	94	98	69	57	40	46	46

### South Worcestershire CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	1402	1474	1453	1406	1468	1494	1494	1531	1536
Frailty	2835	3140	3183	3152	3308	3289	3605	3618	3741
Organ Failure	1245	1261	1377	1327	1352	1243	1293	1319	1217
Other Terminal Illness	313	298	311	301	300	306	309	310	289
Sudden Death	1007	966	962	948	940	872	837	873	815
Unknown	57	56	41	39	39	27	25	29	43

### Stafford & Surrounds CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	2113	2198	2133	2189	2185	2258	2246	2260	2165
Frailty	3992	4168	4319	4109	4211	4107	4648	4977	4848
Organ Failure	2021	2097	2057	1938	2021	1820	1882	1858	1786
Other Terminal Illness	473	472	445	497	413	418	428	404	428
Sudden Death	1485	1434	1380	1330	1310	1176	1283	1204	1232
Unknown	126	161	146	128	73	73	85	68	95

### Stoke-on-Trent CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	2113	2198	2133	2189	2185	2258	2246	2260	2165
Frailty	3992	4168	4319	4109	4211	4107	4648	4977	4848
Organ Failure	2021	2097	2057	1938	2021	1820	1882	1858	1786
Other Terminal Illness	473	472	445	497	413	418	428	404	428
Sudden Death	1485	1434	1380	1330	1310	1176	1283	1204	1232
Unknown	126	161	146	128	73	73	85	68	95

### Telford & Wrekin CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	892	883	865	945	913	928	967	939	915
Frailty	1580	1699	1799	1814	1852	1859	2028	2159	1995
Organ Failure	722	779	787	769	806	741	773	791	717
Other Terminal Illness	165	180	171	190	173	177	181	192	166
Sudden Death	617	615	584	557	557	533	520	492	503
Unknown	41	27	37	32	22	21	25	15	21

### Walsall CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	2368	2242	2352	2316	2381	2372	2448	2403	2435
Frailty	4338	4318	4321	4434	4518	4562	4819	5039	5245
Organ Failure	2414	2356	2452	2319	2346	2124	2117	2224	2087
Other Terminal Illness	556	507	544	543	596	522	534	495	528
Sudden Death	1843	1824	1669	1563	1614	1580	1491	1391	1493
Unknown	172	216	158	134	130	133	134	115	109

### Wolverhampton CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	2368	2242	2352	2316	2381	2372	2448	2403	2435
Frailty	4338	4318	4321	4434	4518	4562	4819	5039	5245
Organ Failure	2414	2356	2452	2319	2346	2124	2117	2224	2087
Other Terminal Illness	556	507	544	543	596	522	534	495	528
Sudden Death	1843	1824	1669	1563	1614	1580	1491	1391	1493
Unknown	172	216	158	134	130	133	134	115	109

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### Wyre Forest CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	1402	1474	1453	1406	1468	1494	1494	1531	1536
Frailty	2835	3140	3183	3152	3308	3289	3605	3618	3741
Organ Failure	1245	1261	1377	1327	1352	1243	1293	1319	1217
Other Terminal Illness	313	298	311	301	300	306	309	310	289
Sudden Death	1007	966	962	948	940	872	837	873	815
Unknown	57	56	41	39	39	27	25	29	43

### Birmingham Cross City CCG

Condition Group	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cancer	1854	1897	1821	1790	1905	1928	1877	1900	1894
Frailty	3609	3713	3718	3596	3777	3713	4093	4202	4250
Organ Failure	1817	1754	1785	1786	1861	1650	1602	1645	1560
Other Terminal Illness	420	403	435	363	396	359	409	385	370
Sudden Death	1519	1380	1408	1240	1231	1110	1171	1168	1109
Unknown	157	139	138	142	121	142	149	205	186

## C1 : Percentage of Deaths by Condition Group, Location Type & STP

### Black Country & West Birmingham STP

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	28.8%	9.9%	20.7%	38.6%	2.0%	0.0%
Frailty	14.1%	32.8%	3.6%	48.0%	0.9%	0.6%
Organ Failure	24.0%	10.9%	2.0%	60.2%	2.8%	0.0%
Other Terminal Illness	21.8%	17.5%	0.7%	58.3%	1.7%	0.0%
Sudden Death	22.2%	9.1%	0.5%	62.5%	5.7%	0.0%

