

NATIONAL SUMMARY OF PATIENT ACTIVITY DATA FOR ADULT SPECIALIST PALLIATIVE CARE SERVICES IN THE REPUBLIC OF IRELAND, 2012-2015



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Foreword

Within Ireland, specialist palliative care is delivered by the HSE along with a number of voluntary service providers working in partnership under Service Level Arrangements. Specialist palliative care (SPC), including critical end of life care, is provided by specialist palliative care teams in acute hospitals, community settings and specialist inpatient units (hospices) across the country.

In Ireland we have a growing body of data which is gathered, collated and submitted by specialist palliative care services. Every service contributes to the Minimum Data Set and we are fortunate to have almost 100% compliance with regard to metric data submission. A key and growing area of interest within all areas of healthcare is the review and analysis of data which enables both services and the HSE to identify strong performance and to highlight gaps and trends. This analysis aids in planning and service improvement processes.

The Irish Hospice Foundation (IHF) is a national charity which strives for better end of life care for all. In 2015, the organisation commissioned a report on the SPC Minimum Data Set (MDS). We now have six full years of data submitted by specialist inpatient units and from specialist homecare teams within the community. The collection of data in acute specialist palliative care is relatively more recent and, therefore, it was decided not to include acute data on this occasion.

The work on the report was carried out in partnership with the HSE and a project steering group. For their insight, guidance and commitment to this initiative, sincere thanks are due to: Sharon Foley, CEO of the Irish Hospice Foundation (Chair); Stephen Higgins, Consultant in Palliative Medicine, Our Lady's Hospice & Care Services & Tallaght Hospital; Marie Lynch, Head of Healthcare Programmes, Irish Hospice Foundation; Carol Murray, Head of Non-Clinical Support Services, Milford Care Centre; Eileen O'Leary, Non-Residential Services Manager, CHO 4; and Sheilagh Reaper-Reynolds, National Lead for Palliative Care, HSE.

Particular thanks go to Dr John A Weafer and to Stephen Toft for their work on the preparation of the data contained within this report.

This report presents data from 2012-2015, and also includes half-year data for 2016. Although monthly performance reports are published by the HSE, this is the first time that an attempt has been made to present the data in this format. It is hoped that the services who diligently return their data each month will find it useful.

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Glossary

PALLIATIVE CARE

Palliative care is an approach that improves the quality of life of persons and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (WHO, 2016).

SPECIALIST PALLIATIVE CARE SERVICES

Specialist Palliative Care Services (SPC) are those services with palliative care as their core speciality and which are provided by an inter-disciplinary team, under the direction of a consultant physician in palliative medicine (NCPCC, 2014). In this report, specialist palliative care services are divided into three types – inpatient, community and day care.

INPATIENT SPECIALIST PALLIATIVE CARE

There are 10 hospices providing SPC inpatient care and one acute hospital with two dedicated SPC beds: Our Lady's Hospice & Care Services Harold's Cross (Dublin) and Our Lady's Hospice & Care Services Blackrock (Dublin); St. Francis Hospice Raheny (Dublin) and St. Francis Hospice Blanchardstown (Dublin); St. Brigid's Hospice (Kildare); Marymount University Hospital and Hospice (Cork); Milford Care Centre (Limerick); Galway Hospice; Northwest Hospice (Sligo); Donegal Hospice (Letterkenny); and Waterford Regional Hospital.

SPECIALIST PALLIATIVE CARE IN THE COMMUNITY

This is care provided to people in their normal place of residence by members of the Specialist Palliative Care Team and is available in every county. It is commonly referred to as "Home Care".

This care refers to medical and ancillary care given to patients. The service is available in nine locations across the country.

COMMUNITY HEALTHCARE ORGANISATIONS (CHO)¹

Ireland is divided into nine CHO administrative areas, as follows:

CHO 1: Cavan, Monaghan, Donegal, Sligo, Leitrim.

CHO 2: Galway, Mayo, Roscommon.

CHO 3: Limerick, Clare, North Tipperary, East Limerick.

CHO 4: North Lee, South Lee, North Cork, West Cork, Kerry.

CHO 5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford.

CHO 6: Dun Laoghaire, Dublin South, East Wicklow.

CHO 7: Dublin South City, Dublin South West, Dublin West, Kildare/West Wicklow.

CHO 8: Laois, Offaly, Longford, Westmeath, Louth, Meath.

CHO 9: Dublin North West, Dublin North Central, Dublin North.

¹ See Table 1 for further details of CHOs.

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1. Executive Summary

1. BACKGROUND

The 'Minimum Data Set' (MDS) is a national survey of demographic and patient activity data for specialist palliative care services in the Republic of Ireland. All services are required to return monthly data and, apart from the occasional data gaps, the response rate is 100%. Metrics are currently collected by four specialist palliative care services: inpatient units (IPU), community (homecare) services, day care services and acute hospitals. Information from acute hospitals is not included in this report as the collection of metrics from this setting only fully commenced in 2016. Information on children's services has also been excluded. MDS data is generally submitted by specialist palliative care services and collated and returned to a national office by primary care / hospital staff in the HSE. The aim of this report is to summarise the MDS data for the period, 2012 - 2015. Half-year data is provided for 2016 but is not included in the commentary. It is hoped that the palliative care MDS data will both strengthen the quality and efficiency of existing service provision through assisting the development and collection of evidence-based performance reviews, and will also help identify where services need to be strengthened through the provision of additional resources.

