



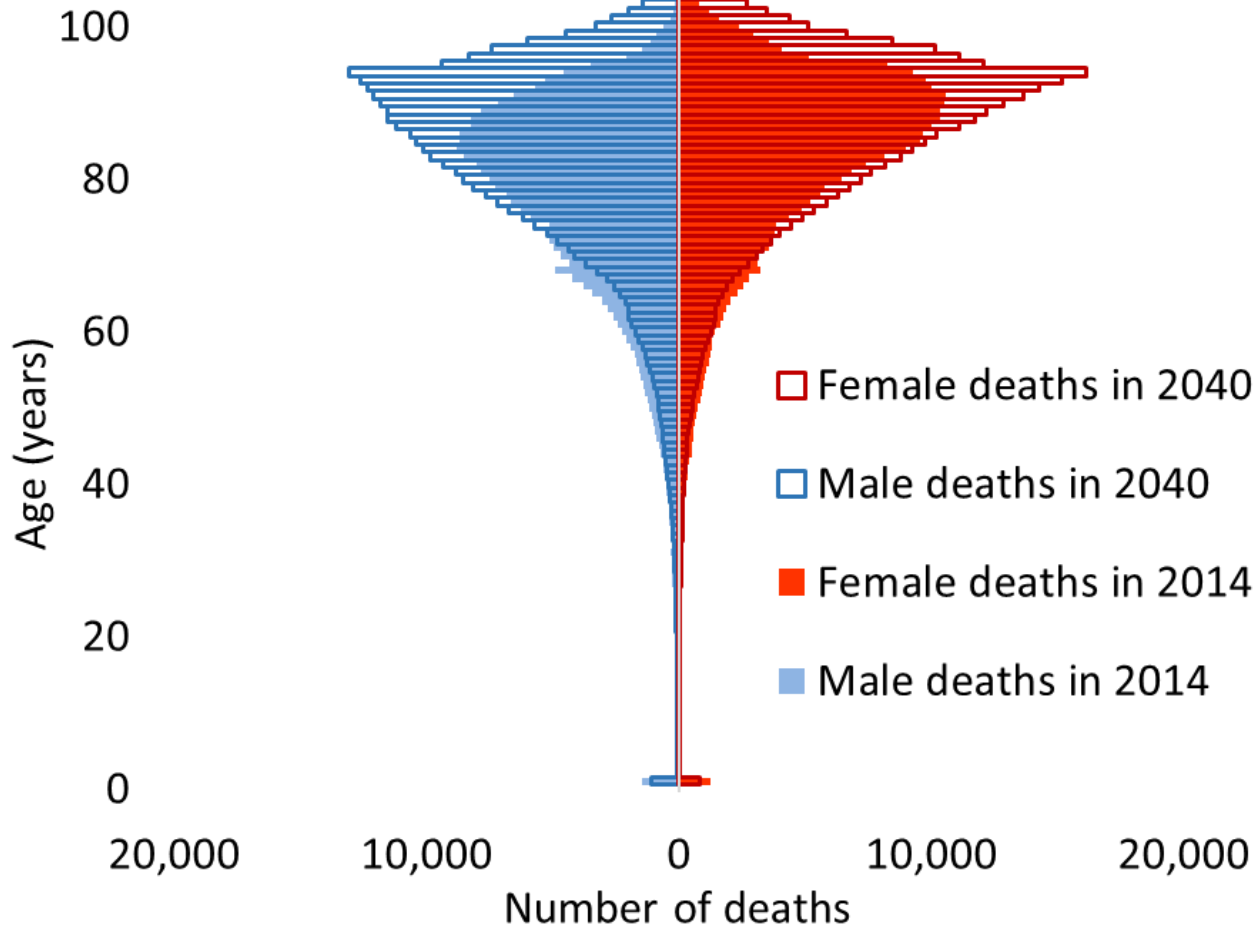
# Models of palliative care for older people in community settings

Dr Anna Bone, Lecturer in Epidemiology and Palliative Care  
Cicely Saunders Institute, King's College London  
26<sup>th</sup> September 2023

- Population aging and epidemiological changes
- Challenges for healthcare services
- Solutions – what do we already know?
  - 1) Common elements of effective services for older people at the end of life
  - 2) Palliative care for older people at home
  - 3) Palliative care for older people in care homes
- Future directions