### Birmingham & Solihull STP

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	29.8%	5.9%	21.9%	40.8%	1.5%	0.0%
Frailty	16.1%	24.4%	3.6%	51.9%	0.9%	3.1%
Organ Failure	29.4%	6.1%	1.0%	61.3%	2.3%	0.0%
Other Terminal Illness	21.6%	9.6%	3.2%	63.9%	1.7%	0.0%
Sudden Death	18.8%	8.4%	0.1%	67.9%	4.8%	0.0%

### Coventry & Warwickshire STP

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	31.7%	13.3%	15.2%	38.8%	0.9%	0.0%
Frailty	16.1%	35.3%	1.7%	46.0%	0.7%	0.2%
Organ Failure	27.2%	8.8%	0.9%	60.4%	2.7%	0.0%
Other Terminal Illness	21.0%	19.4%	1.6%	56.6%	1.3%	0.0%
Sudden Death	23.8%	13.2%	0.1%	57.4%	5.5%	0.0%

### Herefordshire & Worcestershire STP

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	36.0%	8.9%	18.3%	35.6%	1.2%	0.0%
Frailty	17.7%	38.8%	2.5%	39.8%	1.0%	0.2%
Organ Failure	28.4%	13.5%	0.8%	54.5%	2.9%	0.0%
Other Terminal Illness	21.9%	23.7%	1.8%	51.6%	1.1%	0.0%
Sudden Death	20.8%	14.8%	0.8%	59.9%	3.7%	0.0%

### Staffordshire & Stoke-on-Trent STP

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	28.8%	9.9%	20.7%	38.6%	2.0%	0.0%
Frailty	14.1%	32.8%	3.6%	48.0%	0.9%	0.6%
Organ Failure	24.0%	10.9%	2.0%	60.2%	2.8%	0.0%
Other Terminal Illness	21.8%	17.5%	0.7%	58.3%	1.7%	0.0%
Sudden Death	22.2%	9.1%	0.5%	62.5%	5.7%	0.0%

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### Shropshire and Telford STP

<b>Condition Group</b>	<b>Home</b>	<b>Care Home</b>	<b>Hospice</b>	<b>Hospital</b>	<b>Elsewhere</b>	<b>Unknown</b>
<b>Cancer</b>	30.4%	10.8%	28.0%	30.1%	0.5%	0.0%
<b>Frailty</b>	15.6%	43.9%	4.0%	35.3%	1.2%	0.0%
<b>Organ Failure</b>	29.3%	13.3%	1.4%	52.9%	3.0%	0.0%
<b>Other Terminal Illness</b>	19.8%	19.8%	3.5%	54.7%	2.3%	0.0%
<b>Sudden Death</b>	21.9%	15.4%	0.6%	57.0%	5.1%	0.0%

## C2 : Percentage of Deaths by Condition Group, Location Type & Health & Well-Being Board

### Birmingham HWB

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	30.4%	6.4%	18.0%	43.4%	1.7%	0.0%
Frailty	16.5%	23.1%	2.9%	52.9%	1.1%	3.4%
Organ Failure	29.9%	5.7%	0.9%	61.3%	2.2%	0.0%
Other Terminal Illness	21.5%	10.3%	2.8%	63.4%	2.0%	0.0%
Sudden Death	20.4%	7.3%	0.1%	67.8%	4.4%	0.0%

### Coventry HWB

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	29.0%	16.2%	13.4%	40.0%	1.3%	0.0%
Frailty	15.7%	33.6%	1.5%	48.4%	0.6%	0.3%
Organ Failure	26.8%	8.3%	1.3%	61.6%	2.1%	0.0%
Other Terminal Illness	17.4%	18.6%	1.5%	61.5%	1.0%	0.0%
Sudden Death	24.4%	11.2%	0.2%	59.6%	4.5%	0.0%

### Dudley HWB

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	35.8%	12.7%	14.3%	35.8%	1.4%	0.0%
Frailty	14.7%	29.7%	1.9%	52.8%	0.8%	0.1%
Organ Failure	27.1%	9.7%	1.0%	60.4%	1.8%	0.0%
Other Terminal Illness	18.4%	20.4%	2.7%	57.8%	0.7%	0.0%
Sudden Death	25.5%	6.0%	0.3%	64.7%	3.5%	0.0%