2. KEY FINDINGS

Increase in Number of New Patients

Each of the three palliative care service domains reported an increase of over 10% in patients receiving a service during the period, 2012 - 2015 (Table 2). Patients seen in the community are by far the largest group of patients, with an increase of 11% reported in this period (8,056 vs 8,968). The highest proportionate increase was in specialist inpatient services at 21% (2,187 vs 2,637) and this parallels the simultaneous increase in number of beds available. Specialist day care increased by 14% (817 vs 934) in this period.

Access to Specialist Palliative Care Services

Overall, the rate of new community specialist palliative care patients per 10,000 population increased from 2012 (18%) to 2015 (20%) (Table 16). The largest increase within the timeframe was in CHO 6 while in 2015 the highest rate was in CHO 2. CHOs 3 and 8 reported a decrease in the rate in the four-year timeframe.

All CHOs, with the exception of CHOs 1 and 6, report an increase in the rate of new patients per 10,000 population in receipt of care in IPU - 2012 (5%) to 2015 (6%). The highest rate was consistently recorded in CHO 3 (Table 6). However, access to specialist inpatient services is not uniform across the country. For example, CHO 8 does not have a specialist palliative care inpatient unit (IPU) and CHO 5 has only two dedicated specialist inpatient beds in University Hospital Waterford.

Between 2012 and 2015, the national rate of change for new patients receiving specialist palliative day care increased slightly per 10,000 – 2012 (1.78%) to 2015 (2.02%). Of the seven CHOs providing this service CHOs 3 and 4 reported an increase, CHOs 1, 2, 7 and 9 reported a decrease and CHO 6 remained the same (Table 23).

Place of Care Prior to Admission to Inpatient Specialist Palliative Care

Apart from a small number of patients, admissions to IPUs came primarily from a patient's own home or from an acute hospital (Table 8). Home is defined as the normal place of residence and includes a person's own house, a relative's home, a nursing or long-stay unit.

Admissions to Specialist Palliative Care Inpatient Units and Discharges

There was an increase of 22% in IPU admissions from 2012 – 2015. In 2012, there were 156 specialist inpatient beds in the system; by 2015, this had increased by 28% to 200 beds (Table 3). Almost two-thirds of patients who were admitted to an IPU died there, with just over 30% of patients returning home after discharge.

Bed Availability and Occupancy

The number of bed days available increased from 57,142 to 69,450 between 2012 and 2015 (Table 12). In the same period, bed occupancy fell very slightly from 81% to 80%; no CHO has the national policy recommended ratio of one bed per 10,000 population (Table 3). CHO 3 and CHO 9 have the highest ratio, while CHO 8 has no IPU beds and CHO 5 has just two beds.

The Provision of Care to Non-Cancer Patients

The vast majority of specialist palliative inpatient care patients have a primary diagnosis of cancer. The proportion of non-cancer patients in receipt of inpatient care was consistently around 11-12% of total new patients for the period, 2012 - 2015; however, this has shown a slight increase to 14% in 2015 (Table 7). Most of the new patients receiving specialist palliative community care also have a primary diagnosis of cancer. However, the proportion of non-cancer patients in receipt of community care (2015 – 29%) (Table 17) was more than double the rate in receipt of inpatient care (2015 – 14%). There is considerable variation in homecare service provision for non-cancer patients across the nine CHOs (Table 17). In 2015, the highest non-cancer rate was in CHO 6 and the lowest in CHO 5.

Wait Times for Specialist Palliative Inpatient Care and Community Care

In 2014, a national access target for admission to an IPU within seven days was set at 98%. That year, the national average was 96%, with a range of 82% - 100%. In 2015, the national average was 98% with a range of 92% - 100% (Table 4). In the same year, the target for access to specialist palliative care within seven days in the community (homecare) was set at 95%. In 2014, 88% of patients accessed the service within seven days. This increased to 89% in 2015 (range 77% – 98%) (Table 15). Although wait times vary across the country, within the timeframe seven CHOs showed an improvement in waiting times.

Specialist Palliative Care in the Community and Place of Death

Of the people in receipt of specialist palliative care in the community the largest group (41%) died at home. The percentage dying in acute hospitals decreased from 19% in 2012 to 16% in 2015, while the percentage of people dying in an IPU remained largely the same at 16% in 2012 to 17% in 2015 (Table 20).

Chapter One

INTRODUCTION

1.1 BACKGROUND

The 'Minimum Data Set' (MDS)² is a national survey of patient activity data for specialist palliative care services in the Republic of Ireland. The aim of this report is to document the MDS data that has been collected by the Health Service Executive (HSE) during the period 2012 - June 2016. It is hoped that the palliative care MDS data will strengthen the quality and efficiency of existing service provision through identifying changes in service provision and demand, and pinpointing areas of variation. Such data is a starting point towards improving the quality of performance indicators.