# Population ageing and increasing mortality in England & Wales

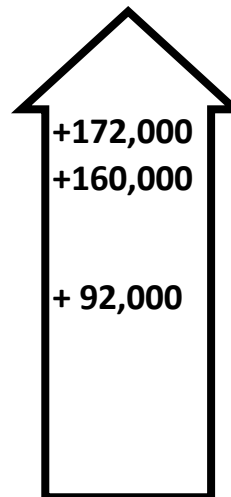
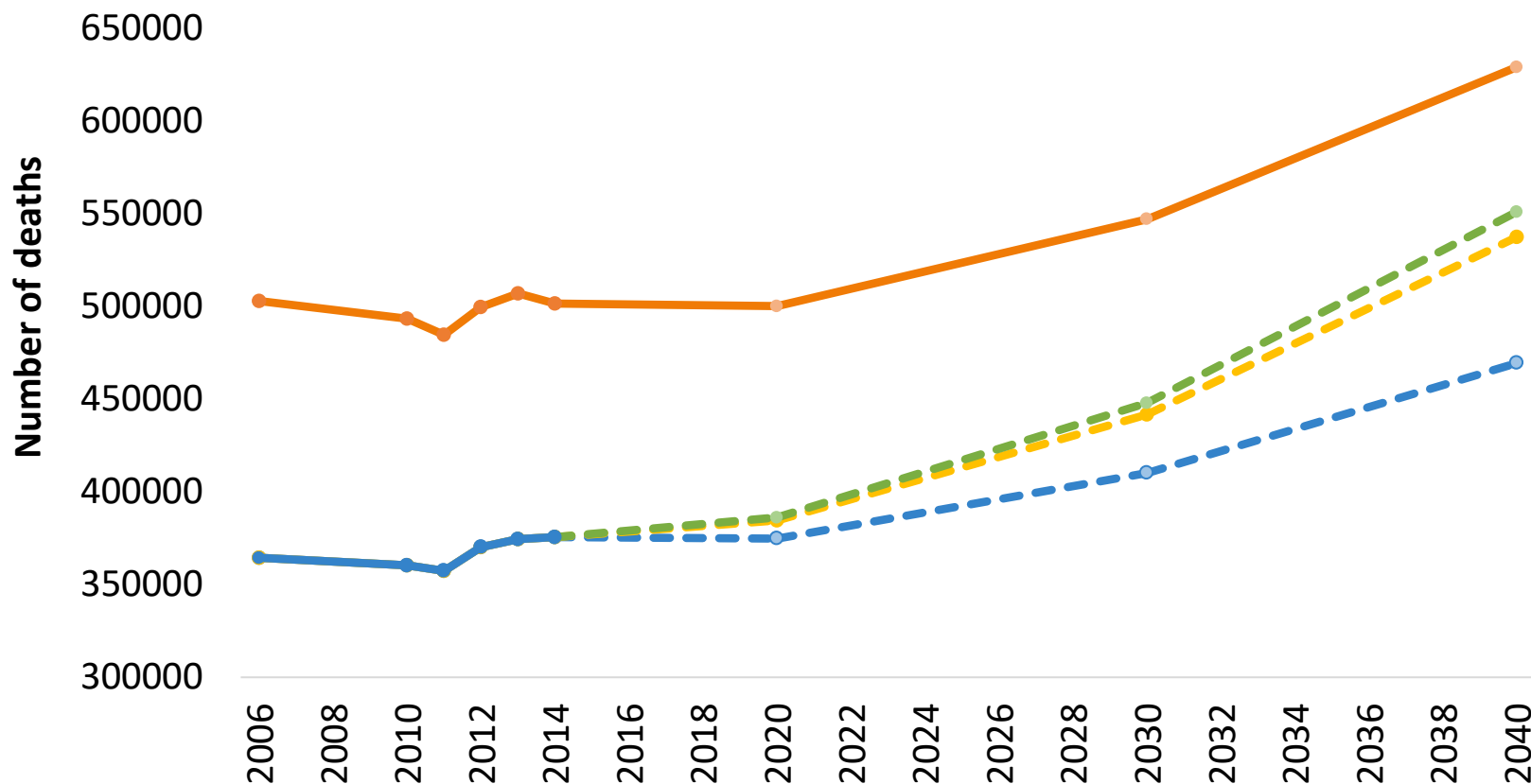