### Herefordshire HWB

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	33.8%	10.3%	29.5%	24.9%	1.5%	0.0%
Frailty	17.2%	40.0%	3.1%	38.9%	0.8%	0.1%
Organ Failure	28.5%	13.2%	0.3%	55.6%	2.4%	0.0%
Other Terminal Illness	12.1%	21.2%	7.6%	57.6%	1.5%	0.0%
Sudden Death	21.6%	12.3%	0.0%	62.1%	4.0%	0.0%

### Sandwell HWB

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	35.0%	11.0%	7.8%	44.0%	2.3%	0.0%
Frailty	18.5%	24.9%	1.2%	53.4%	1.7%	0.3%
Organ Failure	27.1%	5.0%	0.3%	64.8%	2.7%	0.0%
Other Terminal Illness	21.6%	12.8%	0.9%	62.9%	1.9%	0.0%
Sudden Death	29.2%	4.6%	0.0%	61.9%	4.2%	0.0%

### Shropshire HWB

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	31.2%	11.4%	25.5%	31.4%	0.5%	0.0%
Frailty	16.4%	45.0%	3.5%	33.8%	1.2%	0.0%
Organ Failure	29.5%	14.5%	1.8%	49.9%	4.3%	0.0%
Other Terminal Illness	20.5%	22.0%	3.9%	52.0%	1.6%	0.0%
Sudden Death	20.2%	17.5%	0.6%	58.5%	3.2%	0.0%

### Solihull HWB

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	30.6%	7.1%	29.8%	31.6%	1.0%	0.0%
Frailty	15.7%	29.9%	4.7%	48.7%	0.7%	0.2%
Organ Failure	24.5%	7.0%	1.0%	64.3%	3.1%	0.0%
Other Terminal Illness	22.0%	8.5%	3.4%	66.1%	0.0%	0.0%
Sudden Death	18.9%	11.5%	0.0%	63.6%	6.0%	0.0%

### Staffordshire HWB

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	29.8%	10.5%	21.1%	37.1%	1.6%	0.0%
Frailty	14.8%	34.2%	3.2%	46.3%	0.9%	0.6%
Organ Failure	23.5%	11.7%	1.9%	60.1%	2.7%	0.0%
Other Terminal Illness	20.0%	19.3%	0.9%	58.9%	0.9%	0.0%
Sudden Death	22.9%	9.5%	0.4%	62.4%	4.8%	0.0%

### Stoke-on-Trent HWB

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	25.8%	8.0%	19.5%	43.4%	3.3%	0.0%
Frailty	11.5%	27.8%	5.0%	54.1%	0.9%	0.7%
Organ Failure	25.7%	8.6%	2.4%	60.5%	2.9%	0.0%
Other Terminal Illness	28.6%	11.0%	0.0%	56.0%	4.4%	0.0%
Sudden Death	20.1%	7.7%	1.0%	62.5%	8.7%	0.0%

### Telford & Wrekin HWB

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	28.9%	9.7%	33.2%	27.5%	0.7%	0.0%
Frailty	13.4%	40.8%	5.3%	39.1%	1.2%	0.2%
Organ Failure	28.9%	10.8%	0.8%	59.0%	0.4%	0.0%
Other Terminal Illness	17.8%	13.3%	2.2%	62.2%	4.4%	0.0%
Sudden Death	25.3%	11.2%	0.6%	54.1%	8.8%	0.0%

### Walsall HWB

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	27.9%	7.2%	19.2%	44.2%	1.5%	0.0%
Frailty	18.2%	25.9%	2.7%	52.3%	0.7%	0.3%
Organ Failure	24.4%	8.4%	1.4%	64.7%	1.0%	0.0%
Other Terminal Illness	21.8%	15.3%	4.8%	55.6%	2.4%	0.0%
Sudden Death	25.9%	6.2%	0.0%	64.4%	3.4%	0.0%



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### Warwickshire HWB

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	33.1%	11.8%	16.1%	38.2%	0.8%	0.0%
Frailty	16.4%	36.2%	1.7%	44.8%	0.7%	0.1%
Organ Failure	27.5%	9.1%	0.6%	59.7%	3.1%	0.0%
Other Terminal Illness	23.1%	19.9%	1.6%	53.8%	1.6%	0.0%
Sudden Death	23.5%	14.3%	0.0%	56.2%	6.0%	0.0%