An MDS for Specialist Palliative Care in Ireland was first proposed in 2004 with defined activities. However, this MDS was not implemented and service areas continued to collect and report on the activity in an ad-hoc manner, while a very limited amount of summary activity was generated for corporate information purposes. In 2008, the National Steering Group for Palliative Care set up a project group to examine the implementation of the MDS. In addition, a consultancy was commissioned in 2008 to examine the fitness for purpose of the MDS and the systemic ability of the HSE and partner service providers to collect it. At this time, it was acknowledged that the MDS provided a good basis of what should be collected, but that it needed to be updated. It was decided that the Minimum Data Set (MDS) for UK specialist palliative care services, originally developed in 1995 and subsequently updated in 2008, would be used to inform the review of the MDS in Ireland (NCPC, 2015).³

Following discussion between the Irish Hospice Foundation (IHF) and the HSE, a Project Advisory Committee was established in 2015 to publish the MDS data for specialist palliative care from 2010 onwards.⁴ Within the limits of the data, the current report seeks to ensure that data trends are reported accurately and comprehensively in order to discover emerging trends in the delivery of specialist palliative care, and to identify where progress is good or in need of development. The following information is currently being collected by specialist palliative care services: individual basic patient information; referral information, transfer and discharge information; activity in specialist palliative care in inpatient units; activity in specialist palliative day care/day hospice; activity in specialist palliative care in the community (home care); activity in acute hospital specialist palliative care teams; and activity in specialist palliative care bereavement support.

1.2 PRESENTATION OF DATA

Where relevant, the data is analysed by CHO (Community Healthcare Organisation), of which there are nine in Ireland (Table 1). The Project Advisory Committee agreed that the MDS data would be presented in tabular format, with minimal commentary. Some of the tabular data is presented as numbers (e.g. Table 2: Number of New Patients), while others use percentages (e.g. Table 8: Location of new patients prior to admission to inpatient specialist palliative care). Since the population of each CHO differs, sometimes quite significantly, it was decided to standardise the data through the use of ratios, based on either 10,000 or 100,000 population as appropriate.

². The MDS project is situated within the Primary Care Division of the HSE.

³. The aim of the UK MDS is to provide good quality, comprehensive data about hospice and specialist palliative care services on a continuing basis. The data is used to inform service management, service monitoring and audit, development of local palliative care and end of life care strategy planning, commissioning of services, and the development of national policy. The current UK report covers the period 2008-2014 and it looks at a wide range of specialist palliative care issues, including inpatient activity, day care, community care, hospital support, bereavement support, outpatients, staffing, diagnosis and services for young people <http://www.endoflifecare-intelligence.org.uk/resources/publications/mdsreport2013>).

⁴. The survey period was subsequently reduced from 2012 to June 2016 because of gaps in the data for the years preceding 2012.

Table 1: Population (2011 Census) of Community Healthcare Organisations (CHO) and Local Health Office (LHO) Structures

CHO	LHO	POPULATION
CHO 1	Cavan Monaghan	129,427
	Donegal	164,023
	Sligo Leitrim	95,598
	Total CHO 1	389,048
CHO 2	Galway	250,653
	Mayo	130,638
	Roscommon	64,065
	Total CHO 2	445,356
CHO 3	Limerick	169,631
	Clare	103,364
	North Tipperary East Limerick	106,332
	Total CHO 3	379,327
CHO 4	North Lee	181,802
	South Lee	191,169
	North Cork	89,531
	West Cork	56,530
	Kerry	145,501
	Total CHO 4	664,533
CHO 5	South Tipperary	94,136
	Carlow Kilkenny	130,315
	Waterford	127,807
	Wexford	145,320
	Total CHO 5	497,578
CHO 6	Dun Laoghaire	130,563
	Dublin South East	115,359
	Wicklow	118,542
	Total CHO 6	364,464
CHO 7	Dublin South City	144,858
	Dublin South West	154,471
	Dublin West	146,332
	Kildare West Wicklow	228,410
	Total CHO 7	674,071
CHO 8	Laois Offaly	157,246
	Longford Westmeath	125,164
	Louth	122,098
	Meath	187,880
	Total CHO 8	592,388
CHO 9	Dublin North West	193,540
	Dublin North Central	143,584
	Dublin North	244,362
	Total CHO 9	581,486
TOTAL		4,588,252

1.3 LIMITATIONS

The findings presented in this report are subject to a number of limitations.

- a) We do not have individual patient identifiers within the Irish healthcare system and, therefore, because of the nature of specialist palliative care services, it is most likely that a patient recorded in a specialist inpatient unit could also be recorded by community and/or day care services. This means that the numbers of patients recorded in each service are not mutually exclusive.
- b) This is the first time the MDS data has been published in this format in Ireland⁵. The report does not include specialist palliative care data for acute hospitals, because the collection of this data only fully commenced in 2016. Issues regarding the quality and completeness of the bereavement data have been identified and, therefore, this has not been included.
- c) Slight differences between national totals appear in some tables, e.g. total number of patients accessing a service compared with total number of patients by age. This is usually due to minor anomalies in data returns.
- d) Patients who are referred to a service but do not receive that service are not included. Thus, a patient referred to, but not seen by, the community team will not be included. Similarly, a patient referred for admission but not admitted will not be included in the inpatient data.
- e) As half year data for 2016 was available at the time of writing, it has been included. However, it is not referenced in the commentary.

