Insights from the Hospice UK Activity & Workforce Surveys Webinar

23 May 2024

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Big Conversations

We're excited to announce the launch of the Big Conversations which comprises of a series of webinars, workshops, and roundtables that will enable our members to:

- learn more about key issues
- share your knowledge and experience to inform our work
- discuss problems and solutions with your peers
- get practical guidance to move work forward.

We hope that you will join us over the coming weeks and months to find out more about topics such as complexity and cost, nursing career frameworks and racial equity.

Agenda		
14:00	Welcome	Annette Alcock, Director of Programmes, Hospice UK
14:05	Hospice Activity Data 2023	Annette Alcock, Director of Programmes, Hospice UK
14:15	Hospice Clinical Workforce Data 2023	Anita Hayes, Clinical Quality Lead, Hospice UK
14:25	Using the Data	Annette Alcock, Director of Programmes, Hospice UK
14:35	PopNAT	Ian Appleby, Gavurin
14:55	Prototyping demographic data comparisons	Richard Cooper, Data Manager, Hospice UK
15:10	Questions	All
15:25 – 15:30	Close	Annette Alcock, Director of Programmes, Hospice UK

What data are we talking about?

Population data	• PopNAT tool (adding hospice catchments) • Future and unmet needs calculations	WHAT NEXT
Service activity data	• Activity and patient demographic survey • Patient safety measures	WHAT
Workforce data	• Clinical workforce survey	
Financial data	• Hospice accounts and financial benchmarking • Financial sustainability index	
Outcomes / impact data	• PCOM360 tool (patient outcome measures) • Making Data Count (trends and outliers)	SO WHAT

Hospice Activity Data 2023

Annette Alcock, Director of Programmes,
Hospice UK

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Reach of UK hospice care

There was an overall hospice response rate of 80% for the activity survey and 73% for the workforce survey. Data is for 2023 and for all UK hospices, unless stated.

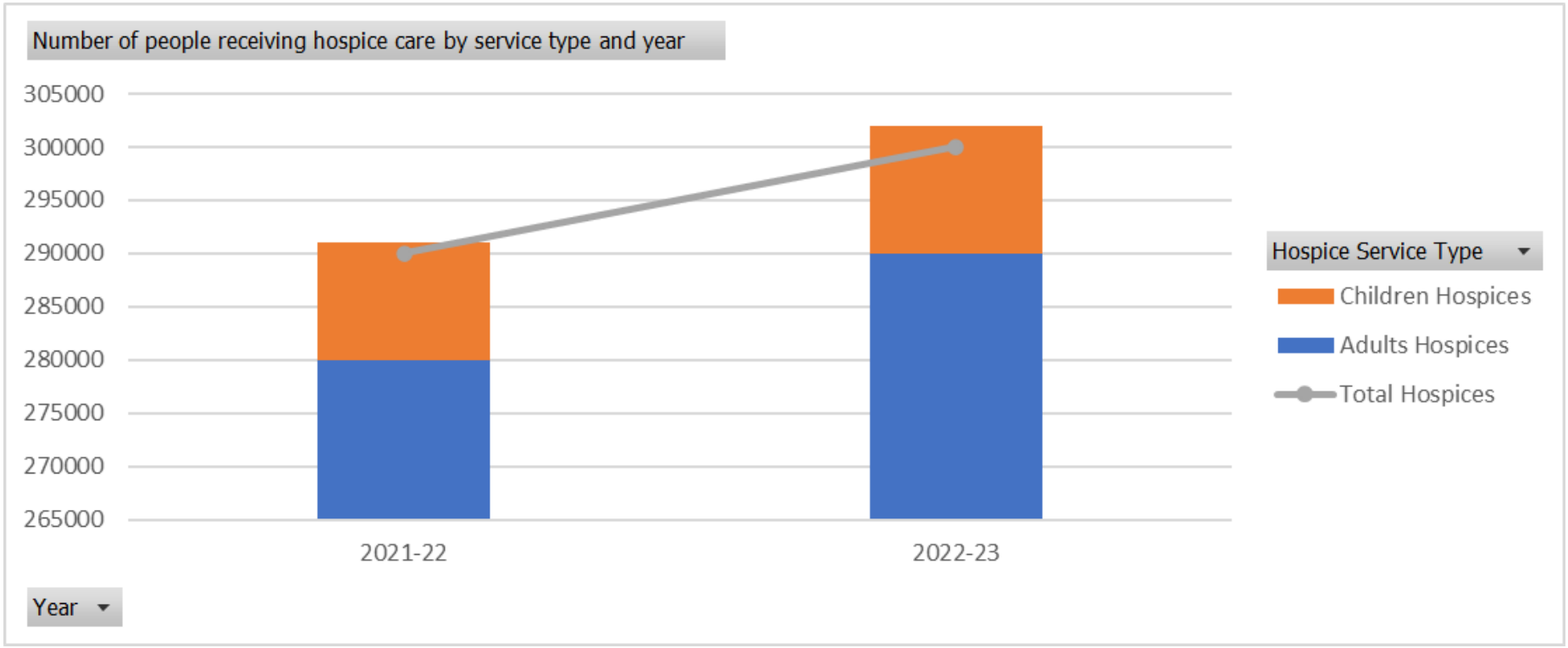
Number of people receiving hospice care

UK hospices provide palliative and end of life care to **300,000 people** annually

UK hospices provide direct support services to **59,000 loved ones and carers** annually. 76 percent of these services are specifically bereavement care.

Reflection: *are we fully recording care to loved ones and carers*

Starting to track reach over time



Reflection: *despite challenges, our reach is still increasing year on year*

Comparison across the UK

Across the UK, you can look at the number of people receiving hospice care and the number of registered deaths. However, you cannot use the two figures to get a percentage as they do not directly correlate.

Country	Number of people receiving care 2022-23	Registered deaths in 2022
UK Total	*300,000*	*656,997*
England	260,000	540,333
Scotland	18,000	62,941
Wales	13,000	35,694
NI	11,000	17,159

Inpatient activity data

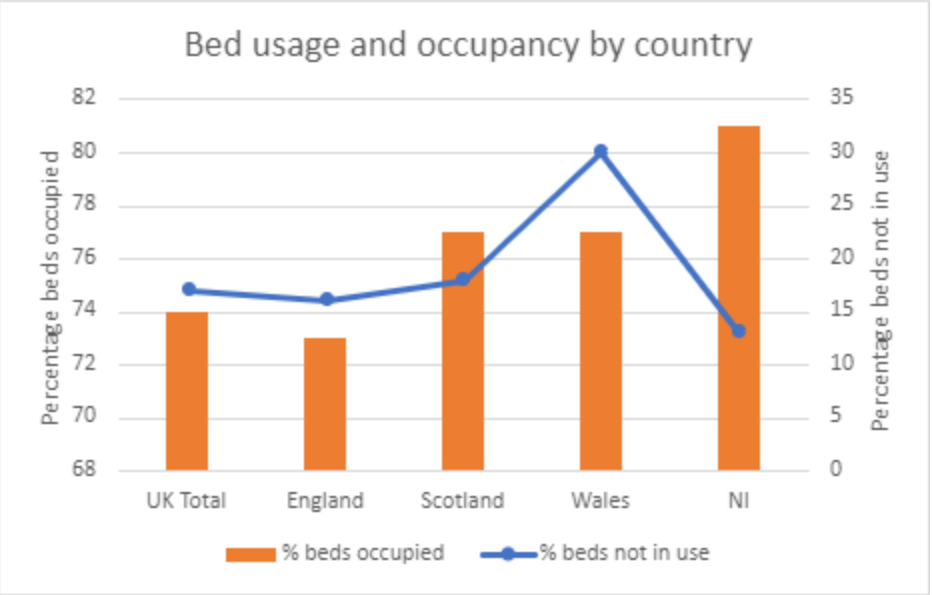
83 percent of hospice services provide inpatient beds

The registered capacity of hospice beds is 950,000 bed-days

17 percent, equating to 160,000 bed-days, **is not in use** due to systemic issues such as funding, staffing, estates

74 percent of available bed-days are occupied, equating to 600,000 occupied bed-days

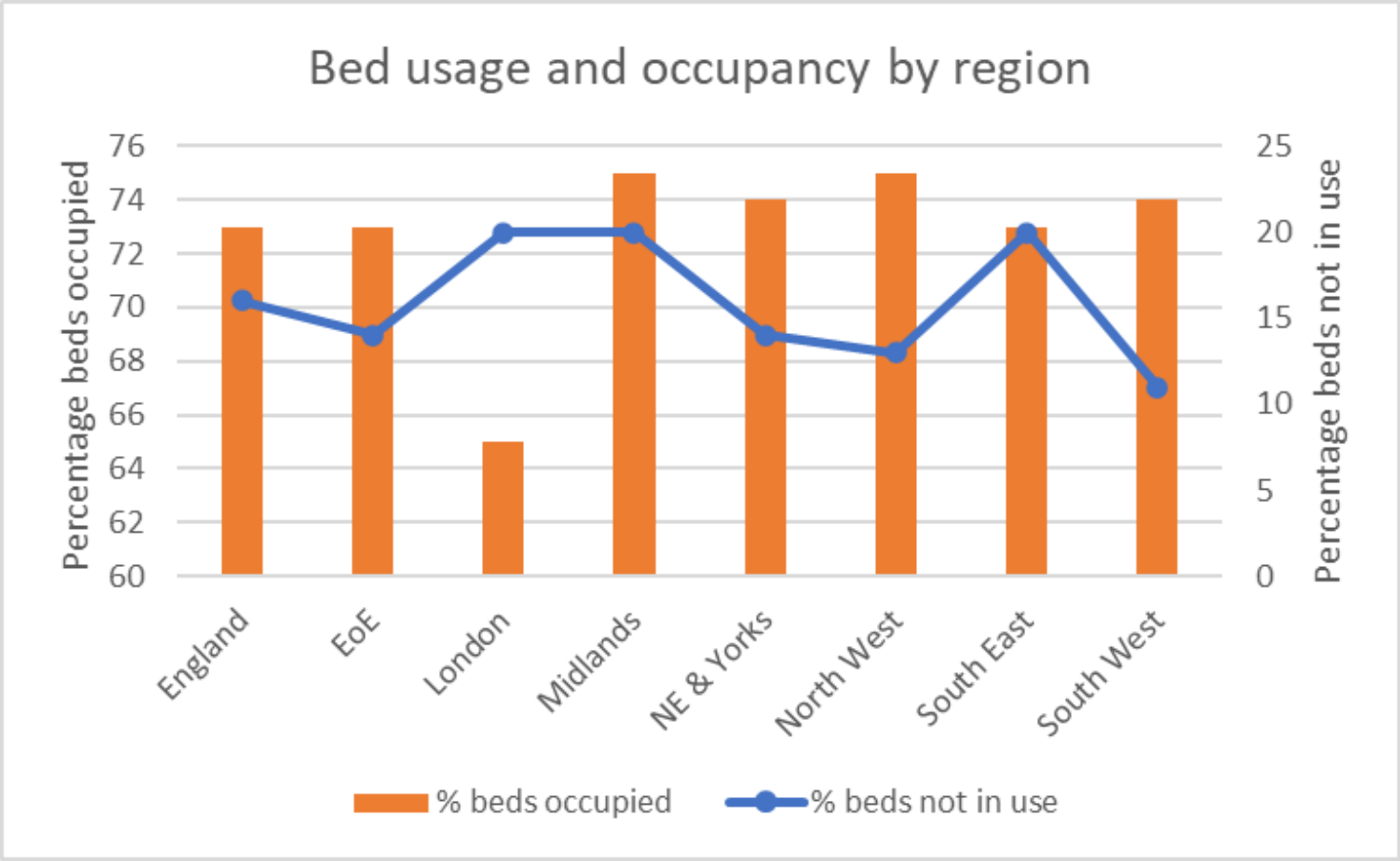
Comparison across the UK:



Reflection: *what is our message regarding both capacity and safety*

Inpatient activity data

Comparison across the English regions:



Community and outpatient activity data

82 percent of hospice services provide community services and 80 percent provide outpatient clinics and groups