### Wolverhampton HWB

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	25.7%	10.3%	17.8%	45.0%	1.3%	0.0%
Frailty	15.4%	27.4%	2.7%	53.2%	1.2%	0.2%
Organ Failure	26.4%	8.3%	1.4%	61.8%	2.1%	0.0%
Other Terminal Illness	13.5%	10.4%	0.0%	75.0%	1.0%	0.0%
Sudden Death	30.4%	8.1%	0.0%	58.5%	3.0%	0.0%

### Worcestershire HWB

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	36.7%	8.4%	14.5%	39.2%	1.1%	0.0%
Frailty	17.9%	38.3%	2.3%	40.1%	1.1%	0.3%
Organ Failure	28.3%	13.6%	1.0%	54.0%	3.1%	0.0%
Other Terminal Illness	24.9%	24.4%	0.0%	49.8%	0.9%	0.0%
Sudden Death	20.5%	15.6%	1.1%	59.1%	3.6%	0.0%

## C3 : Percentage of Deaths by Condition Group, Location Type and Health & Clinical Commissioning Grp

### Birmingham South & Central CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	28.0%	3.6%	20.2%	46.7%	1.3%	0.0%
Frailty	16.0%	20.9%	2.5%	53.1%	1.1%	6.9%
Organ Failure	31.0%	5.8%	0.7%	60.1%	2.4%	0.0%
Other Terminal Illness	23.0%	8.9%	3.2%	61.6%	3.2%	0.0%
Sudden Death	22.0%	5.9%	0.0%	66.8%	5.3%	0.0%

### Cannock Chase CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	31.0%	10.9%	19.8%	37.1%	1.0%	0.0%
Frailty	16.0%	35.5%	2.8%	44.8%	1.0%	0.4%
Organ Failure	24.0%	11.8%	1.6%	59.3%	2.9%	0.0%
Other Terminal Illness	20.0%	18.0%	1.2%	59.8%	0.8%	0.0%
Sudden Death	22.0%	9.3%	0.6%	63.0%	5.4%	0.0%

### Coventry & Rugby CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	29.0%	16.2%	13.4%	40.0%	1.3%	0.0%
Frailty	16.0%	33.6%	1.5%	48.4%	0.6%	0.3%
Organ Failure	27.0%	8.3%	1.3%	61.6%	2.1%	0.0%
Other Terminal Illness	17.0%	18.6%	1.5%	61.5%	1.0%	0.0%
Sudden Death	24.0%	11.2%	0.2%	59.6%	4.5%	0.0%

### Dudley CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	36.0%	12.7%	14.3%	35.8%	1.4%	0.0%
Frailty	15.0%	29.7%	1.9%	52.8%	0.8%	0.1%
Organ Failure	27.0%	9.7%	1.0%	60.4%	1.8%	0.0%
Other Terminal Illness	18.0%	20.4%	2.7%	57.8%	0.7%	0.0%
Sudden Death	26.0%	6.0%	0.3%	64.7%	3.5%	0.0%

### East Staffordshire CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	31.0%	10.9%	19.8%	37.1%	1.0%	0.0%
Frailty	16.0%	35.5%	2.8%	44.8%	1.0%	0.4%
Organ Failure	24.0%	11.8%	1.6%	59.3%	2.9%	0.0%
Other Terminal Illness	20.0%	18.0%	1.2%	59.8%	0.8%	0.0%
Sudden Death	22.0%	9.3%	0.6%	63.0%	5.4%	0.0%

### Herefordshire CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	34.0%	10.3%	29.5%	24.9%	1.5%	0.0%
Frailty	17.0%	40.0%	3.1%	38.9%	0.8%	0.1%
Organ Failure	29.0%	13.2%	0.3%	55.6%	2.4%	0.0%
Other Terminal Illness	12.0%	21.2%	7.6%	57.6%	1.5%	0.0%
Sudden Death	22.0%	12.3%	0.0%	62.1%	4.0%	0.0%