⁵. The response rate for the Irish MDS survey was close to 100% from 2013 onwards, although there were some minor gaps in the 2012 data. This compares very favourably with the UK MDS survey which indicated that 23% of organisations surveyed had sent in no data since the MDS was revised in 2008, and that almost 10% of organisation had sent in no data since at least 2000. Organisations participate in the UK MDS survey on a voluntary basis.

Chapter Two

THE IRISH MDS DATA, 2012 - June 2016

2.1 INTRODUCTION

In this report, the findings from the MDS data are presented in tabular format, followed by a brief descriptive commentary. The primary focus of the report is to highlight key features of specialist palliative care services in Ireland, and to identify key trends in the provision of specialist palliative care during the period 2012 to June 2016. Apart from the first two tables, the data is presented in sector order, e.g. Inpatient Specialist Palliative Care, Specialist Palliative Care in the Community and Specialist Palliative Day Care. Jan – June 2016 data is listed in the pale blue column, for information, as it was available when the report was in preparation.

Apart from a small number of initial tables, the information in the report is presented by the type of service / care setting.

Table 2: Number of New Patients* in Receipt of Inpatient Specialist Palliative Care, Community Care and Day Care, 2012 - June 2016

New Patients	2012	2013	2014	2015	% Change 2012-15	2016 Jan-Jun
Inpatient specialist palliative care	2,187	2,283	2,433	2,637	+21%	1,458
Specialist palliative care in the community	8,056	8,822	8,889	8,968	+11%	4,931
Specialist palliative day care	817	946	945	934	+14%	501

*'New patients' are people who have been admitted to an inpatient SPC unit or received SPC community or day care for the first time ever. The totals for the individual services cannot be added as many patients access more than one service (See Paragraph 1.3).

2.2 SUMMARY OF SPECIALIST PALLIATIVE CARE INPATIENT UNIT DATA

Table 3: Ratio and Number of Specialist Palliative Care Inpatient Beds per 100,000 Population

CHO		2012	2013	2014	2015	2016 Jan-Jun
		Beds/ 100,000 (Number of beds)	Beds/ 100,000 (Number of beds)	Beds/ 100,000 (Number of beds)	Beds/ 100,000 (Number of beds)	Beds/ 100,000 (Number of beds)
	National Total	3.4 (156 Beds)	3.4 (156 Beds)	4.3 (196 Beds)*	4.4 (200 Beds)	4.6 (208 Beds)
CHO 1	Cavan, Monaghan, Donegal, Sligo, Leitrim	4.1	4.1	4.1	4.1	4.1
CHO 2	Galway, Mayo, Roscommon	2.7	2.7	2.7	2.7	4.0
CHO 3	Clare, Limerick, North Tipperary	7.4	7.4	7.4	7.4	7.9
CHO 4	Kerry, Cork (North Lee, South Lee, North, West)	3.6	3.6	6.0	6.6	6.6
CHO 5	Carlow, Kilkenny, South Tipperary, Waterford, Wexford	0.4	0.4	0.4	0.4	0.4
CHO 6	Dublin South East, Dun Laoghaire, Wicklow	3.3	3.3	3.3	3.3	3.3
CHO 7	Dublin (South, South West, West), Kildare, West Wicklow	6.4	6.4	6.4	6.4	6.5
CHO 8**	Laois, Offaly, Longford, Westmeath, Louth, Meath	0.0	0.0	0.0	0.0	0.0
CHO 9	Dublin (North, North Central, North West)	3.3	3.3	7.4	7.4	7.4

* Bed total by year-end

** No inpatient service

National policy recommends a ratio of 8 to 10 beds per 100,000 population. No CHO has the recommended ratio. CHOs 3 and 9 have the highest ratio, while CHO 8 has no beds and CHO 5 has only two specialist beds located in University Hospital Waterford.

Table 4: Percentage Change in 0-7 Day Wait Times for Specialist Palliative Care Inpatient Beds by CHO, 2012 - June 2016

	2012	2013	2014	2015	2016 Jan-Jun
National	93%	95%	96%	98%	97%
CHO 1	100%	100%	98%	98%	100%
CHO 2	87%	95%	96%	96%	96%
CHO 3	100%	100%	100%	100%	100%
CHO 4	98%	100%	99%	100%	100%
CHO 5	100%	100%	100%	100%	100%
CHO 6*	n/a*	n/a	n/a	92%	87%
CHO 7*	89%	89%	96%	98%	95%
CHO 8**	n/a	n/a	n/a	n/a	n/a
CHO 9	83%	87%	82%	95%	94%

* Between 2012-2014, CHO 7 data combines Our Lady's Hospice Harold's Cross and Blackrock. From 2015, the services reported separately as CHO 6 and CHO 7.

** No inpatient service in CHO 8.

In 2012, 93% of all accepted patient referrals were admitted to a specialist palliative care inpatient unit/hospice within seven days. In 2014, both national and CHO targets were set at 98% for admission within seven days. This target was achieved nationally the following year. In 2015, three CHOs performed just under target, i.e. CHO 2 (96%), CHO 6 (92%) and CHO 9 (95%).

Table 5: New Patients in Receipt of Specialist Palliative Inpatient Care by Age, 2012 - June 2016

	2012	2013	2014	2015	2016 Jan-Jun
Total number of new patients	2,187	2,283	2,433	2,628	1,634
0-17 years	*	*	*	*	*
18-64 years	31%	32%	31%	31%	29%
65+ years	69%	68%	69%	69%	71%

* Less than 1%.