There are 880,000 specialist palliative care community visits annually

There are 540,000 generalist palliative care community visits annually

There are 820,000 outpatient contacts annually

Activity in the hospice or the community

Care in the hospice includes inpatient and outpatient care

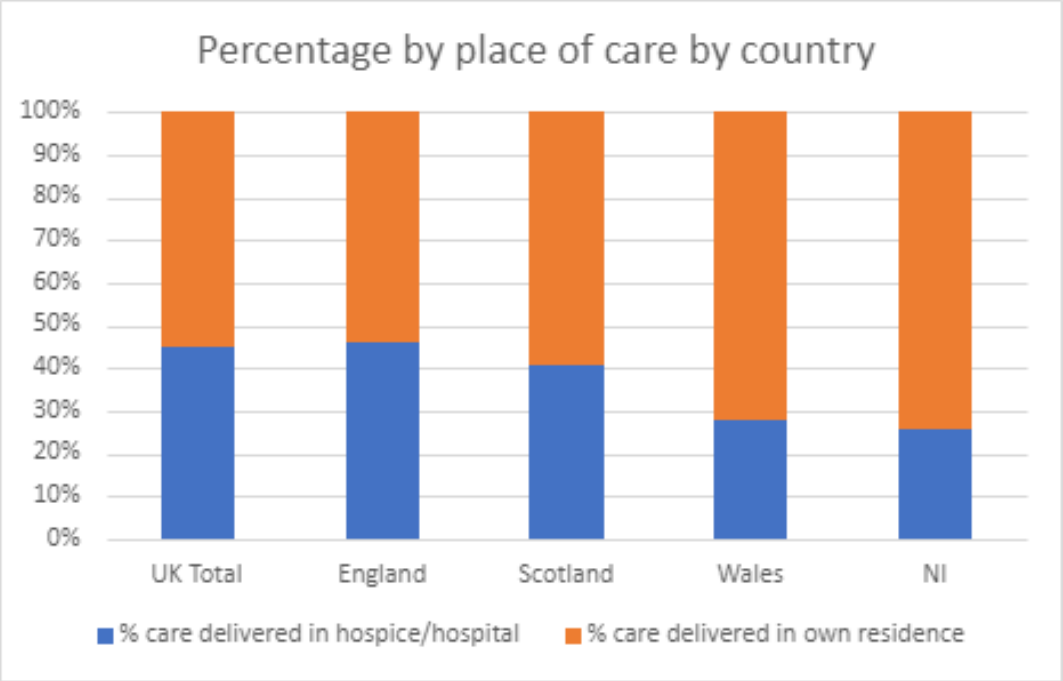
18 percent of total activity is delivered in a hospice **inpatient** unit

Scotland is an outlier at 28 percent

Children's hospices are 26 percent

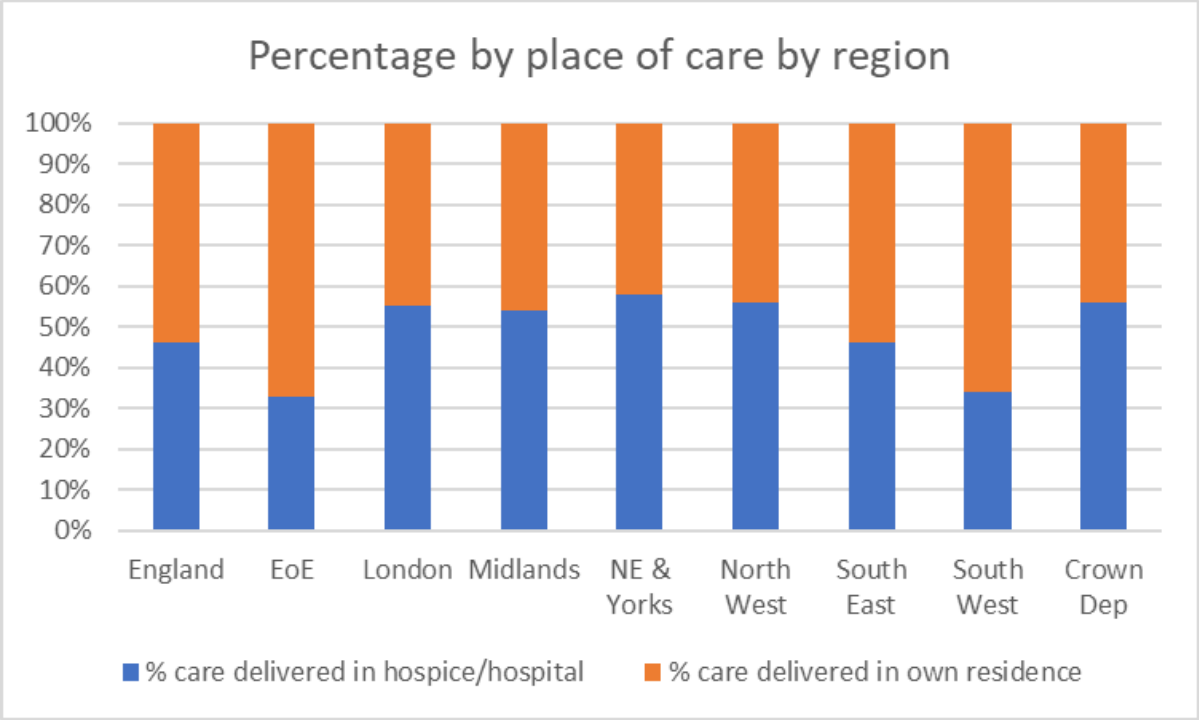
Reflection: *this underpins our policy message about hospices being not only a building; but what is the system need*

55 percent of total activity is delivered at the person's **place of residence**:



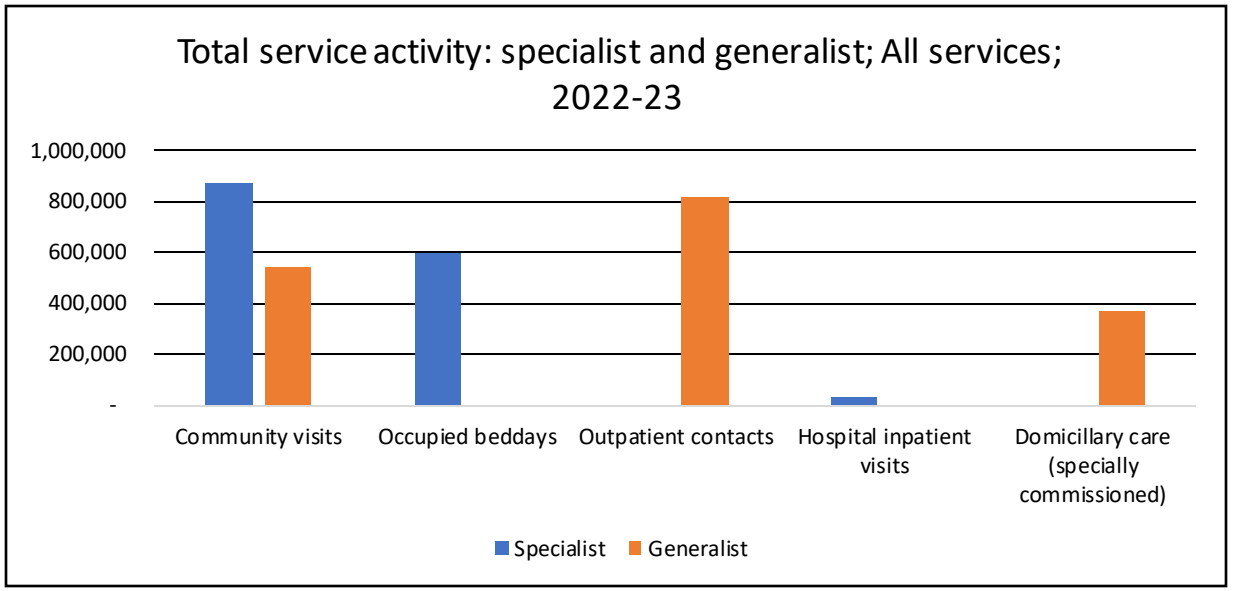
Activity in the hospice or the community

Inpatient and outpatient care in the hospice vs community visits, comparison across the English regions:



Separately, the total activity delivered in a hospice **inpatient** unit ranges from 10 percent in the south-west to 32 percent in the north-west

Activity broadly specialist or generalist



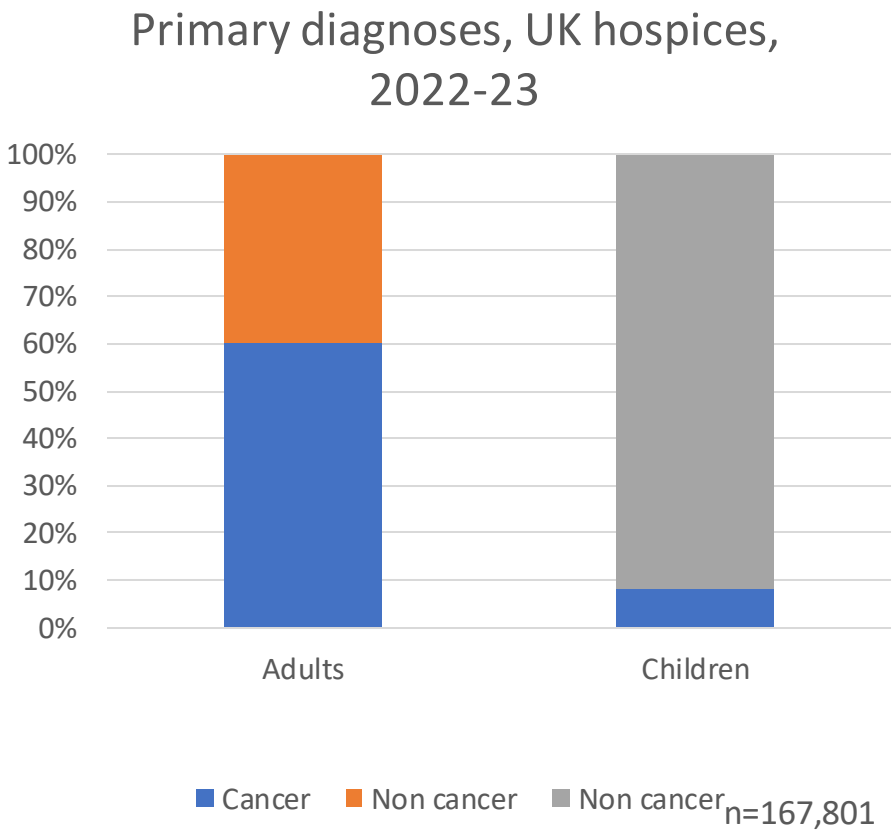
Counting one unit of activity as a bed-day, an appointment, a visit

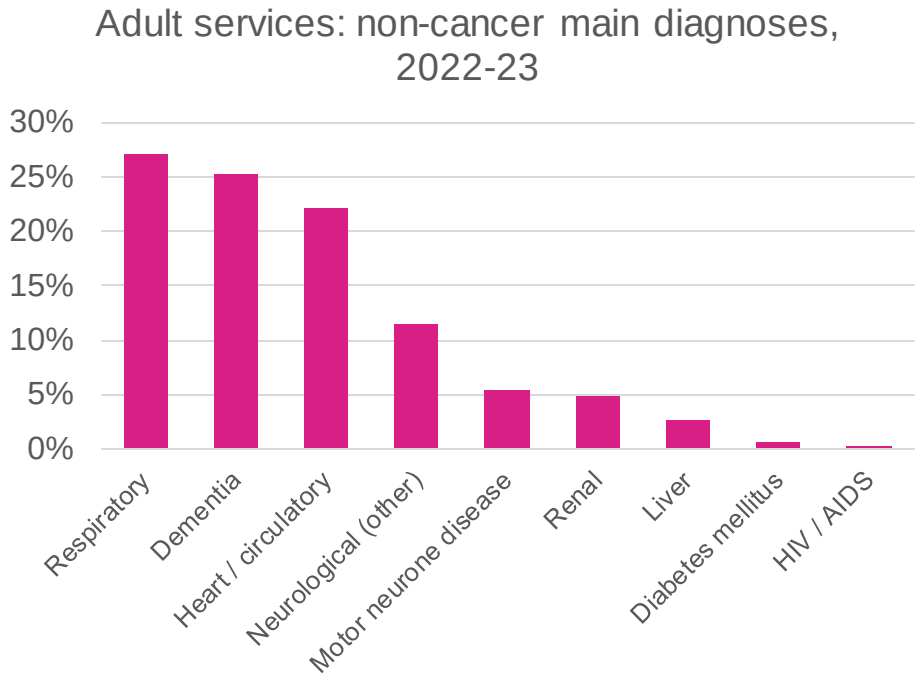
47 percent of total activity might be mostly **specialist** palliative care