### North Staffordshire CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	26.0%	9.2%	24.9%	36.7%	3.3%	0.0%
Frailty	13.0%	30.9%	4.3%	50.1%	0.8%	0.9%
Organ Failure	21.0%	11.5%	2.6%	62.2%	2.4%	0.0%
Other Terminal Illness	20.0%	23.0%	0.0%	56.3%	1.1%	0.0%
Sudden Death	26.0%	9.9%	0.0%	60.8%	3.0%	0.0%

### Warwickshire North CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	34.0%	11.0%	16.6%	37.9%	0.6%	0.0%
Frailty	17.0%	36.7%	1.8%	44.1%	0.8%	0.1%
Organ Failure	28.0%	9.3%	0.5%	59.2%	3.3%	0.0%
Other Terminal Illness	24.0%	20.2%	1.7%	52.1%	1.7%	0.0%
Sudden Death	23.0%	15.0%	0.0%	55.4%	6.3%	0.0%

### Redditch & Bromsgrove CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	37.0%	8.4%	14.5%	39.2%	1.1%	0.0%
Frailty	18.0%	38.3%	2.3%	40.1%	1.1%	0.3%
Organ Failure	28.0%	13.6%	1.0%	54.0%	3.1%	0.0%
Other Terminal Illness	25.0%	24.4%	0.0%	49.8%	0.9%	0.0%
Sudden Death	21.0%	15.6%	1.1%	59.1%	3.6%	0.0%

### Sandwell & West Birmingham CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	35.0%	11.0%	7.8%	44.0%	2.3%	0.0%
Frailty	18.0%	24.9%	1.2%	53.4%	1.7%	0.3%
Organ Failure	27.0%	5.0%	0.3%	64.8%	2.7%	0.0%
Other Terminal Illness	22.0%	12.8%	0.9%	62.9%	1.9%	0.0%
Sudden Death	29.0%	4.6%	0.0%	61.9%	4.2%	0.0%

### Shropshire CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	31.0%	11.4%	25.5%	31.4%	0.5%	0.0%
Frailty	16.0%	45.0%	3.5%	33.8%	1.2%	0.0%
Organ Failure	30.0%	14.5%	1.8%	49.9%	4.3%	0.0%
Other Terminal Illness	20.0%	22.0%	3.9%	52.0%	1.6%	0.0%
Sudden Death	20.0%	17.5%	0.6%	58.5%	3.2%	0.0%

### Solihull CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	31.0%	7.1%	29.8%	31.6%	1.0%	0.0%
Frailty	16.0%	29.9%	4.7%	48.7%	0.7%	0.2%
Organ Failure	24.0%	7.0%	1.0%	64.3%	3.1%	0.0%
Other Terminal Illness	22.0%	8.5%	3.4%	66.1%	0.0%	0.0%
Sudden Death	19.0%	11.5%	0.0%	63.6%	6.0%	0.0%

### South East Staffordshire & Seisdon Peninsula CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	31.0%	10.9%	19.8%	37.1%	1.0%	0.0%
Frailty	16.0%	35.5%	2.8%	44.8%	1.0%	0.4%
Organ Failure	24.0%	11.8%	1.6%	59.3%	2.9%	0.0%
Other Terminal Illness	20.0%	18.0%	1.2%	59.8%	0.8%	0.0%
Sudden Death	22.0%	9.3%	0.6%	63.0%	5.4%	0.0%

### South Warwickshire CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	34.0%	11.0%	16.6%	37.9%	0.6%	0.0%
Frailty	17.0%	36.7%	1.8%	44.1%	0.8%	0.1%
Organ Failure	28.0%	9.3%	0.5%	59.2%	3.3%	0.0%
Other Terminal Illness	24.0%	20.2%	1.7%	52.1%	1.7%	0.0%
Sudden Death	23.0%	15.0%	0.0%	55.4%	6.3%	0.0%

### South Worcestershire CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	37.0%	8.4%	14.5%	39.2%	1.1%	0.0%
Frailty	18.0%	38.3%	2.3%	40.1%	1.1%	0.3%
Organ Failure	28.0%	13.6%	1.0%	54.0%	3.1%	0.0%
Other Terminal Illness	25.0%	24.4%	0.0%	49.8%	0.9%	0.0%
Sudden Death	21.0%	15.6%	1.1%	59.1%	3.6%	0.0%