The data indicates that, between 2012 and 2015, there was an increase of 20.3% in the number of patients who accessed the service.

Table 6: New Patients in Receipt of Specialist Palliative Inpatient Care, per 10,000 Population by CHO, 2012 - June 2016*

CHO		2012	2013	2014	2015	2016 Jan-Jun
	Total new patients national average	4.77	4.98	5.30	5.75	3.18
CHO 1	Cavan, Monaghan, Donegal, Sligo, Leitrim	7.31	8.80	7.50	6.53	3.73
CHO 2	Galway, Mayo, Roscommon	3.44	4.10	5.46	4.54	2.99
CHO 3	Clare, Limerick, North Tipperary	9.22	9.03	10.26	10.6	5.11
CHO 4	Kerry, Cork (North Lee, South Lee, North, West)	5.92	6.53	6.96	9.04	4.80
CHO 5	Carlow, Kilkenny, South Tipperary, Waterford, Wexford	0.88	1.38	1.96	1.19	0.42
CHO 6	Dublin South East, Dun Laoghaire, Wicklow	6.00	5.01	5.34	5.27	2.91
CHO 7	Dublin (South, South West), Kildare, West Wicklow	6.49	6.77	7.22	7.14	3.53
CHO 8**	Laois, Offaly, Longford, Westmeath, Louth, Meath	0.00	0.00	0.00	0.00	0.00
CHO 9	Dublin (North, North Central, North West)	4.89	4.71	4.60	7.67	5.18

* This does not include patients who received specialist palliative care in the acute setting apart from two beds in University Hospital Waterford.

** No inpatient service in CHO 8; however, some patients access services in other CHOs.

In 2012, 4.77 new patients per 10,000 population were admitted to a specialist palliative care unit. This increased to 5.75 new patients per 10,000 in 2015. From 2012-2015, seven out of the eight CHOs reported an increase in the number of patients who received specialist inpatient care per 10,000 population. It should be noted that CHO 8 does not have any specialist inpatient beds and CHO 5 has only two specialist inpatient beds based in University Hospital Waterford. In 2014, 20 additional beds opened in Marymount (Cork) on a phased basis from July, in 2014/15 a new 24-bed hospice opened in Blanchardstown on a phased basis, and six new beds opened in Galway Hospice early in 2016. Two beds were re-opened in Milford in 2014.

Table 7: Specialist Palliative Care Inpatient Units, New Patients by Primary Diagnosis and CHO, 2012 - June 2016

CHO	2012		2013		2014		2015		2016 Jan-Jun	
	Cancer	Non-Cancer	Cancer	Non-Cancer	Cancer	Non-Cancer	Cancer	Non-Cancer	Cancer	Non-Cancer
National	89%	11%	89%	11%	88%	12%	86%	14%	86%	14%
CHO 1	86%	14%	87%	13%	86%	14%	82%	18%	77%	23%
CHO 2	83%	17%	85%	15%	83%	17%	88%	12%	81%	19%
CHO 3	89%	11%	90%	10%	89%	11%	87%	13%	88%	12%
CHO 4	89%	11%	91%	9%	89%	11%	87%	13%	88%	12%
CHO 5	97%	3%	96%	4%	97%	3%	85%	15%	91%	9%
CHO 6	86%	14%	84%	16%	86%	14%	77%	23%	84%	16%
CHO 7	91%	9%	87%	13%	91%	9%	90%	10%	88%	12%
CHO 8*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
CHO 9	86%	14%	92%	8%	86%	14%	87%	13%	85%	15%

* No inpatient service in CHO 8.

Table 8: Location (Normal Place of Residence) of New Patients Prior to Admission to Specialist Palliative Care Inpatient Unit, 2012 - June 2016

	2012	2013	2014	2015	2016 Jan-Jun
Total new patients	2,187	2,283	2,433	2,637	1,458
Patient's home	50%	49%	49%	50%	49%
Carer's home	2%	2%	2%	1%	1%
Acute hospital	44%	46%	47%	47%	49%
Intermediate / support bed	<1%	1%	1%	1%	<1%
Non-acute bed	1.5%	<1%	<1%	<1%	<1%
Other	2%	2%	<1%	<1%	<1%

In 2012, half of new patients came from their own homes prior to admission to a specialist palliative care inpatient unit, compared with 44% who came from an acute hospital. Since then the percentage of admissions from acute hospitals has slightly increased.

Table 9: Number of Admissions to Inpatient Specialist Palliative Care, 2012 - June 2016

	2012	2013	2014	2015	% Change 2012-2015	2016 Jan-Jun
Total admissions*	2,789	2,898	3,094	3,417	+ 22.5%	1,853
Number of readmissions	602	616	630	784	+ 30.2%	392

* Includes repeat admissions.

The number of admissions and readmissions to inpatient specialist palliative care increased significantly during the period under review. The rate of increase in re-admissions has been higher than for first admissions.

Table 10: Number of Discharges/Transfers and Deaths in Specialist Palliative Care Inpatient Units, 2012 - June 2016

	2012	2013	2014	2015	2016 Jan-Jun
Total number of patients	2,810	2,909	3,086	3,377	1,812
Discharged/Transferred	1,021 (36%)	1,045 (36%)	1,075 (35%)	1,153 (34%)	609 (34%)
Deaths	1,789 (64%)	1,864 (64%)	2,011 (65%)	2,224 (66%)	1,203 (66%)

The data shows that approximately two-thirds of patients admitted to an IPU died there.

Table 11: Location of Patients after Discharge from Inpatient Specialist Palliative Care, 2012 - June 2016

	2012	2013	2014	2015	2016 Jan-Jun
TOTAL	2,810	2,909	3,086	3,387	1,812
Died in inpatient SPC	1,789 (64%)	1,864 (64%)	2,011 (65%)	2,231 (66%)	1,203 (66%)
Patient's permanent home	902 (32%)	904 (31%)	943 (30%)	1,046 (31%)	537 (30%)
Carer's home	9 (<1%)	2 (<1%)	7 (<1%)	5 (<1%)	1 (<1%)
Acute hospital	47 (2%)	39 (1%)	51 (2%)	51 (2%)	41 (2%)
Intermediate care bed in community setting (including designated bed in nursing home)	21 (1%)	28 (1%)	20 (1%)	17 (1%)	2 (0%)
Non-acute hospital	7 (<1%)	15 (<1%)	11 (<1%)	9 (<1%)	5 (<1%)
Private nursing home	31 (1%)	32 (1%)	21 (1%)	26 (1%)	18 (1%)
Other	4 (<1%)	25 (1%)	22 (1%)	2 (<1%)	5 (<1%)

The vast majority of patients who were discharged from an IPU returned home.

Table 12: Specialist Palliative Care Inpatient Bed Days - Availability and Occupancy, 2012 - June 2016

	2012	2013	2014	2015	Increase 2012-2015	2016 Jan-Jun
Bed days available	57,142	56,058	61,395	69,450	+22%	38,038
Bed occupancy (days used)	46,484	48,572	52,048	56,216	+20%	31,866
% occupancy	81.3%	86.6%	84.8%	80.4%		83.1%

The number of available bed days has increased, reflecting an increase of 50 beds in the system. Reported occupancy has slightly decreased from 2012-2015.

Table 13: Length of Stay in Specialist Palliative Care Inpatient Beds, 2012 - June 2016

Length of Stay	2012	2013	2014	2015	2016 Jan-Jun
1-7 days	1,159 (42%)	1,240 (43%)	1,257 (41%)	1,417 (42%)	717 (40%)
8-28 days	1,259 (45%)	1,293 (44%)	1,367 (45%)	1,487 (44%)	790 (44%)
29-84 days	325 (12%)	325 (11%)	373 (12%)	432 (13%)	247 (14%)
84+ days	45 (2%)	54 (2%)	53 (2%)	57 (<2%)	42 (2%)

Between 2012 and 2015, there was no notable change in the length of stay for patients in any category. In 2015, just over four-in-ten patients stayed for less than a week. The vast majority of new admissions had a primary diagnosis of cancer. All CHOs reported a level of increase in non-cancer new patient admission rates over the period. The biggest percentage change was in CHO 5, followed by CHO6.

2.3 SUMMARY OF SPECIALIST PALLIATIVE CARE COMMUNITY DATA (HOMECARE)

Table 14: New Patients in Receipt of Specialist Palliative Care in the Community by Age, 2012 - June 2016

	2012	2013	2014	2015	2016 Jan-Jun
Total number of new patients	8,056	8,822	8,889	8,967	4,934
0-17 years	1%	1%	1%	1%	1%
18-64 years	25%	22%	23%	21%	21%
65+ years	74%	77%	76%	78%	78%

The total number of new patients increased by 11.3%. The percentage of patients aged over 65 years accessing services increased over the period.

Table 15: Percentage Change in 0-7 Day Wait Times for Specialist Palliative Community Care by CHO, 2012 - June 2016

		2012	2013	2014	2015	2016 Jan-Jun
Total	National	83.3%	86.8%	87.9%	88.5%	91.9%
CHO 1	Cavan, Monaghan, Donegal, Sligo, Leitrim	93.3%	91.3%	91.8%	92.1%	94.5%
CHO 2	Galway, Mayo, Roscommon	78.6%	89.7%	91.9%	90.8%	91.3%
CHO 3	Clare, Limerick, North Tipperary	100%	100%	79.4%	95.5%	93.0%
CHO 4	Kerry, Cork (North Lee, South Lee, North, West)	72.7%	77.8%	93.7%	90.6%	93.6%
CHO 5	Carlow, Kilkenny, South Tipperary, Waterford, Wexford	95.9%	94.9%	94.1%	98.2%	96.9%
CHO 6	Dublin South East, Dun Laoghaire, Wicklow	71.9%	77.5%	82.7%	77.2%	85.9%
CHO 7	Dublin (South, South West, West), Kildare, West Wicklow	75.8%	77.9%	78.3%	77.2%	85.2%
CHO 8	Laois, Offaly, Longford, Westmeath, Louth, Meath	86.7%	90.9%	92.2%	90.5%	90.9%
CHO 9	Dublin (North, North Central, North West)	70.7%	75.9%	76.4%	78.6%	93.7%

Overall wait times for a first homecare visit improved over the period. The 0-7 day admission access target was set at 95% for all services in 2014. CHO 1 shows a slight decrease and, although CHO 3 shows a bigger decrease, the service is still above target. In 2015, the target was not met at a national level nor was it reached in most CHOs.

Table 16: Rate of New Patients in Receipt of Specialist Palliative Care in the Community per 10,000 Population by CHO, 2012 - June 2016

CHO		2012	2013	2014	2015	2016 Jan-Jun
	National	17.56	19.23	19.37	19.55	10.75
CHO 1	Cavan, Monaghan, Donegal, Sligo, Leitrim	18.64	20.41	20.56	21.67	12.26
CHO 2	Galway, Mayo, Roscommon	19.90	21.79	21.96	24.07	12.44
CHO 3	Clare, Limerick, North Tipperary	23.36	23.26	23.43	21.88	12.39
CHO 4	Kerry, Cork (North Lee, South Lee, North, West)	18.18	21.24	22.74	21.79	12.67
CHO 5	Carlow, Kilkenny, South Tipperary, Waterford, Wexford	17.81	21.28	19.65	20.66	11.07
CHO 6	Dublin South East, Dun Laoghaire, Wicklow	15.47	16.94	19.51	21.90	11.30
CHO 7	Dublin (South, South West, West), Kildare, West Wicklow	10.76	11.78	11.87	12.62	6.91
CHO 8	Laois, Offaly, Longford, Westmeath, Louth, Meath	24.48	25.32	24.01	21.22	11.48
CHO 9	Dublin (North, North Central, North West)	12.47	13.65	13.76	14.46	8.24

Overall there has been a steady increase in the rate of new specialist palliative care patients in the community per 10,000 population.

Table 17: Specialist Palliative Care in the Community New Patients by Primary Diagnosis and CHO, 2012 - June 2016

	2012		2013		2014		2015		2016 Jan-Jun	
New Patients	8,056		8,822		8,889		8,958		4,931	
CHO	Cancer	Non-Cancer	Cancer	Non-Cancer	Cancer	Non-Cancer	Cancer	Non-Cancer	Cancer	Non-Cancer
Total	76%	24%	74%	26%	72%	28%	71%	29%	68%	32%
CHO 1	74%	27%	70%	30%	67%	33%	67%	33%	64%	36%
CHO 2	74%	26%	70%	30%	67%	33%	65%	35%	59%	41%
CHO 3	73%	27%	71%	29%	71%	29%	68%	32%	67%	33%
CHO 4	76%	24%	74%	26%	71%	29%	70%	30%	68%	32%
CHO 5	84%	16%	89%	11%	85%	15%	83%	17%	80%	20%
CHO 6	81%	20%	70%	30%	65%	35%	64%	36%	62%	38%
CHO 7	83%	17%	81%	19%	78%	22%	75%	25%	76%	24%
CHO 8	67%	33%	64%	36%	66%	34%	67%	33%	62%	38%
CHO 9	85%	15%	83%	17%	84%	16%	76%	24%	75%	25%

Most of the new patients receiving specialist palliative care in the community have a primary diagnosis of cancer. The reported rate of new patients with a non-cancer diagnosis has increased each year across all CHOs. However, the data suggests that there are significant differences between CHOs, with the lowest rate in 2015 for non-cancer new patients in CHO 5 (17%) and the highest rate in CHO 6 (36%). At a national level, the community rate for non-cancer patients is more than double the rate for inpatients.

Table 18: Number of Specialist Palliative Care Community Patient Visits by all Healthcare Professionals, and by Clinical Nurse Specialists, 2012 - June 2016

	2012	2013	2014	2015	% Change 2012-2015	2016 Jan-Jun
Total visits by healthcare professionals Including CNS	119,066	120,321	117,660	118,477	- 0.5%	59,502
Total number of Clinical Nurse Specialist visits to patients	98,682	102,383	101,112	99,991	+ 1.3%	52,561

The increase in numbers of patients being seen by the community teams has not been matched by a corresponding increase in visits carried out. This means that the average number of visits per patient has decreased.

Table 19: Rate of Specialist Palliative Care Patient Visits by Healthcare Professionals per Patient by CHO, 2012 - June 2016

CHO	2012		2013		2014		2015	
	Total patients	Visit Rate	Total Patients	Visit Rate	Total Patients	Visit Rate	Total Patients	Visit Rate
National	10,413	11.4	11,104	10.8	11,459	10.3	11,399	10.4
CHO 1	999	12.9	1,116	12.2	1,125	11.6	1,133	11.1
CHO 2	1,110	12	1,236	11	1,298	10.7	1,355	11.2
CHO 3	1,151	14.2	1,245	13.8	1,272	12.0	1,158	13.8
CHO 4	1,544	7.6	1,606	7.2	1,822	6.9	1,859	7.0
CHO 5	1,242	14.7	1,382	12.9	1,345	11.8	1,334	12.8
CHO 6	691	10.5	784	9.7	871	8.6	965	8.2
CHO 7	873	10.3	933	10.3	977	9.8	1,023	9.2
CHO 8	1,811	11.4	1,845	10.6	1,775	11.1	1,566	11.2
CHO 9	992	9.8	957	10.5	974	10.3	1,006	9.8

The rate of change of visits by healthcare professionals decreased nationally by one visit per patient from 2012 to 2015. Regional variations in the reported rate of visits is evident.

Table 20: Specialist Palliative Care Community Patient Deaths by Place of Death, 2012 - June 2016

	2012	2013	2014	2015	2016 Jan-Jun
Total SPC community patient deaths	7,121	7,382	7,676	7,828	4,084
Patient's home	42%	42%	42%	41%	40%
Specialist palliative care inpatient unit	16%	14%	15%	17%	17%
Acute hospital	19%	20%	19%	16%	15%
Intermediate care beds in community setting	6%	6%	6%	5%	6%
Non-acute hospital bed	5%	4%	5%	5%	5%
Private nursing home	11%	14%	13%	14%	15%
Other	1%	1%	1%	2%	2%

From 2012 to 2015, the most notable changes were the decrease in patients dying in acute hospitals and the increase of those dying in a nursing home. Although the percentage of people dying at home fell by 1% from 2012 to 2015, the actual number of patients increased; 219 more people died at home in 2015 compared with 2012.

2.4 SUMMARY OF SPECIALIST PALLIATIVE DAY CARE DATA

Table 21: New Patients in Receipt of Specialist Palliative Day Care by Age, 2012 - June 2016

	2012	2013	2014	2015	2016 Jan-Jun
Total Number of New patients	817	946	945	934	501
0-17 years	1%	*	*	*	*
18-64 years	37%	34%	33%	29%	28%
65+ years	63%	66%	67%	71%	72%

* Less than 1%

Between 2012 and 2015, the age of people accessing day care has increased.

Table 22: Specialist Palliative Day Care - New Patients by Primary Diagnosis, 2012 - June 2016

	2012	2013	2014	2015	2016 Jan-Jun
Total new patients	817	946	945	928	501
Cancer	84%	87%	83%	83%	82%
Non-cancer	16%	13%	17%	17%	18%

Table 23: New Patients in Receipt of Specialist Palliative Day Care, per 10,000 Population by CHO, 2012 - June 2016

CHO		2012	2013	2014	2015	2016 Jan-Jun
Total	National	1.78	2.06	2.06	2.02	1.09
CHO 1	Cavan, Monaghan, Donegal, Sligo, Leitrim	1.26	1.22	1.21	1.23	1.18
CHO 2	Galway, Mayo, Roscommon	1.65	1.91	1.06	1.59	0.70
CHO 3	Clare, Limerick, North Tipperary	1.72	2.24	2.99	2.77	1.56
CHO 4	Kerry, Cork (North Lee, South Lee, North, West)	3.44	4.98	5.69	5.42	2.75
CHO 5*	Carlow, Kilkenny, South Tipperary, Waterford, Wexford	0.00	0.00	0.00	0.00	0.00
CHO 6	Dublin South East, Dun Laoghaire, Wicklow	2.69	2.34	2.59	2.69	1.73
CHO 7	Dublin (South, South West, West), Kildare, West Wicklow	1.94	1.82	1.26	1.65	0.93
CHO 8*	Laois, Offaly, Longford, Westmeath, Louth, Meath	0.00	0.00	0.00	0.00	0.00
CHO 9	Dublin (North, North Central, North West)	2.95	3.09	3.09	2.32	0.96

* Two CHOs (5 and 8) do not offer a day care service.

Specialist palliative day care is provided in nine locations and is, predominantly, managed by the Specialist Inpatient Units. Models of service provision, structure and staffing vary greatly, which makes data comparison challenging within this area of service. The slight upward national trend was reflected in two CHOs (3 and 4). Four CHOs recorded a decrease during the period (1, 2, 7 and 9).

Table 24: Specialist Palliative Day Care Interventions/Contacts, 2012 - June 2016

Contacts	2012	2013	2014	2015	2016 Jan-Jun
Total contacts	28,757	31,965	29,698	26,828	14,505
Medical	2,997 (10%)	2,666 (8%)	2,974 (10%)	2,093 (8%)	895 (6%)
Nursing	10,475 (36%)	10,993 (34%)	10,462 (35%)	10,325 (39%)	5,434 (38%)
Occupational therapy	3,200 (11%)	3,678 (12%)	2,734 (9%)	2,033 (8%)	1,199 (8%)
Physiotherapy	4,000 (14%)	4,804 (15%)	4,268 (14%)	3,236 (12%)	1,865 (13%)
Social work	1,655 (6%)	1,368 (4%)	1,463 (5%)	1,674 (6%)	827 (6%)
Dieticians	20 (<1%)	66 (<1%)	88 (<1%)	58 (<1%)	35 (<1%)
Pastoral care	826 (3%)	2,489 (8%)	2,408 (8%)	2,073 (8%)	1,370 (9%)
Complementary therapy	3,473 (12%)	3,853 (12%)	3,435 (12%)	3,387 (13%)	1,953 (14%)
Creative therapy	2,111 (7%)	2,048 (6%)	1,866 (6%)	1,947 (7%)	927 (6%)

The highest number of total contacts was in 2013. Within the timeframe, contacts with Social Work, Dietetics and Pastoral Care increased while all others decreased. The increase in Pastoral Care is notable.

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