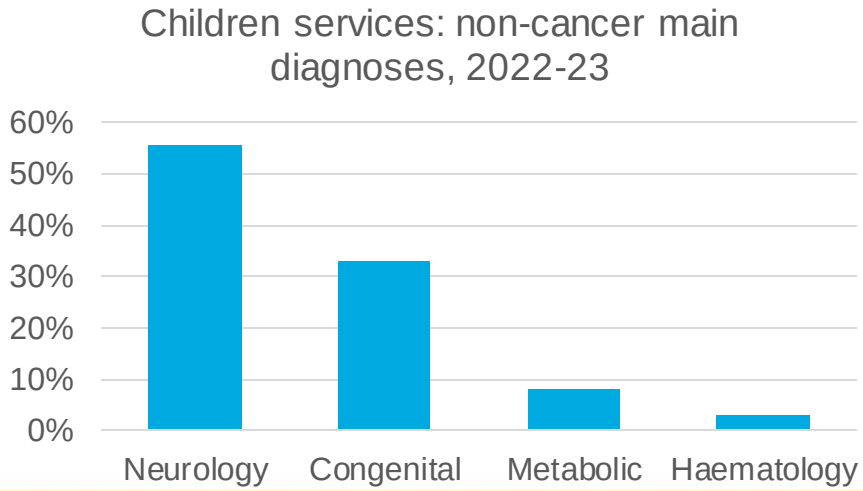
53 percent of total activity might be more **generalist** palliative care

Reflection: *is this a useful classification; but what does it mean about our role in the system*

Primary diagnosis

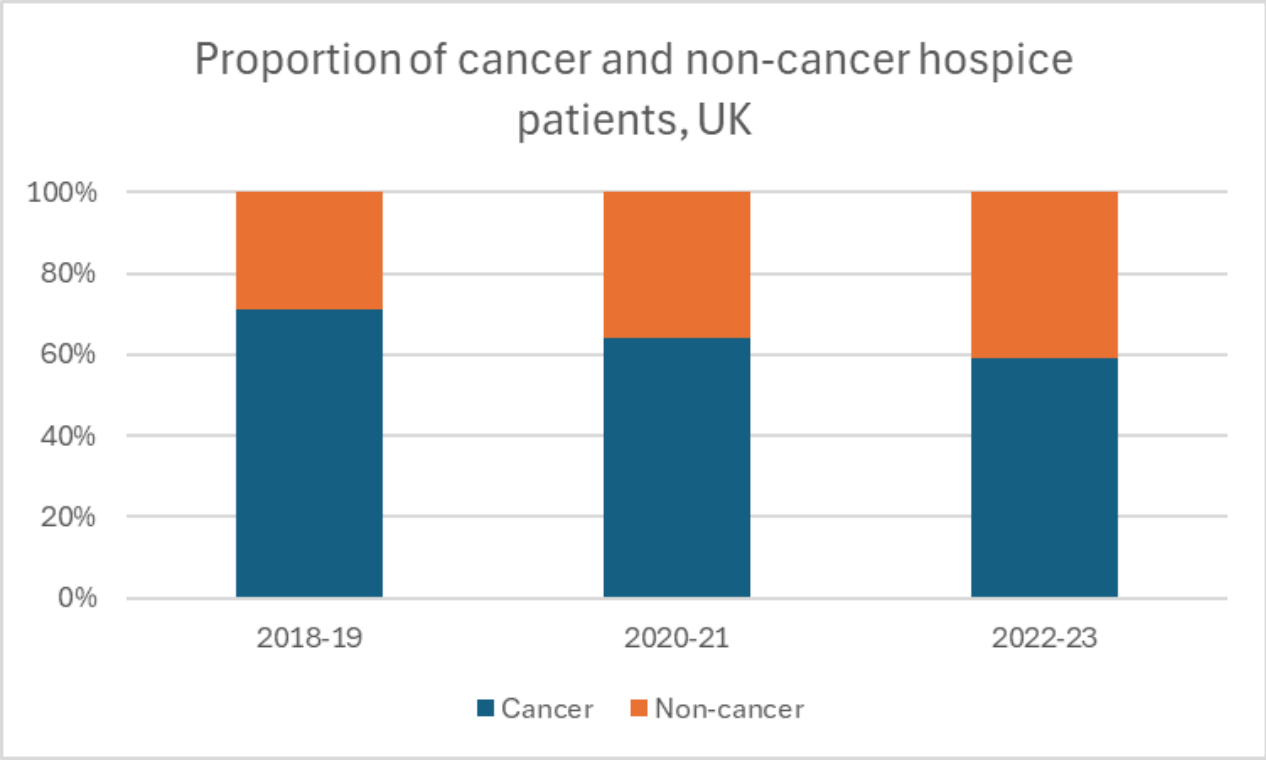






Proportion of cancer and non-cancer patients

12 percent swing in primary diagnosis in four years:



Reflection: *this underpins our policy message about hospices being not only for people with cancer*

Hospice Clinical Workforce Data 2023

Anita Hayes, Clinical Quality Lead, Hospice UK

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Clinical and care workforce data

Head count

16,000	Total clinical and care staff
Of which:	
12,200	Nurses and healthcare assistants
950	Doctors
2,850	Other health and care professionals
Of nurses:	
8,700	Hospice based nursing
3,500	Community based nursing

Clinical and care workforce data

Whole time equivalent

14,000 Total clinical and care staff establishment

Of which:

11,000 Whole time equivalent nurses / healthcare assistants

750 Whole time equivalent doctors

2,250 Whole time equivalent other health / care professionals

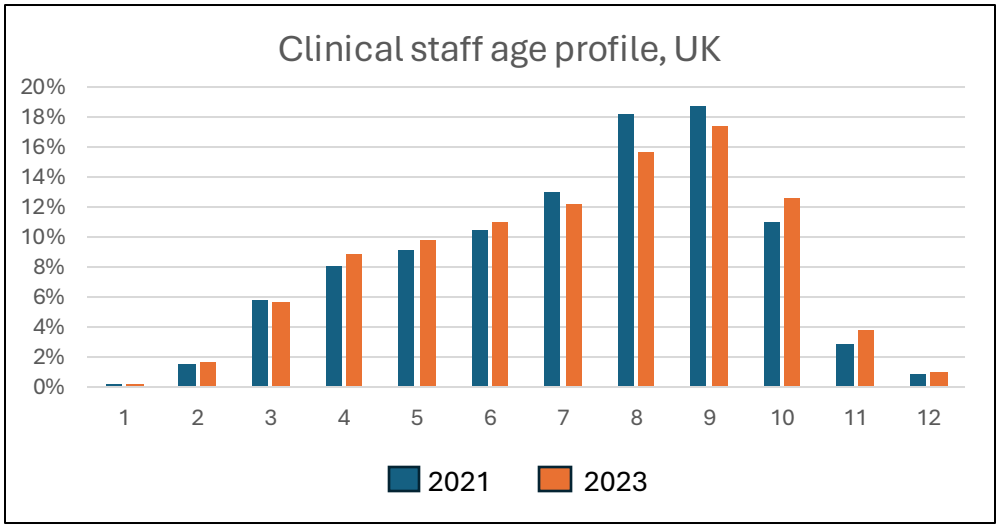
Of nurses:

7,785 Hospice based nursing

3,215 Community based nursing

Reflection: *17 percent increase in nursing establishment in two years, but vacancy rate has also increased to 9 percent (similar to NHS)*

Clinical workforce age and sex



Reflection: *5 percent decrease in 45-60 year-olds in two years, so who will provide experienced supervision*

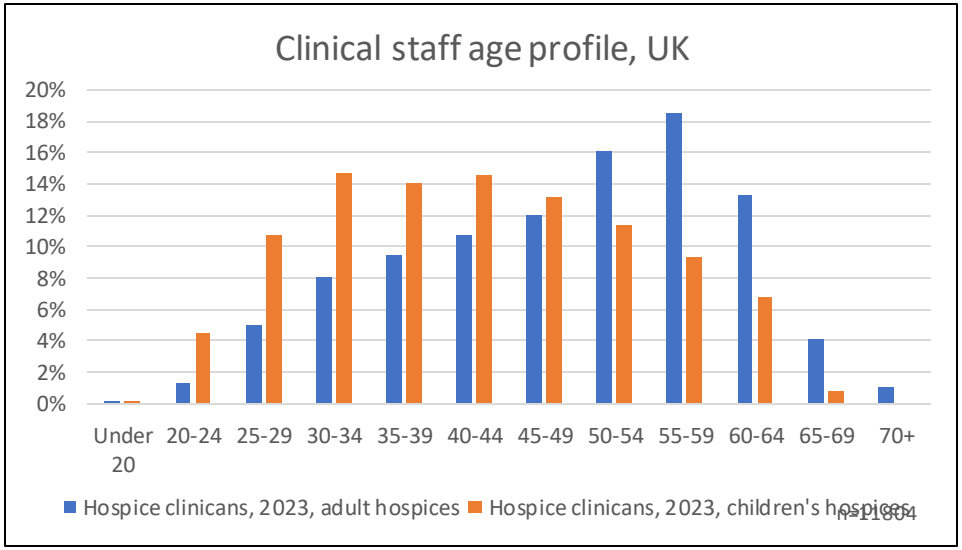
35 percent of clinical and care staff are **over 55** years of age

Wales is an outlier at 45 percent

Children's hospices is 17 percent

91 percent of the clinical and care workforce is **female**

Children's hospices is 77 percent



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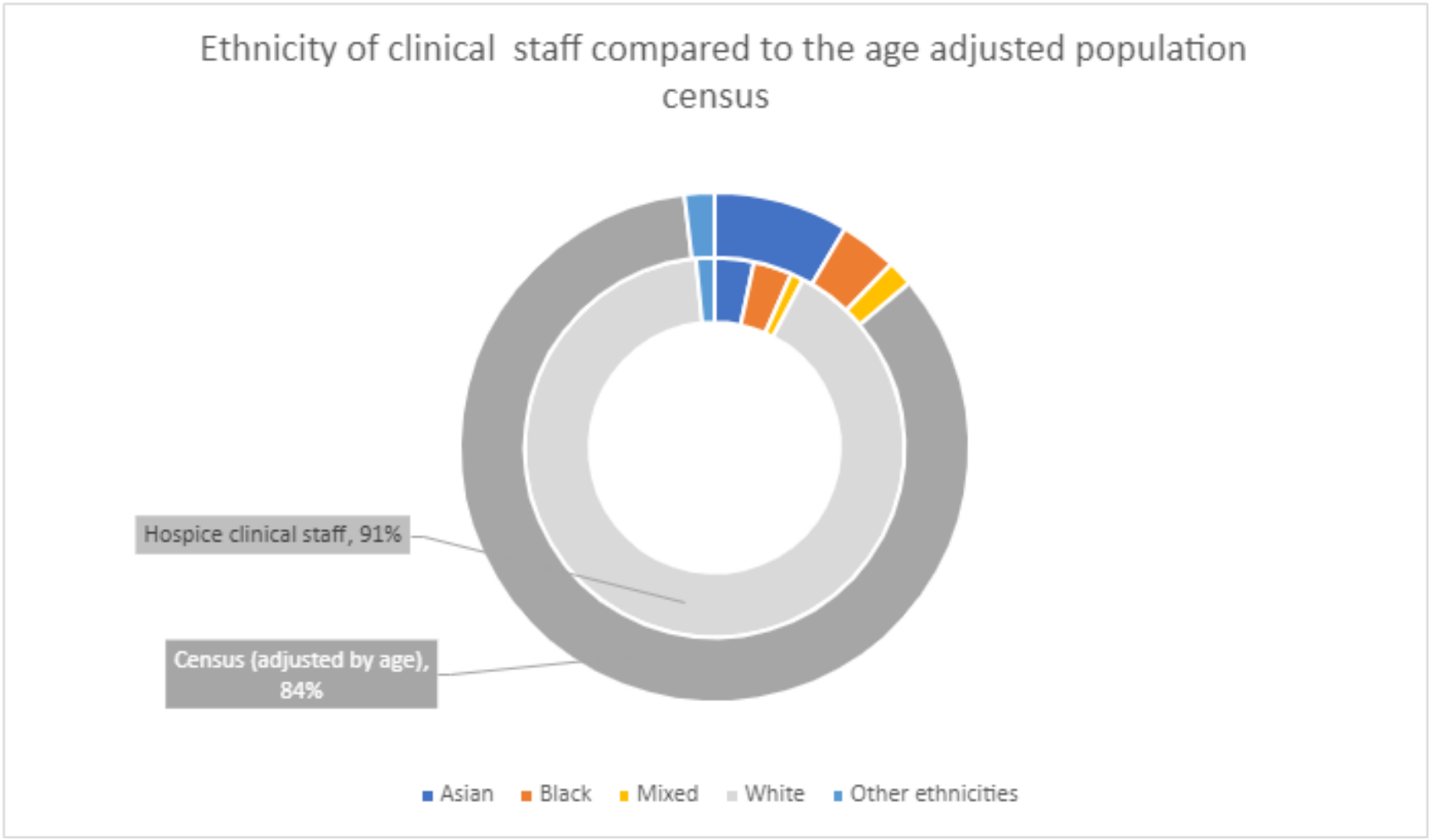
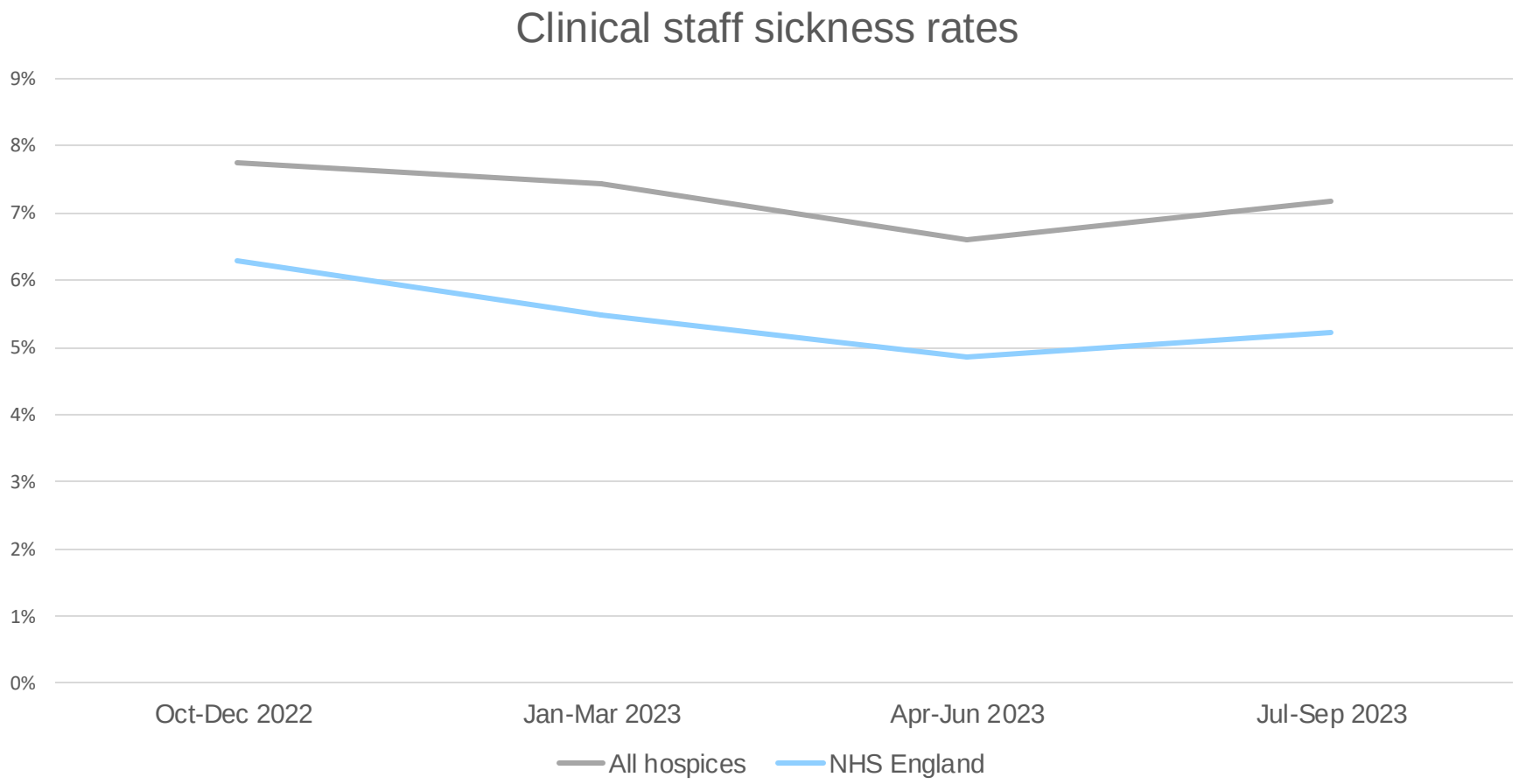
Clinical workforce comparative ethnicity

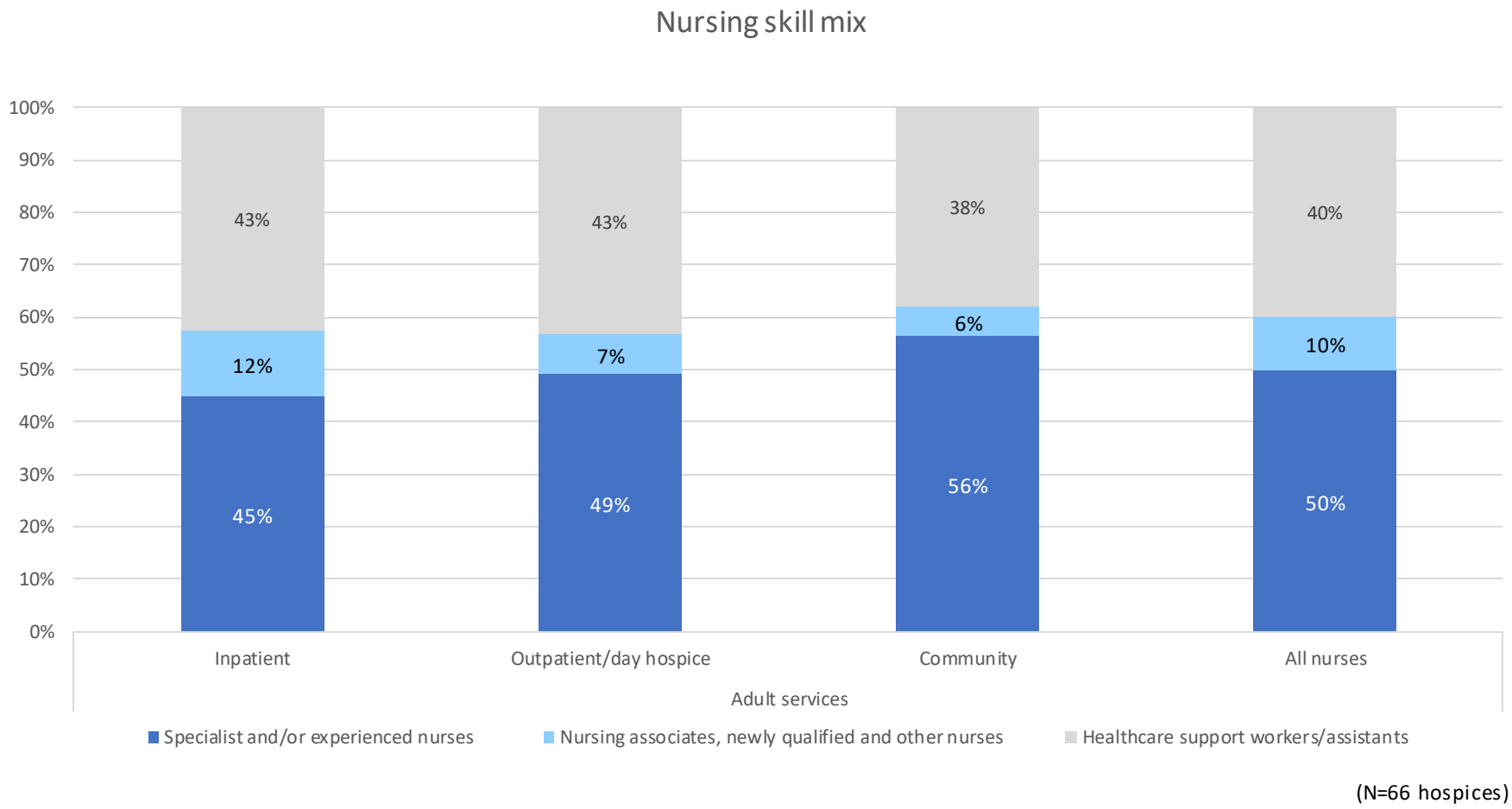


Staff sickness rates



Nursing skill mix

Reflection: *how does this link to our activity in terms of specialist palliative care*



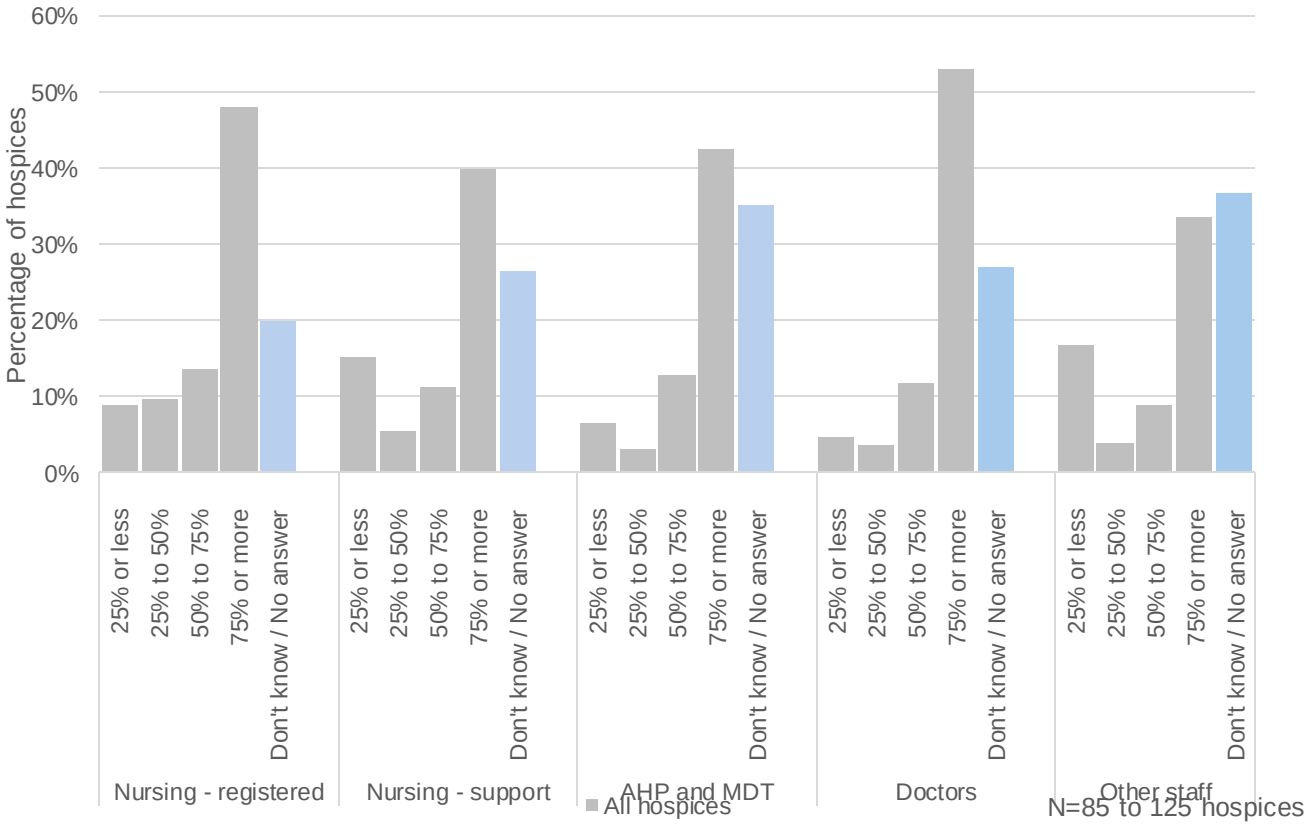
(N=66 hospices)

Staff Support and Wellbeing

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.."

Rachel Naomi Remen: "Kitchen Table Wisdom: Stories that Heal" Penguin, New York,1996.

Staff Support and Wellbeing



In half of hospices, 75% or more registered nurses received restorative supervision.

However, 20% were unable to provide a figure.

Using the Data

Annette Alcock, Director of Programmes,
Hospice UK

What can we do with this data?

Population data

- denominator for comparison: catchment area or prevalence
- equity of access by: need and patient characteristics and geography and diagnosis

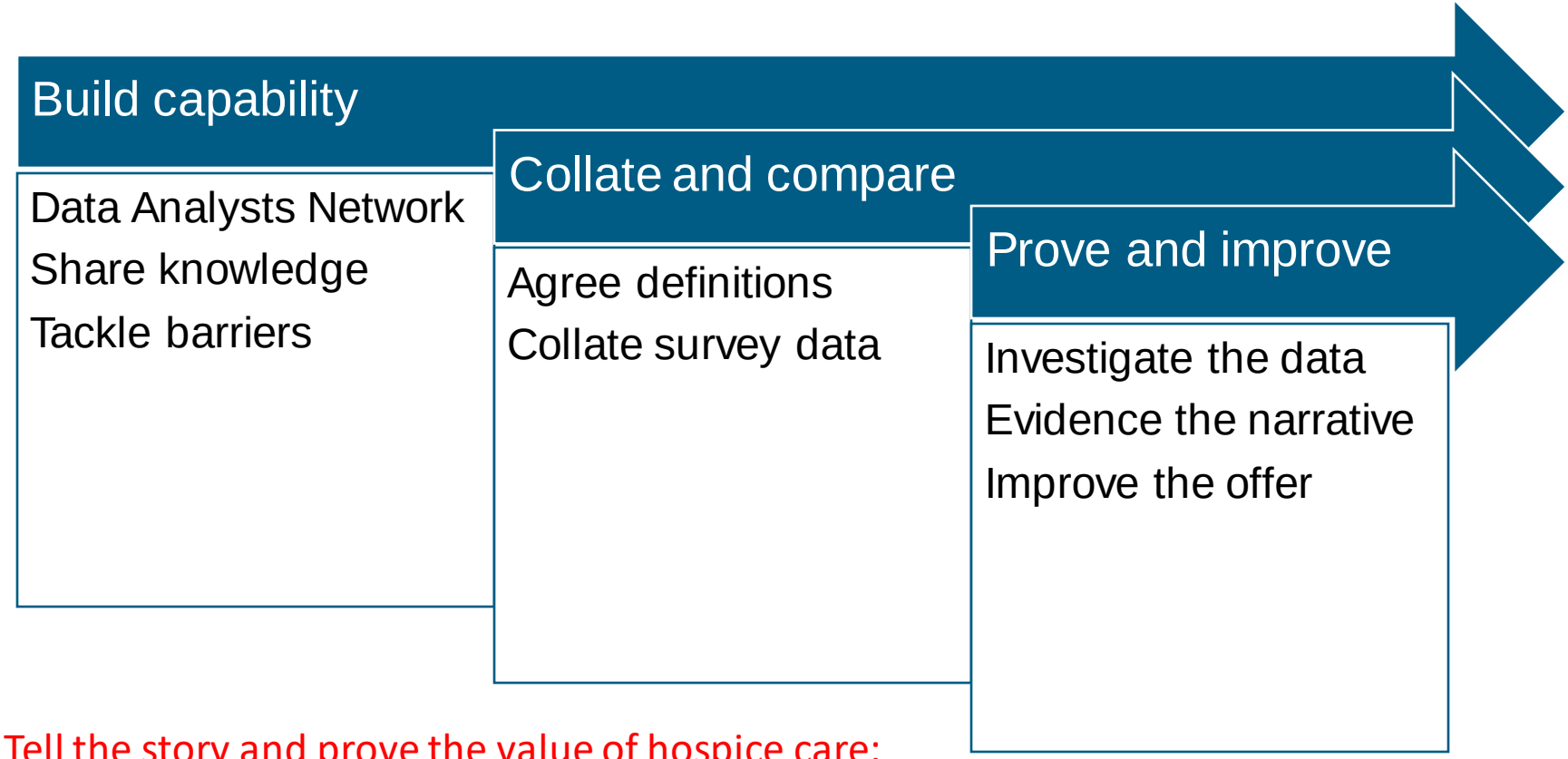
Workforce data

- map functions to need
- recruit and upskill for required capabilities
- attractive T&Cs and succession planning

Service data

- clinically safe: regulatory compliance
- financially sustainable: funding models
- meeting patient needs: responsive, equitable, coordinated

Why are we doing it together?



Tell the story and prove the value of hospice care:

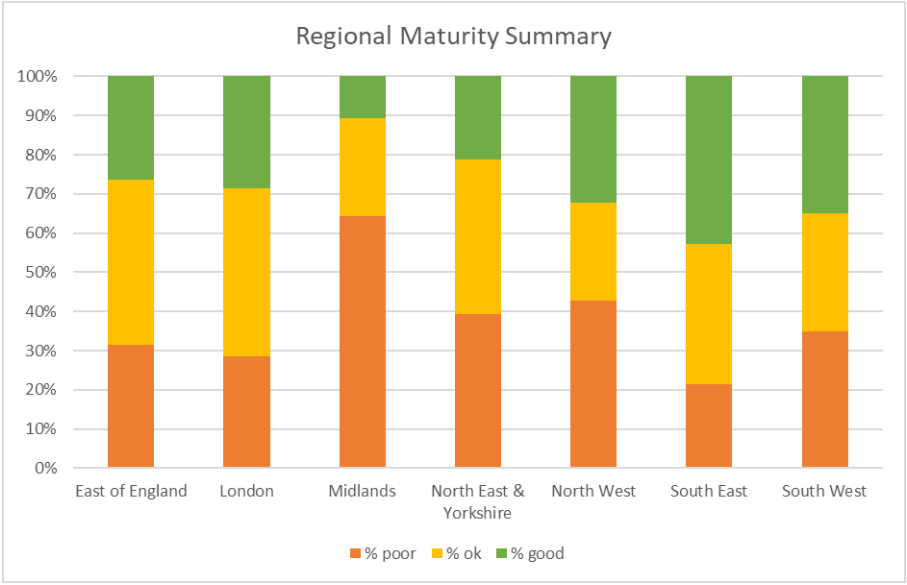
Who needs palliative care?	Are there optimal service models?	What is the required skillmix?	How do we describe value?

Hospice data maturity mapping

Hospice UK has been working with hospice data analysts and data collections over the last year. We have mapped the maturity of hospices by the clinical patient systems they use, the analytical team they have in place and the completeness of the data (demographic in particular) they returned.

This is the summary by region:

Region	Hospices	poor	ok	good
EoE	19	6	8	5
London	14	4	6	4
Midlands	28	18	7	3
NE&Y	33	13	13	7
North West	28	12	7	9
South East	28	6	10	12
South West	20	7	6	7



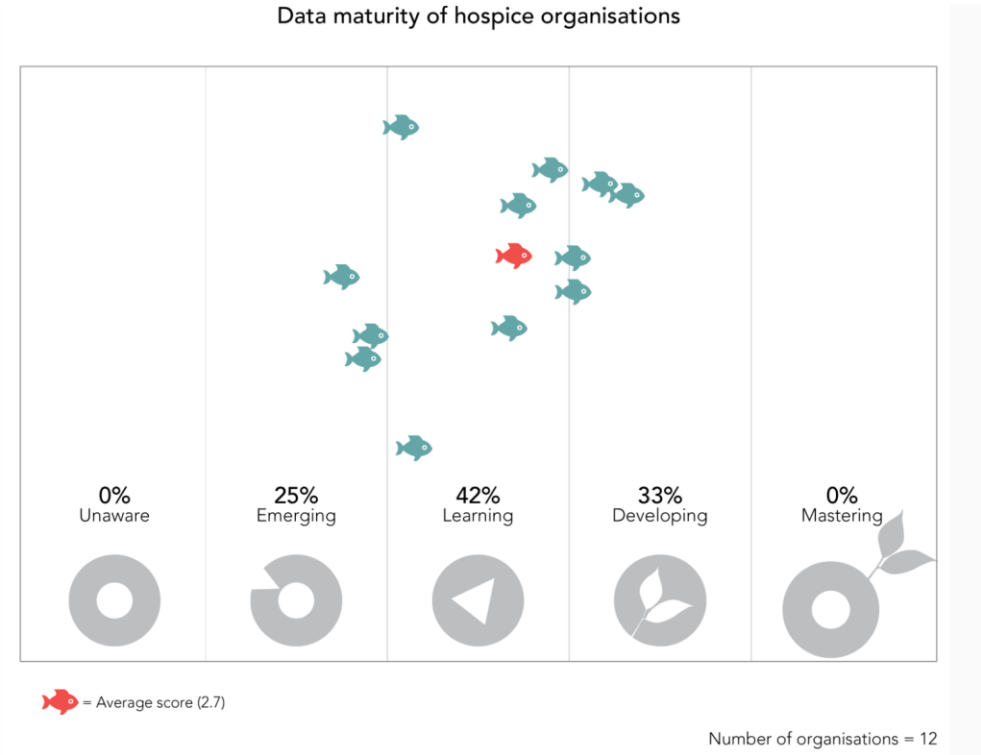
Data Orchard maturity framework

Data Orchard is an organisation that has developed a maturity framework for the not-for-profit sector. Individual organisatio self-assessments are free.

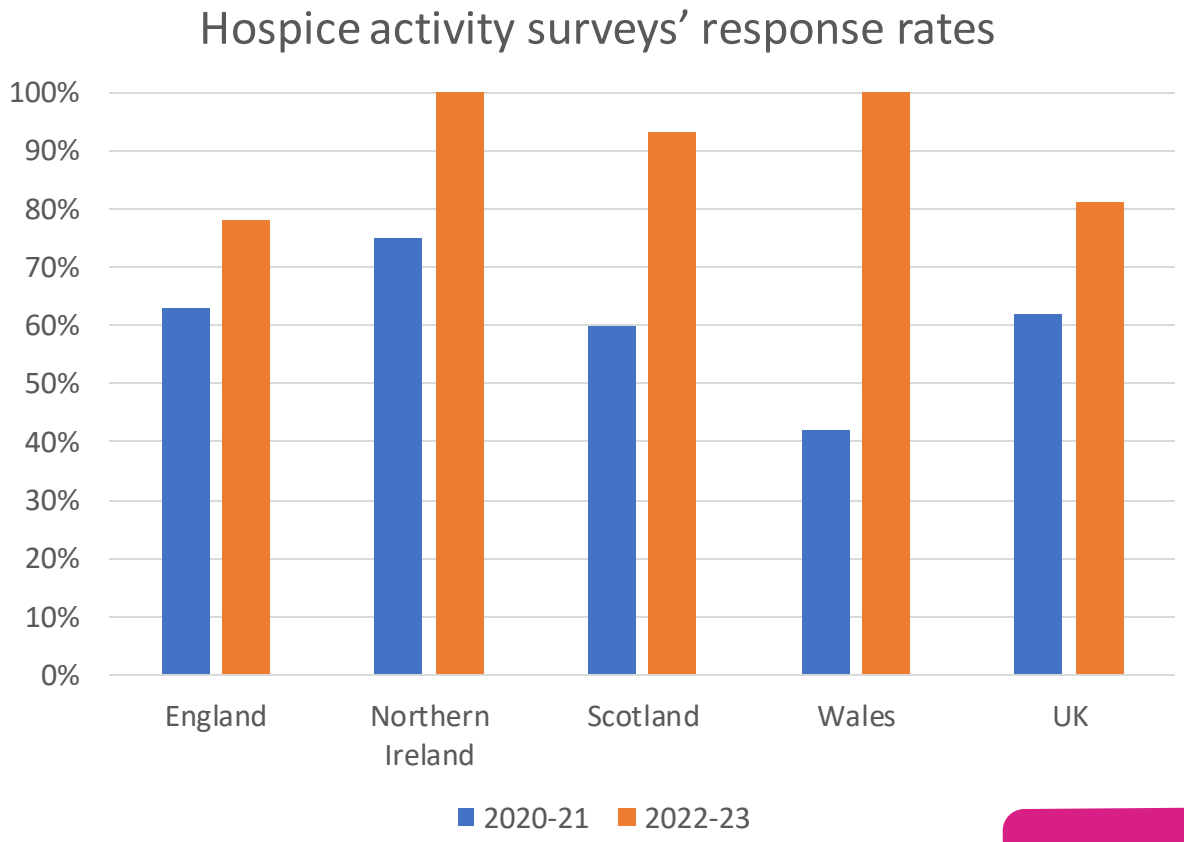
12 of our hospices have completed a self- assessment and Data Orchard kindly shared the spread of results with Hospice UK.

They scored, on average, 2.7 out of 5. Which puts them at 'learning' and slightly behind the NGO average of 2.8.

A next step would be for Hospice UK to promote more hospices to self-assess, then potentially seek funding for a sector comparison and support.



How representative is the data?

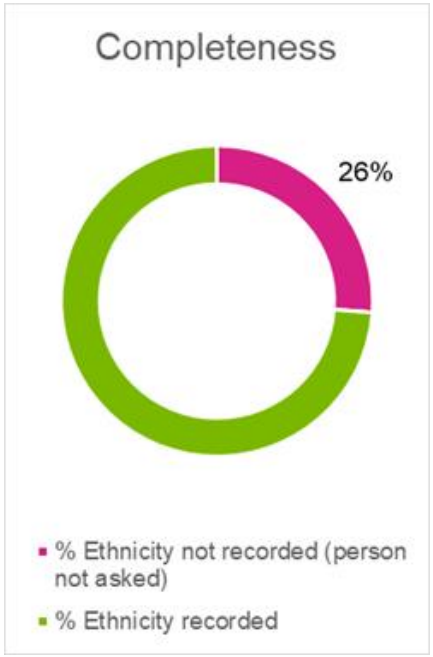


206 hospices
127 replies 2020-21
165 replies 2022-23

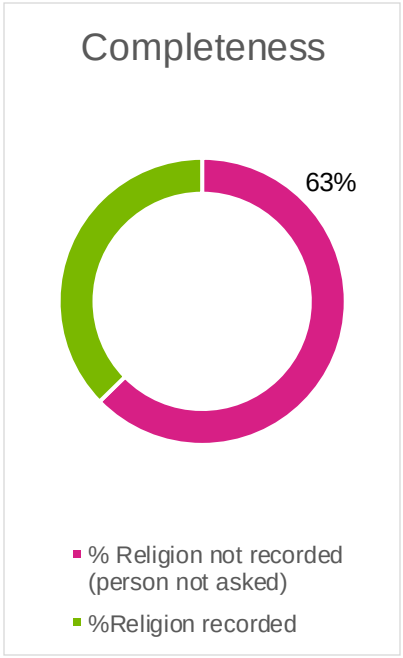
80% Response Rate

How complete is the data?

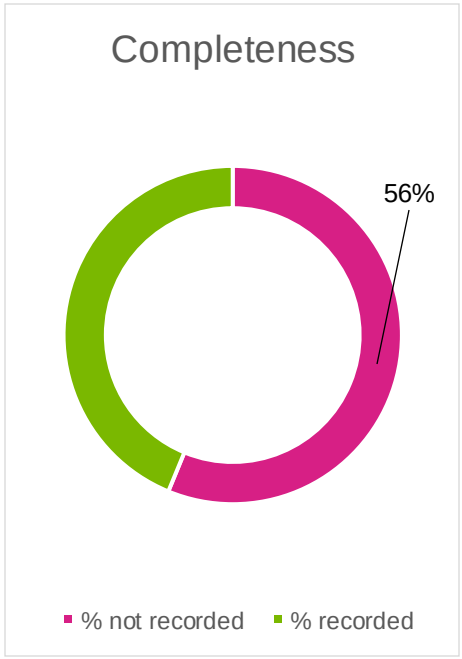
Ethnicity data collected



Religion data collected



Sexuality data collected



How can we use the catchment areas?

Hospice UK has collated all the hospice catchment areas.

These have been mapped onto PopNAT to:

- Allow hospices to see in one dataset the full demographics and health indices of the populations they serve
- Give a population denominator for the service and financial data we collect from hospices
- Enable a map of hospice service reach across the UK, indicating gaps in coverage and potentially under-served populations

This will assist with local service planning and development as well as add to the national data for understanding provision across the sector.

PopNAT and hospice catchment areas

Ian Appleby, Gavurin

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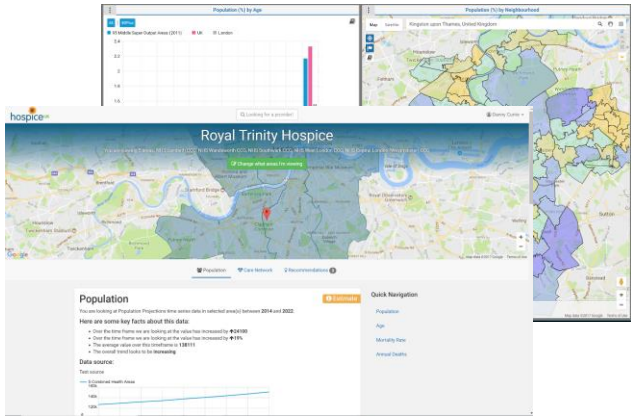
What is PopNAT?

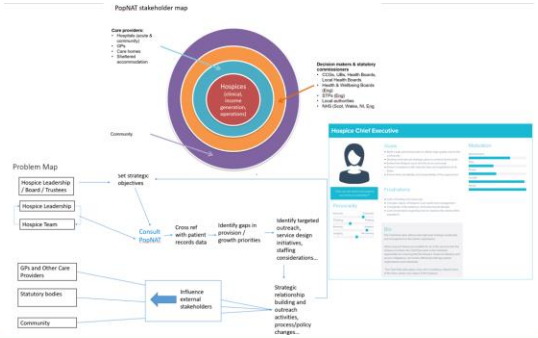
Hospice UK's Population Needs Assessment Tool

- Aimed principally at people working in end of life care provision and/or commissioning.
- Intended to support strategy development and service planning.
- Designed to be useful yet accessible to users of varying technical expertise.

PopNAT has grown out of user experience

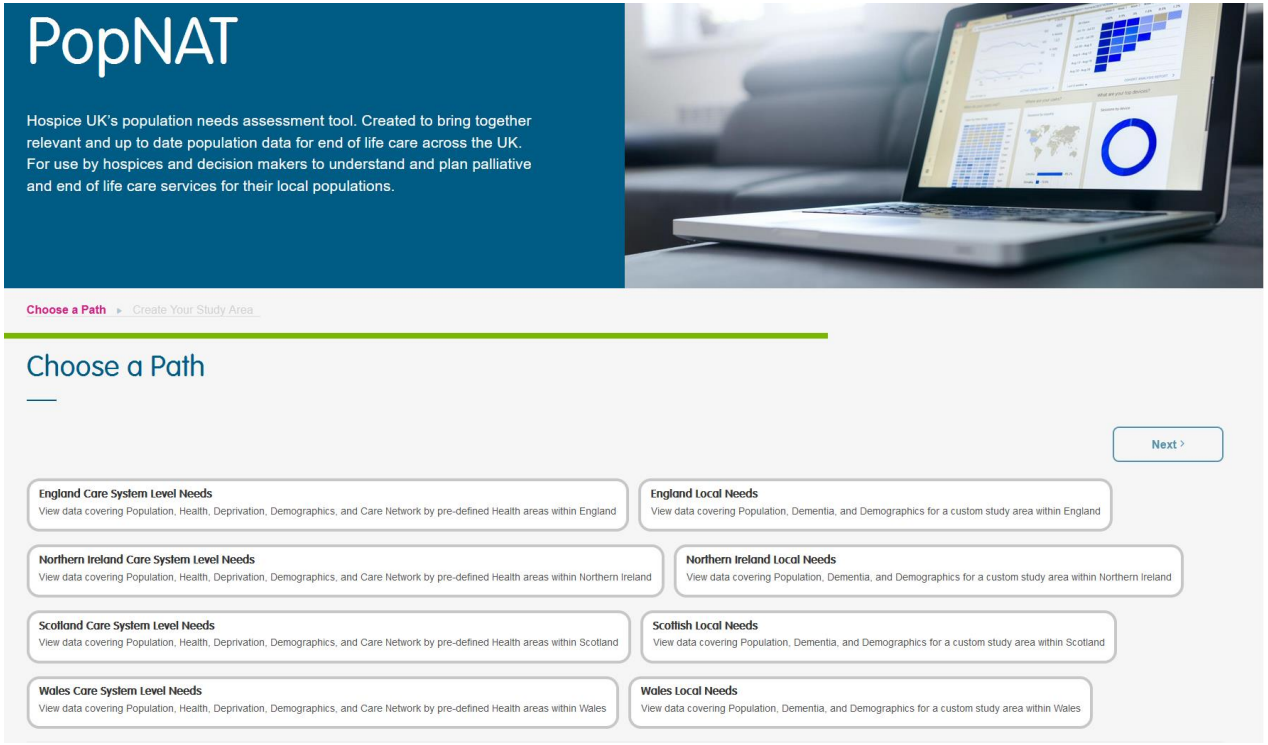


Field Research → V1 Launch (2017) → Recognised (2019) → V2 Launch (2022) → Next.. (June 2024)



Start by picking a path, then let PopNAT lead the way

As long as you know where you're assessing and why, you should be able to find your way..



Select a Level of Geography

Data is available to view at multiple levels of geographic detail. The options are ordered by size, with the largest set of areas first and the most granular ones last.

Hospice Catchment (Adults)

Catchment areas for Hospices serving Adults

This unique geography set, created by HospiceUK based on information supplied by Hospices, is constructed through the merging lower tier local authorities.

Note: This dashboard only shows a data for a single UK nation, so catchments which extend beyond that area may have incomplete or inaccurate data

Integrated Care Board

Integrated Care Boards (ICBs), as part of the Integrated Care Systems (ICSs), are organisations focused on bringing NHS providers together to improve population health and establish shared strategic priorities.

This level of geography is important for population needs assessments as ICBs are the primary entity involved in planning, commissioning and related decision making that affects NHS and local care providers in England.

Place Level

This level of geography remains within the ICB structure. Place areas are designated by the name of the ICB with a code at the end denoting the Place. They are often the geographies covered by the old Clinical Commissioning Groups (CCGs).

This level of geography is important for more granular population needs assessments within an ICB. In many areas, NHS service planning and delivery is still done at this level.

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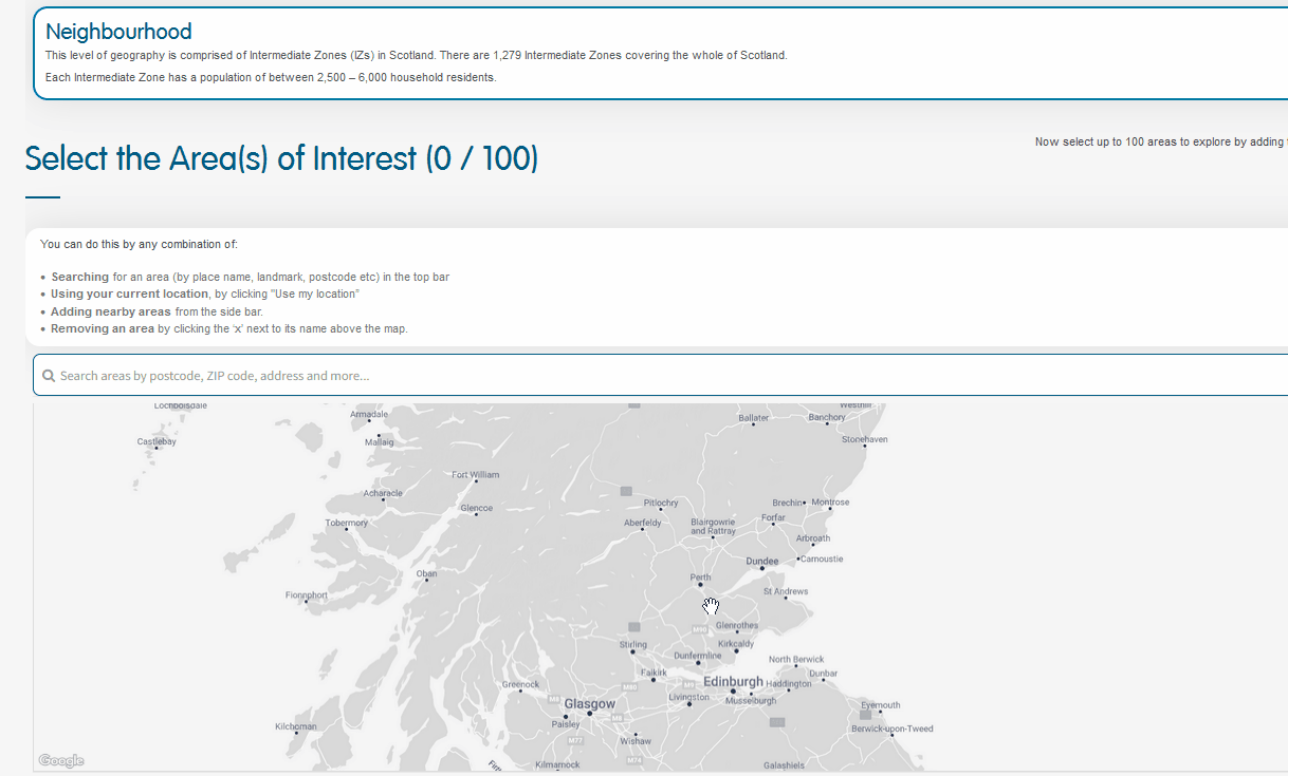
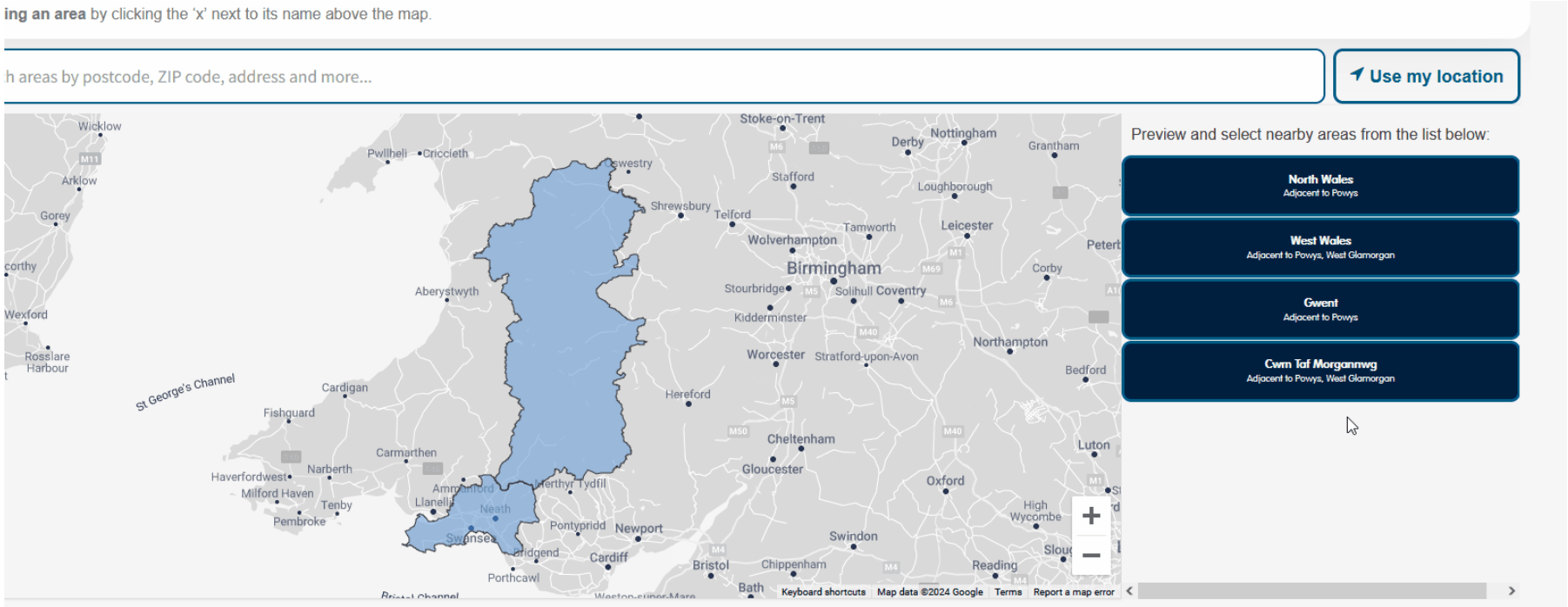
Intuitively find what you're looking for, using familiar experiences like Google Maps.

- Google Maps
- AI AutoComplete
- Multi-lingual Search
- Spatial Data Navigation
- Geospatial Relationships



With visual searching, just looking around can be informative.

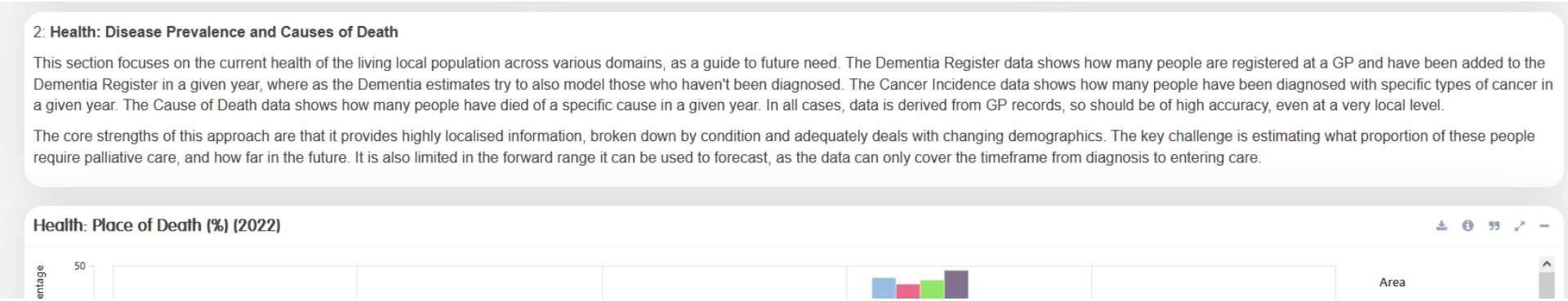
Before we even get to the outputs, people have found the selector useful to understand the spatial context – where things are and how they relate to one another.



Narrative provides structure and context to the process.

Highlights the steps where perspectives and data can contribute across a range of domains:

Population, Health, Deprivation, Demographics, Care Network



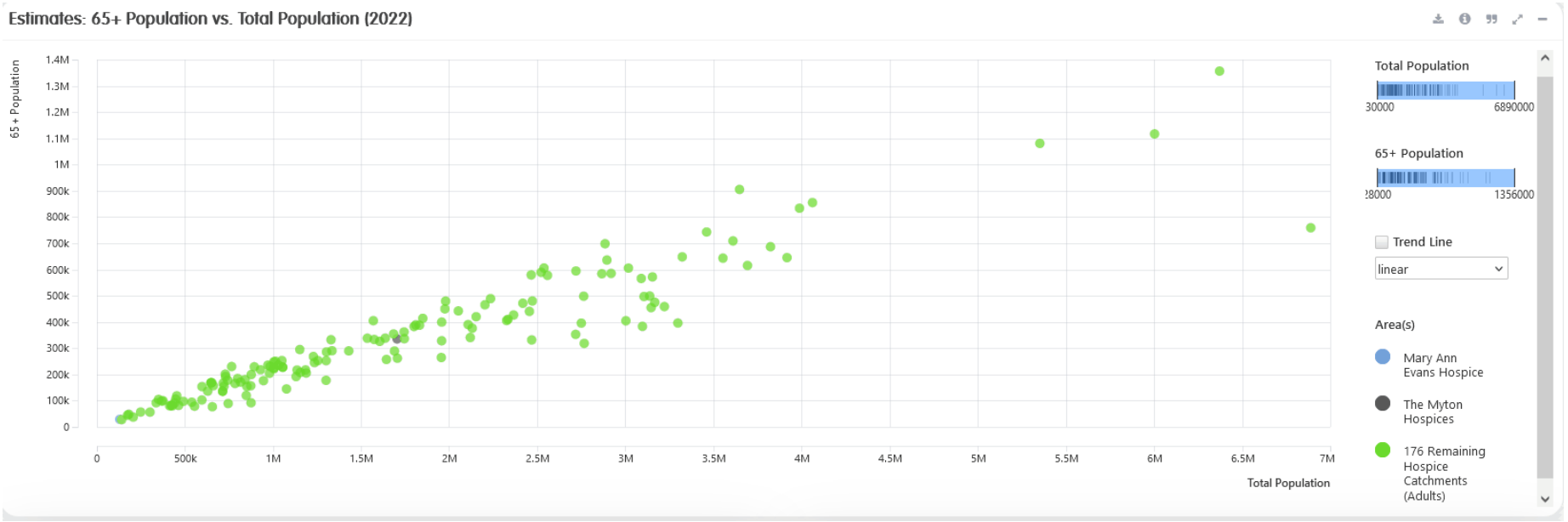
Comparison is the most powerful analytical tool.

Compare with others like you.

Compare with the wider context.

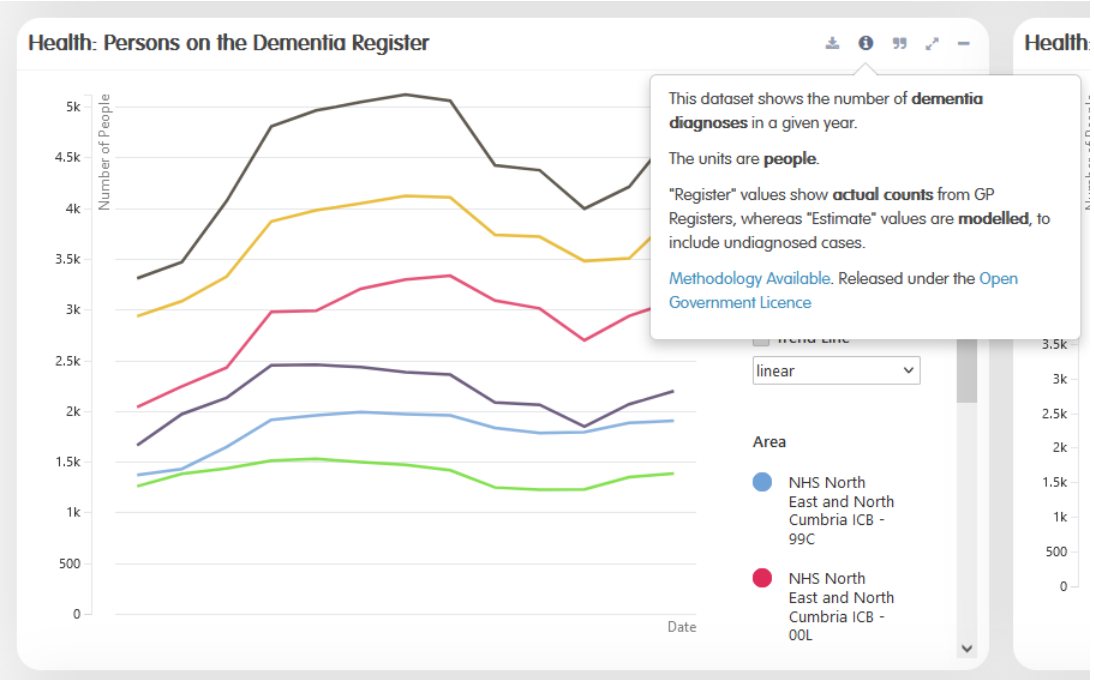
Compare over time.

Focus on what's relevant.



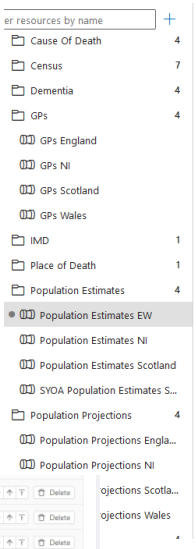
Making good decisions requires confidence in the evidence base.

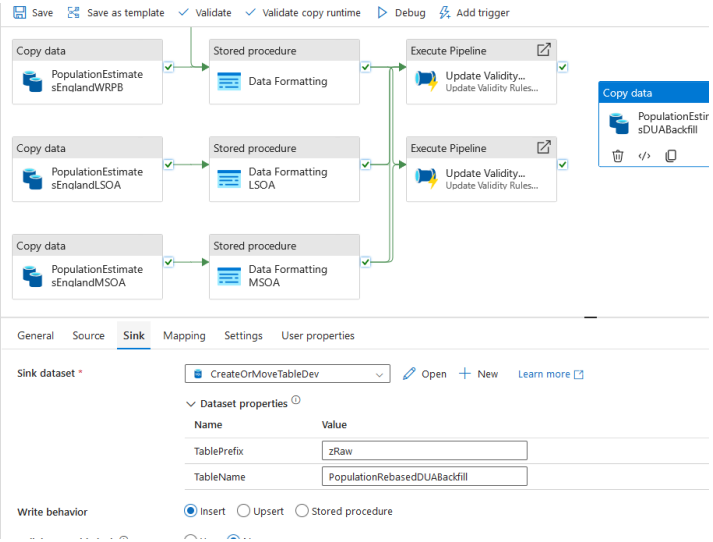
- Human friendly explanation
- Transparency by design
- Contextual access to export the data you're looking at.

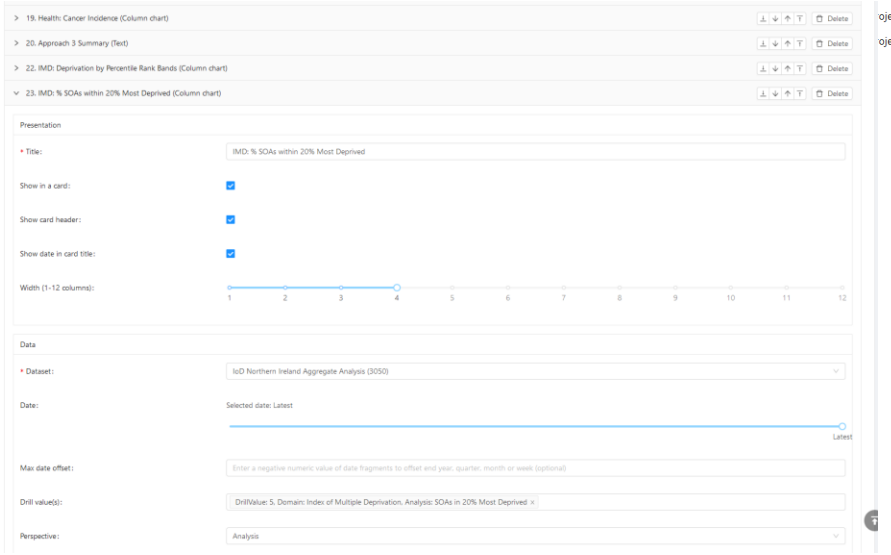


Can’t I just get this data myself?

- Curation
- Cost
- Completeness
- Consistency







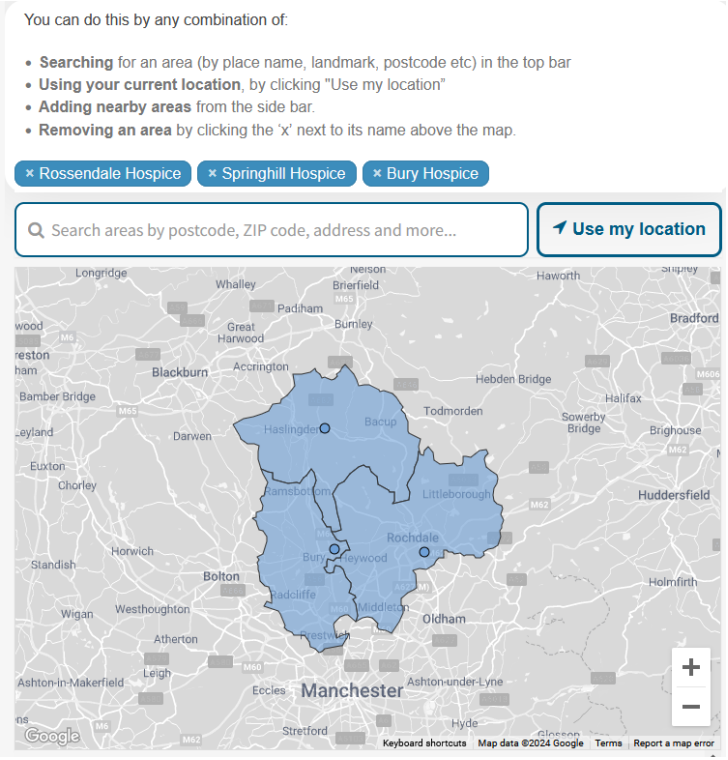
Collaboration is key. Repeating work is silly. Linking is easy (for you).

Saving and Sharing with links a bigger deal than it sounds

Hospice Catchments are the next step in an easier, more tailored journey.

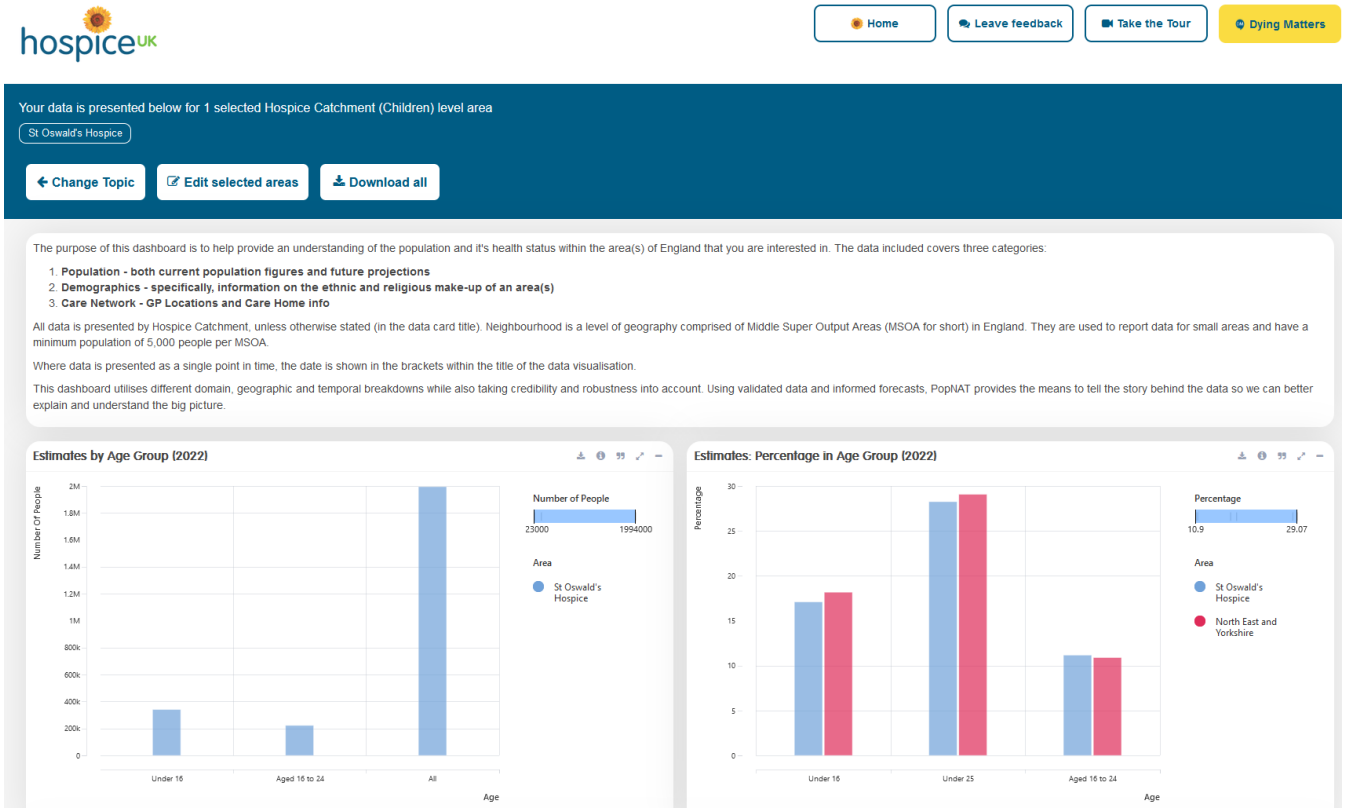
Support the full range of features

Derived aggregate data, not available anywhere else.



PopNAT broadening scope with debut of support for Children's Hospices.

- New Path options tailored towards their unique population assessment needs
- Children's Hospice Catchments will be the principle geography
- Intention to build on this further in the future.



Prototyping demographic data comparisons

Richard Cooper, Data Manager, Hospice UK

hospice UK

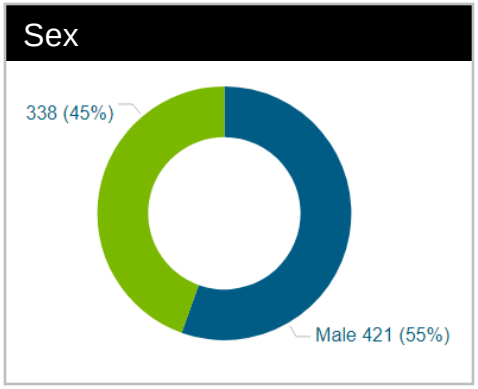
Comparing service level population data

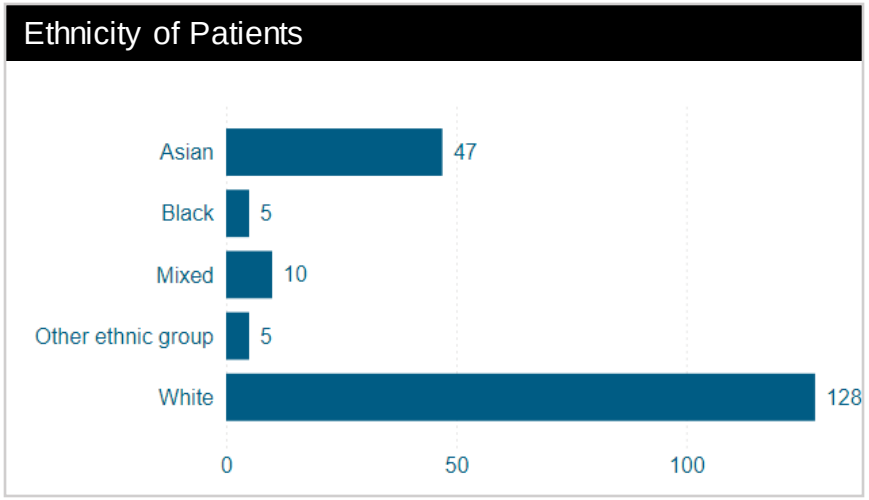
Hospice UK prototype tool to compare and visualise hospice service level patient demographics (from activity survey) with lower tier local authority ONS demographics (from PopNAT hospice catchment area data).

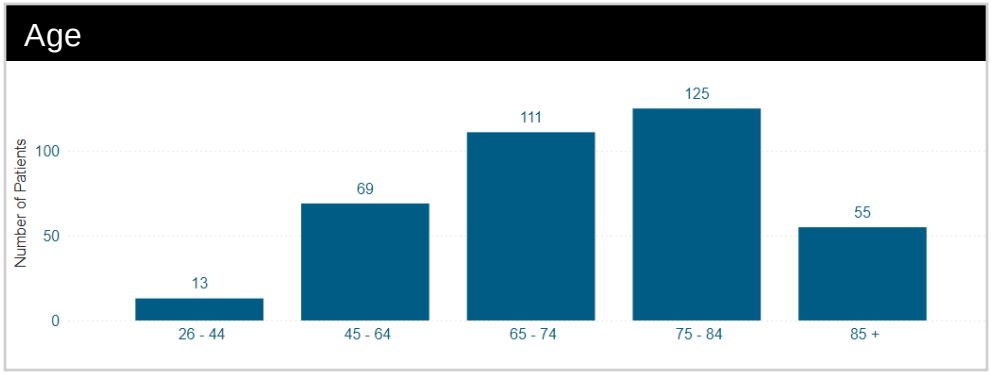
- Using catchment areas and LTLA areas was more accurate than using ICS areas
- Overlaying the ONS ethnicity data on the hospice sex and age distribution gave a more accurate ethnicity comparison
- The following case studies show the importance of utilising demographic data in a local context:
  - