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News

More people should be supported to die at home, MPs say

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A lack of NHS and social support services is condemning many people to end their lives in hospital when there is no clinical need for them to be there, the House of Commons Public Accounts Committee has concluded.

In its report on end of life care in England, the influential committee of MPs calls for 24 hour district nursing and access to advice and treatment out of hours to cut the numbers of unnecessary hospital admissions.

The committee, which acts as a check on public spending, notes that most people express a wish to die at home but that 60% die in an acute hospital, even when there is no clinical need for hospitalisation. "People should have the right to die in the place of their choice," it says.

People who die in hospital "are not always afforded the end of life care they deserve, including effective pain management and being treated with dignity and respect," the MPs conclude.

They say that NHS hospitals that care for patients nearing the end of their lives should employ a specialist palliative care team and promote the use of the Liverpool care pathway, an evidence based framework for the delivery of care to dying patients.

The report highlights a lack of coordination between health and social care services, meaning that patients' preferences for care are not communicated effectively. It recommends that people nearing the end of their lives be allocated a single health or social care professional contact to improve the coordination of care among services and providers.

The MPs call for more training in care at the end of life for health and social care staff and for three year rolling contracts between primary care trusts and hospices to enable hospices to plan allocation of resources better.

The report argues that more people could be supported to die in their own homes or in a care home if there were a more responsive system for providing the equipment and support services needed. It calls on the Department of Health to identify ways to improve the speed and flexibility of support.

A National Audit Office review of deaths of patients in Sheffield found that the number of people dying in acute hospitals could be reduced from 50% to 31%, freeing funds to support patients dying at home.

The health department's end of life care strategy, published in July 2008, committed an additional £286m (€320m; \$440m) to improving end of life care. But the committee says there is a risk that the money will not be used as intended. It says the department should require primary care trusts to account for the way the funds have been spent, with the information fed back to trusts to help them benchmark their performance.

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End of Life Care: 19th Report of Session 2008-2009 is available at
www.parliament.uk/parliamentary_committees/committee_of_public_accounts.cfm.

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