25% ↑ in  
annual deaths  
by 2040

54% deaths will  
be aged  
≥85 years



# England and Wales data: Deaths and Palliative Care needs 2006 to 2040



25% ↑ in deaths

42% ↑ in palliative care needs

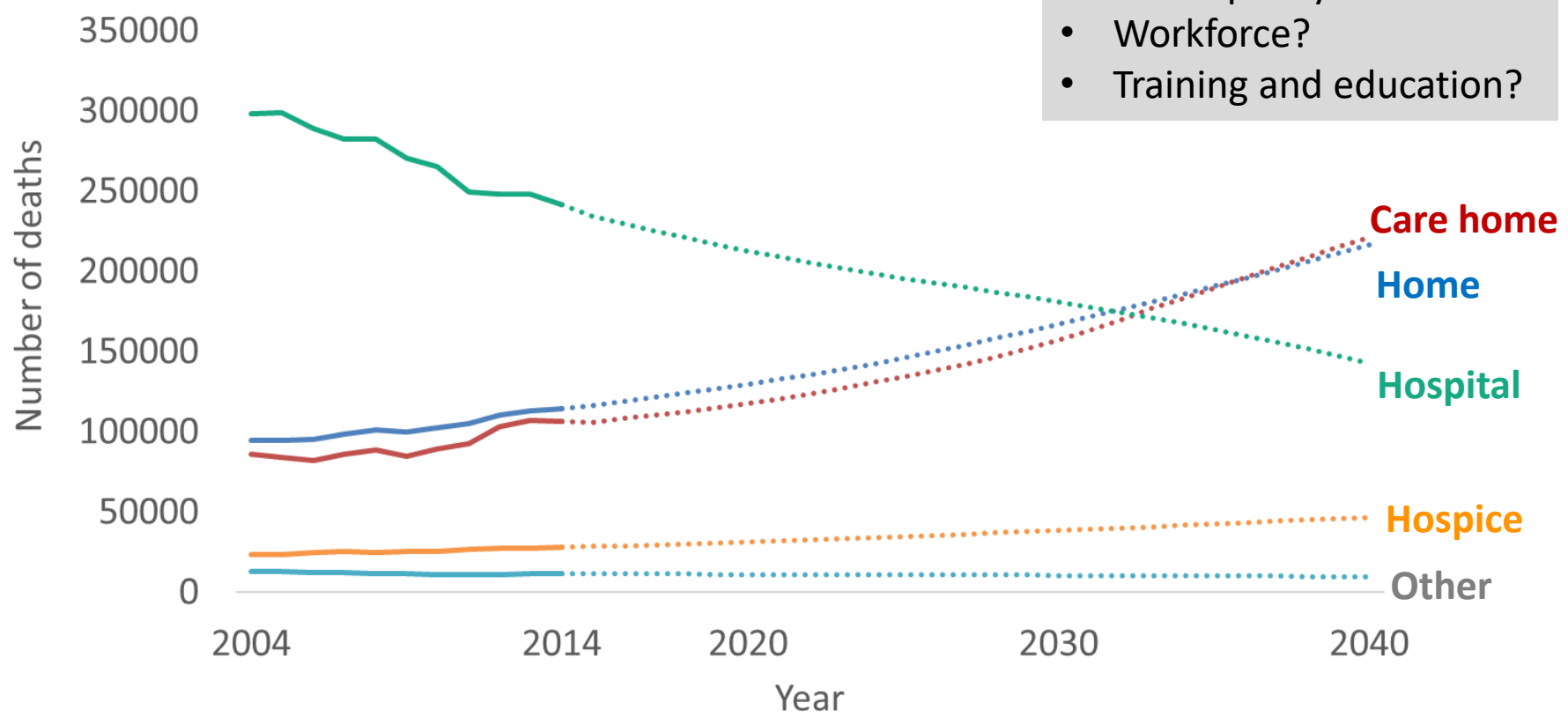
45% ↑ in deaths from **cancer** by 2040

Almost four-fold ↑ in deaths from **dementia** by 2040

- All deaths in England and Wales (ONS data and official mortality projections)
- Number of people who die estimated to need palliative care 2006 – 2014
- - - Projected palliative care need, the proportion of people who die that need palliative care remains as 2014
- - - Projected Palliative care need - palliative care need continues to rise as per the change from 2006 – 2014
- - - Projected Palliative care need - palliative care need continues to rise as per the change from 2011 – 2014

# Projections of place of death in England & Wales

Assumes average trends from 2004-2014 continue



**↑ 235,000 deaths in community?**

- Bed capacity?
- Workforce?
- Training and education?



Care homes could become most common place to die by 2040

Experts estimate that 76% of all deaths in England and Wales will occur in care facilities, hospices and at home by 2040



Care home deaths: More people 'will die in care than in hospital over next 23 years'



Care home deaths: More people 'will die in care than in hospital over next 23 years'

Source: Bone et al Palliat Med. 2018 Feb;32(2):329-336

# What are the palliative and end of life care issues for older people

- Multimorbidity is rising and is particularly prevalent in older ages (Kingston et al, 2018)
- Complex needs: high physical and psychosocial symptom burden, disability and social problems (Nicholson et al. 2018)
- Reliance on hospital care towards the end of life (Bone et al, 2019)
- Historically older people with non-cancer conditions have not been recipients of specialist palliative care

Older people should have access to specialist palliative care where appropriate regardless of diagnosis or place of care (British Geriatrics Society, 2018)





# Service delivery models for older people at the end of life

THE  
MILBANK QUARTERLY  
A MULTIDISCIPLINARY JOURNAL OF POPULATION HEALTH AND HEALTH POLICY

Original Scholarship |  Open Access |  

## Service Delivery Models to Maximize Quality of Life for Older People at the End of Life: A Rapid Review

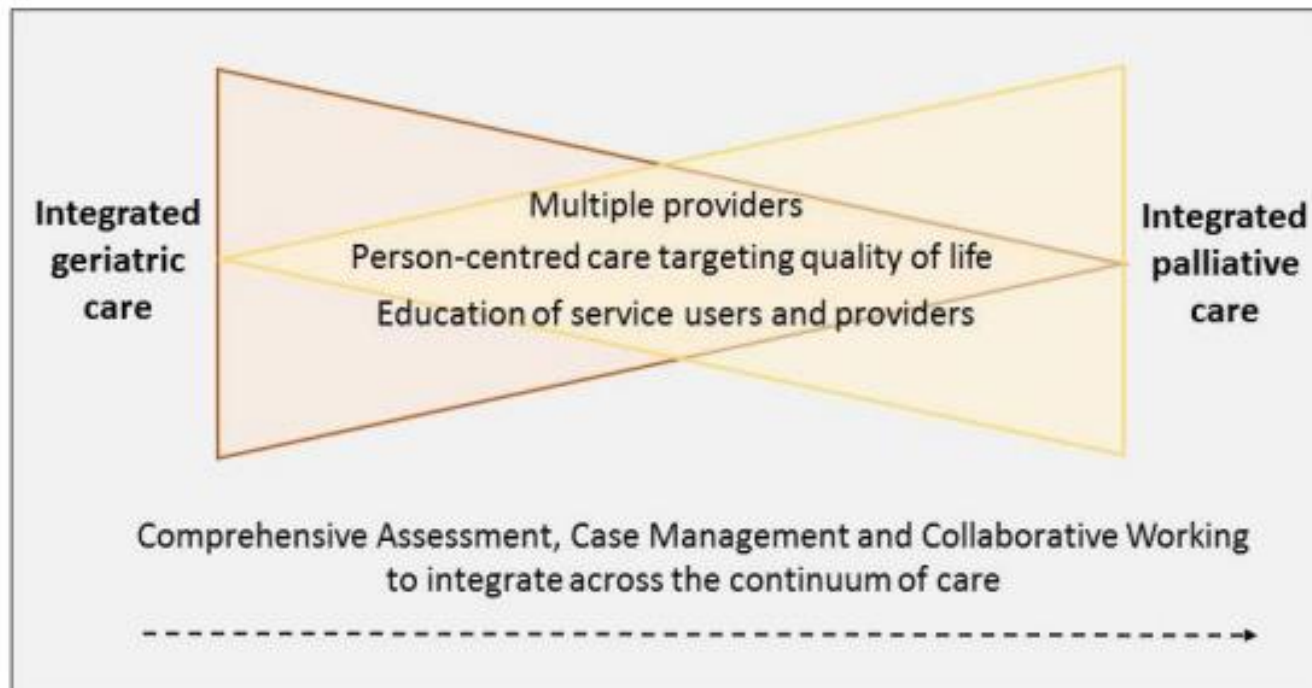
CATHERINE J. EVANS  LUCY ISON, CLARE ELLIS-SMITH, CAROLINE NICHOLSON, ALESSIA COSTA, ADEJOKE O. OLUYASE, EVE NAMISANGO, ANNA E. BONE, LISA JANE BRIGHTON ... [See all authors](#) 

**Aim:** to provide a comprehensive synthesis of evidence regarding service delivery models that optimize the quality of life (QoL) for older people at the end of life.

**Method:** a rapid scoping review of systematic reviews (tertiary review) reporting the effectiveness of service models aimed at optimizing quality of life for older people in the last one or two years of life.

# Findings from the tertiary reviews

Two overarching integrated service delivery models to maximise quality of life for people in the last years of life:





Both approaches highlight the imperative for integrating services across the care continuum, with service involvement triggered by the patient's needs and likelihood of benefits

Adapted from Hawley [117]



# Common elements of effective service delivery models

## BMJ Open Common elements of service delivery models that optimise quality of life and health service use among older people with advanced progressive conditions: a tertiary systematic review

Joanne Bayly <sup>1,2</sup> Anna E Bone,<sup>1</sup> Clare Ellis-Smith,<sup>1</sup> India Tunnard,<sup>1</sup> Shuja Yaqub,<sup>1</sup> Deokhee Yi <sup>1</sup> Kennedy B Nkhoma <sup>3</sup> Amelia Cook,<sup>1</sup>

**Aim:** to identify and map common elements of effective geriatric and palliative care services and consider their scalability and generalisability.

**Methods:** Tertiary systematic reviews of studies in geriatric or palliative care that demonstrated improved quality of life and/or health service use among older people with advanced progressive conditions. We consulted experts in geriatric or palliative care on its scalability.

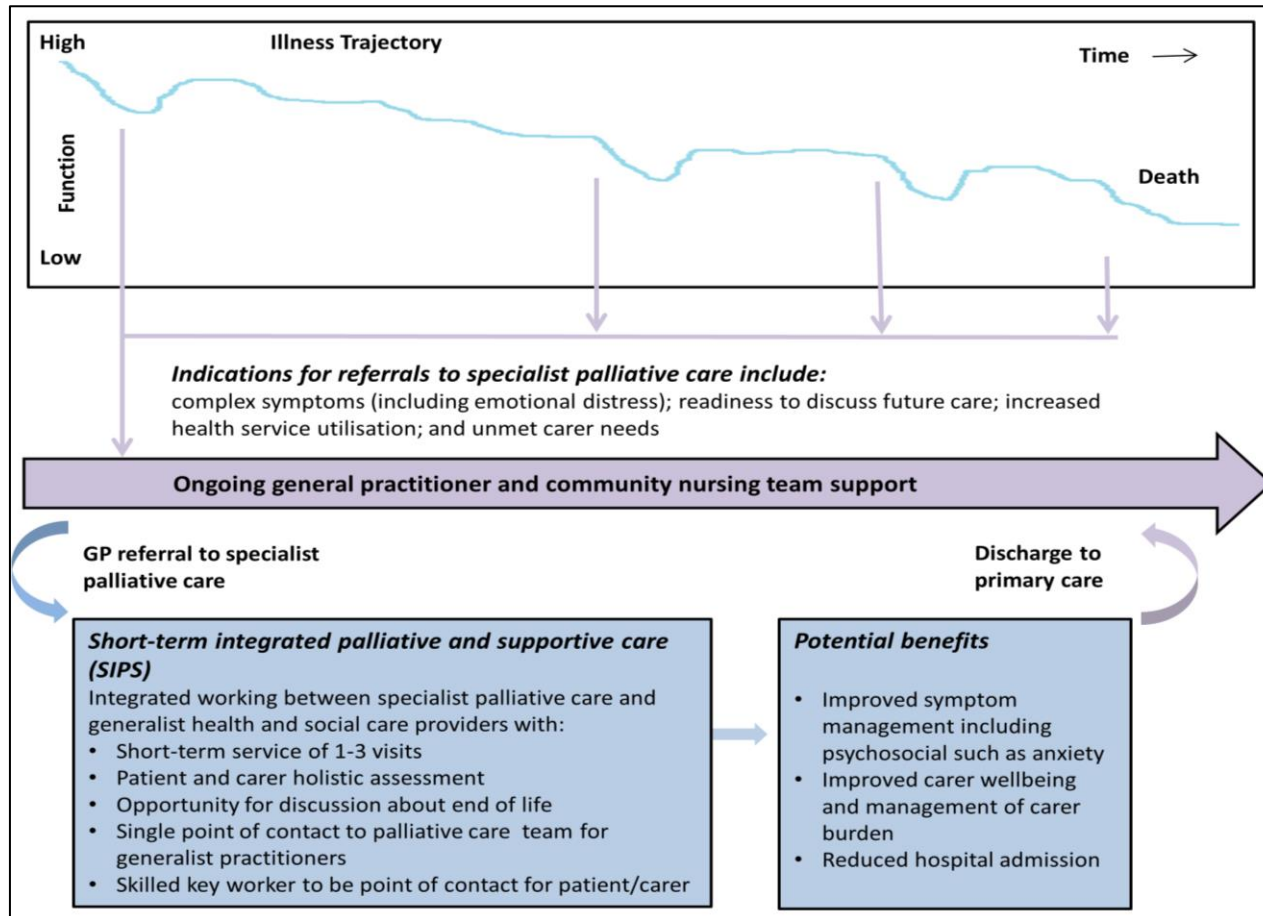
# Common elements of effective models for older people at the end of life

- 1. A comprehensive and ongoing assessment of the person.** Time spent understanding the person, their priorities, situation and context
- 2. Realising individualised and tailored care** requires active patient engagement, participation and self-management
- 3. Upskilling the workforce** in core skills of geriatric and palliative care, e.g. symptom management, rehabilitation, advanced communication
- 4. Interdisciplinary and collaborative work.** This enables service provision to be based on need rather than diagnostic condition, increases the reach and impact of services and promotes equitable access



# A model of palliative care for older people living at home

## Short-term integrated palliative and supportive care for older people living with chronic non-cancer conditions and frailty



# Evidence that it is effective and cost-effective approach to reduce symptom distress

## Methods

- Randomised controlled single-blind mixed method trial with embedded qualitative interview study
- Main outcome was five key palliative care symptoms at 12-weeks
- Patients aged  $\geq 75$  years, with moderate to severe frailty, chronic noncancer condition(s) and  $\geq 2$  symptoms or concerns

## Trial findings

- 50 patients recruited from four general practices and randomised to usual care or intervention
- Reduced symptom distress (main outcome) between the intervention compared with usual care (mean difference -1.20, 95% confidence interval -2.37 to -0.027) and reduced costs

Source: Evans et al 2021. *Int J Nurs Stud. The OPTCare Elderly Study*



# Short-term integrated palliative and supportive care instils sense of security

## Findings – Qualitative study

19 interviews with older people and their family carers

Themes on experiences and perceptions of specialist palliative care include:

- 1) informative and supportive
- 2) available and reliable
- 3) prestige and privilege associated with receiving palliative care

The palliative person-centred care approach instilled a **sense of security** among recipients despite the short duration of the intervention.

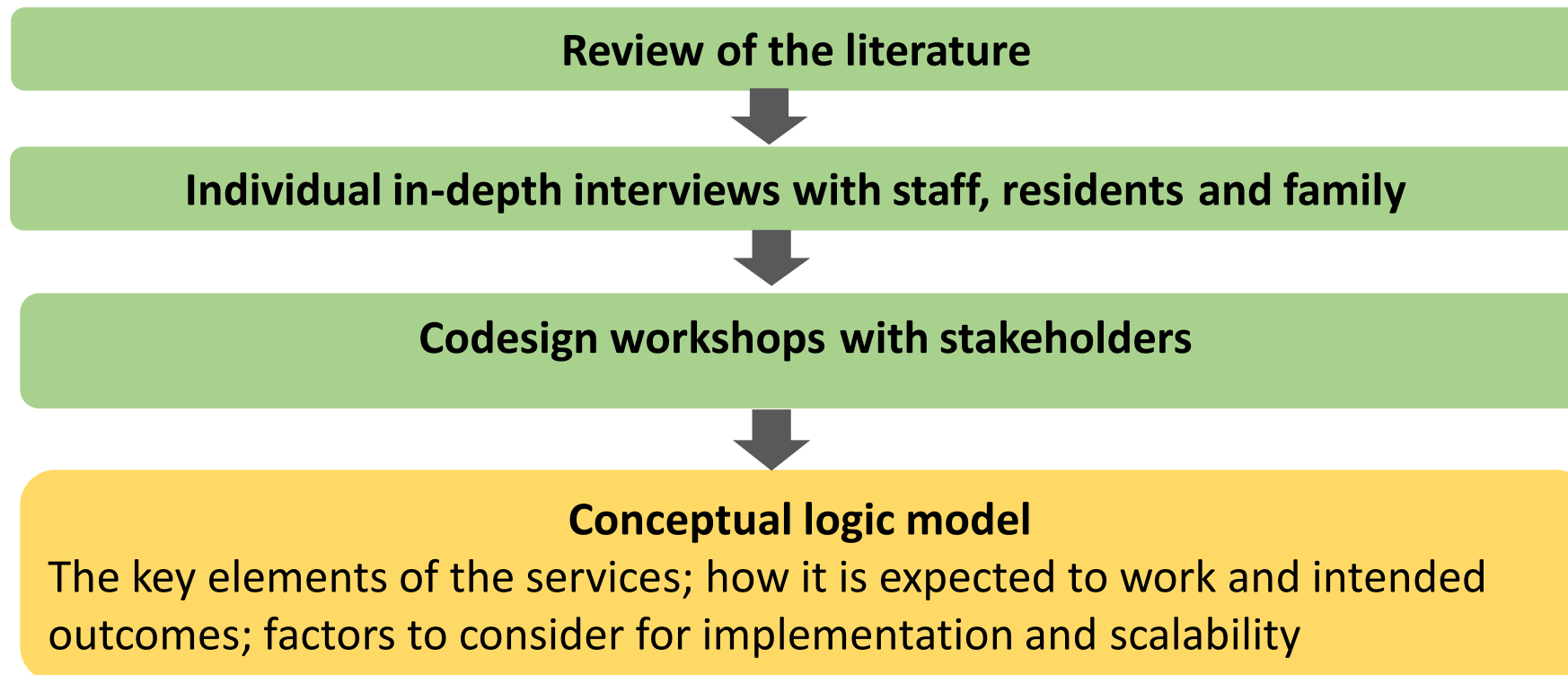


I think it's wonderful that I could foresee the possibility of a third tier coming in to protect us, you know, which is not there! ... So yeah, there's little gaps. So, I look up on this third tier as the new filling the gaps up [P01201 male patient]

# Models of palliative care in care home settings

## Integrated Community Palliative Partnership study

Aim: To explore the scope, feasibility and potential scalability of an **integrated community palliative partnership** (ICPP) for older people with advanced disease in care homes (nursing and residential)



# Qualitative interviews: understanding the problem



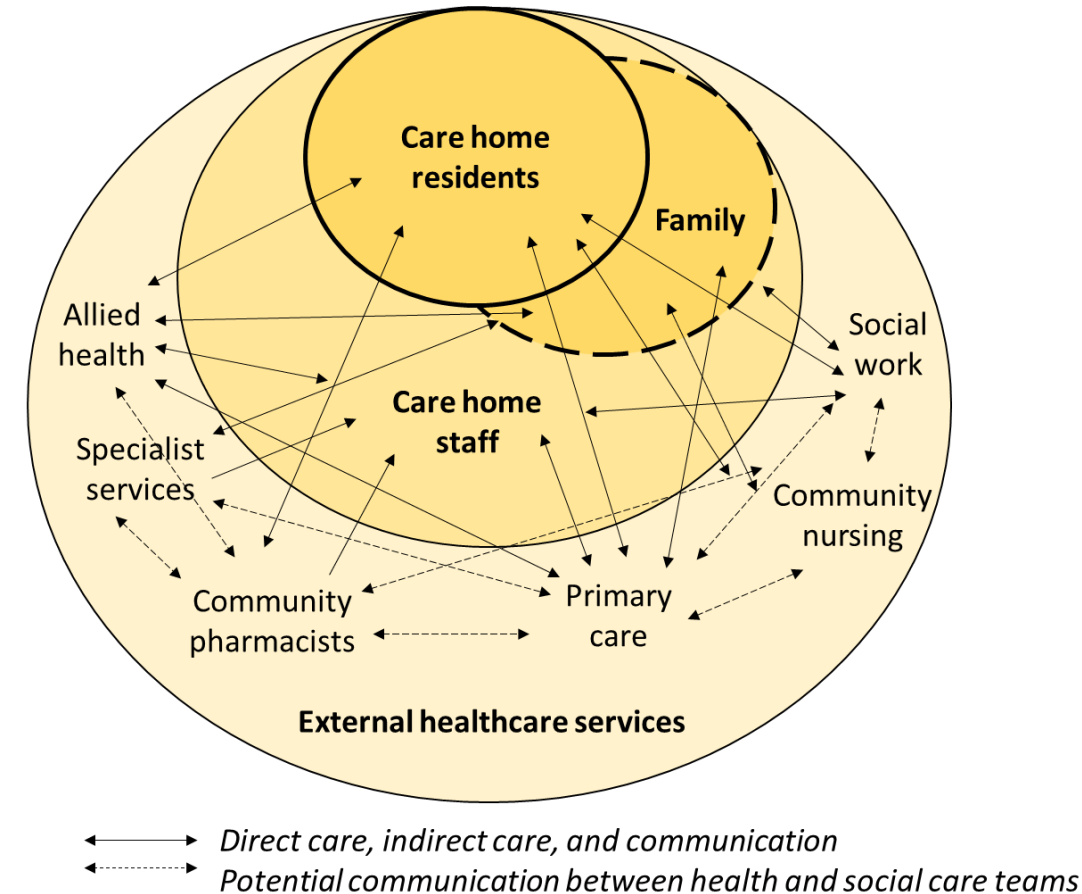
*Ad hoc* access to health services, difficult to navigate and coordinate services – “*whose responsibility?*”



Challenge in detecting deterioration in residents' condition



Demanding and skilled work required of an understaffed, undertrained, and undervalued care home workforce



**Fig 1. Stakeholders involved in the care of residents<sup>3</sup>**

# Codesigning potential solutions



## 1. Regular and systematic assessment of symptoms and concerns

- E.g. use Integrated Palliative Outcome Scale for dementia (IPOS-Dem) (Ellis-Smith et al)
- Includes **residents'** and **family's** voice
- Useful for **monitoring** and providing a **shared language** for communicating

## 2. Support for workforce development

- Standardised, free, and easily accessible **learning resources** and **training opportunities** e.g. in advanced assessment skills

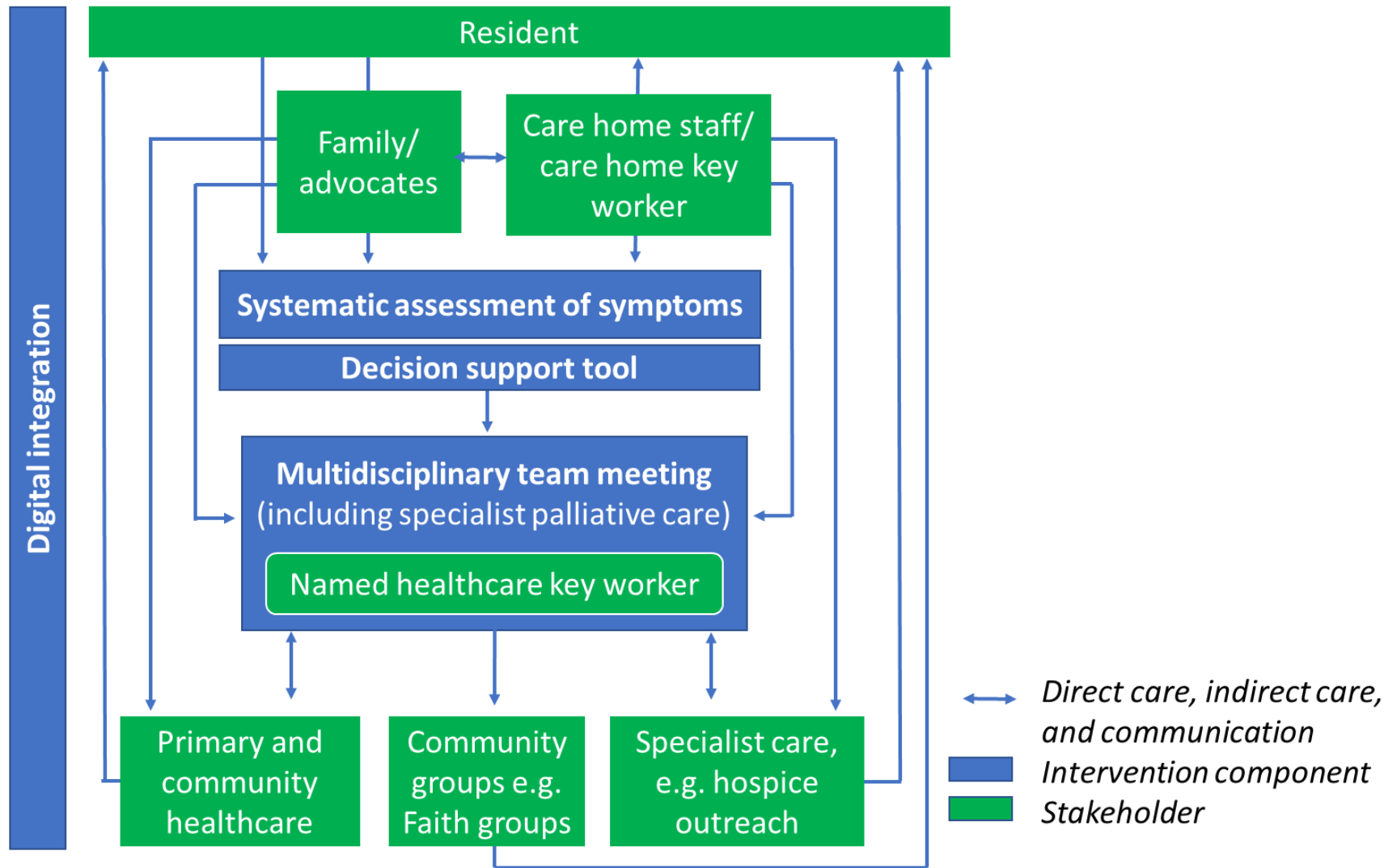
## 3. Joined up ways of working

- **Multidisciplinary team meetings** including specialist palliative care
- **Joint visiting** to share expertise and upskill
- **Named key healthcare worker/champion**





# Initial model of integrated palliative care in care homes



# Future directions – what next?

## Unanswered questions

- *Who* is most likely to benefit from specialist palliative care?
- *How* do we identify them in practice?
- *What* are sustainable and scalable models of palliative care for this population?

We need robust evaluation of models of care for older people with advanced disease/ frailty, living at home and in care homes, with a focus on implementation, scalability and sustainability



# Discussion and questions



# References

British Geriatrics Society. 2018. Palliative and end of life care for older people. <https://www.bgs.org.uk/resources/palliative-care>

Etkind SN, Bone AE, Gomes B, et al. How many people will need palliative care in 2040? Past trends, future projections and implications for services. *BMC Med.* 2017;15(1):102.

Bone AE, Gomes B, Etkind SN, et al. What is the impact of population ageing on the future provision of end-of-life care? Population-based projections of place of death. *Palliat Med.* 2018;32(2):329-336.

Kingston A, Robinson L, Booth H, et al. Projections of multi-morbidity in the older population in England to 2035: estimates from the Population Ageing and Care Simulation (PACSim) model. *Age Ageing.* 2018;47(3):374-380.

Nicholson C, Davies JM, George R, et al. What are the main palliative care symptoms and concerns of older people with multimorbidity?-a comparative cross-sectional study using routinely collected Phase of Illness, Australia-modified Karnofsky Performance Status and Integrated Palliative Care Outcome Scale data. *Ann Palliat Med.* 2018;7(Suppl 3):S164-s175.

Bone AE, Evans CJ, Henson LA, et al. Patterns of emergency department attendance among older people in the last three months of life and factors associated with frequent attendance: A mortality follow-back survey *Age Ageing.* 2019 doi.org/10.1093/ageing/afz043.

Bone AE, Morgan M, Maddocks M, et al. Developing a model of short-term integrated palliative and supportive care for frail older people in community settings: perspectives of older people, carers and other key stakeholders *Age Ageing.* 2016 (in press).

Evans CJ, Bone AE, Yi D, et al. Community-based short-term integrated palliative and supportive care reduces symptom distress for older people with chronic noncancer conditions compared with usual care: A randomised controlled single-blind mixed method trial. *Int J Nurs Stud.* 2021;120:103978.

Ellis-Smith C, Evans CJ, Murtagh FEM, et al. Development of a caregiver-reported measure to support systematic assessment of people with dementia in long-term care: The Integrated Palliative care Outcome Scale for Dementia. *Palliat Med.* 2016;31(7):651-660.

# Population ageing is a global phenomenon

Percentage of population aged 65 years or over for the world, SDG regions, and selected groups of countries, 2022, 2030 and 2050, according to the medium scenario

Region	2022	2030	2050
<b>World</b>	<b>9.7</b>	<b>11.7</b>	<b>16.4</b>
Sub-Saharan Africa	3.0	3.3	4.7
Northern Africa and Western Asia	5.5	7.0	12.5
Central and Southern Asia	6.4	8.1	13.4
Eastern and South-Eastern Asia	12.7	16.3	25.7
Latin America and the Caribbean	9.1	11.5	18.8
Australia/New Zealand	16.6	19.4	23.7
Oceania*	3.9	5.1	8.2
<b>Europe and Northern America</b>	<b>18.7</b>	<b>22.0</b>	<b>26.9</b>
Least developed countries	3.6	4.1	6.1
Landlocked developing countries (LLDC)	3.6	4.1	5.8
Small island developing States (SIDS)	8.9	11.3	16.0

\*excluding Australia and New Zealand

Sources: United Nations, 2022; Cancer Research UK, 2014

For most cancers, survival is improving