### Stafford & Surrounds CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	31.0%	10.9%	19.8%	37.1%	1.0%	0.0%
Frailty	16.0%	35.5%	2.8%	44.8%	1.0%	0.4%
Organ Failure	24.0%	11.8%	1.6%	59.3%	2.9%	0.0%
Other Terminal Illness	20.0%	18.0%	1.2%	59.8%	0.8%	0.0%
Sudden Death	22.0%	9.3%	0.6%	63.0%	5.4%	0.0%

### Stoke-on-Trent CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	26.0%	8.0%	19.5%	43.4%	3.3%	0.0%
Frailty	12.0%	27.8%	5.0%	54.1%	0.9%	0.7%
Organ Failure	26.0%	8.6%	2.4%	60.5%	2.9%	0.0%
Other Terminal Illness	29.0%	11.0%	0.0%	56.0%	4.4%	0.0%
Sudden Death	20.0%	7.7%	1.0%	62.5%	8.7%	0.0%

### Telford & Wrekin CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	29.0%	9.7%	33.2%	27.5%	0.7%	0.0%
Frailty	13.0%	40.8%	5.3%	39.1%	1.2%	0.2%
Organ Failure	29.0%	10.8%	0.8%	59.0%	0.4%	0.0%
Other Terminal Illness	18.0%	13.3%	2.2%	62.2%	4.4%	0.0%
Sudden Death	25.0%	11.2%	0.6%	54.1%	8.8%	0.0%

### Walsall CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	28.0%	7.2%	19.2%	44.2%	1.5%	0.0%
Frailty	18.0%	25.9%	2.7%	52.3%	0.7%	0.3%
Organ Failure	24.0%	8.4%	1.4%	64.7%	1.0%	0.0%
Other Terminal Illness	22.0%	15.3%	4.8%	55.6%	2.4%	0.0%
Sudden Death	26.0%	6.2%	0.0%	64.4%	3.4%	0.0%

### Wolverhampton CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	26.0%	10.3%	17.8%	45.0%	1.3%	0.0%
Frailty	15.0%	27.4%	2.7%	53.2%	1.2%	0.2%
Organ Failure	26.0%	8.3%	1.4%	61.8%	2.1%	0.0%
Other Terminal Illness	14.0%	10.4%	0.0%	75.0%	1.0%	0.0%
Sudden Death	30.0%	8.1%	0.0%	58.5%	3.0%	0.0%

### Wyre Forest CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	37.0%	8.4%	14.5%	39.2%	1.1%	0.0%
Frailty	18.0%	38.3%	2.3%	40.1%	1.1%	0.3%
Organ Failure	28.0%	13.6%	1.0%	54.0%	3.1%	0.0%
Other Terminal Illness	25.0%	24.4%	0.0%	49.8%	0.9%	0.0%
Sudden Death	21.0%	15.6%	1.1%	59.1%	3.6%	0.0%

### Birmingham Cross City CCG

Condition Group	Home	Care Home	Hospice	Hospital	Elsewhere	Unknown
Cancer	30.0%	6.1%	19.7%	42.4%	1.7%	0.0%
Frailty	16.0%	23.3%	3.4%	52.7%	0.9%	3.2%
Organ Failure	30.0%	5.9%	1.1%	60.8%	2.0%	0.0%
Other Terminal Illness	21.0%	10.0%	3.1%	64.1%	1.7%	0.0%
Sudden Death	18.0%	8.2%	0.1%	69.4%	4.3%	0.0%

# Contact details

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For questions relating to this report, please contact;

**Steven Wyatt**

Head of Strategic Analytics

T: +44 (0) 121 612 3872 | 07702 444 029

E: [swyatt@nhs.net](mailto:swyatt@nhs.net)



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# Where to get help

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There is a suite of contemporary tools and guidance available to STPs.

Check the National Ambitions Resource Hub - <http://endoflifecareambitions.org.uk/resources/>

Or contact the National End of Life Care Team ([england.endoflifecare@nhs.net](mailto:england.endoflifecare@nhs.net)) for advice about help in your area.



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Errors or omissions remain the responsibility of the authors alone.

The  
Strategy  
Unit.

**Strategy Unit**

Tel: 0121 612 1538

Email: [strategy.unit@nhs.net](mailto:strategy.unit@nhs.net)

Twitter: [@strategy\\_unit](https://twitter.com/strategy_unit)



**Midlands and Lancashire**  
Commissioning Support Unit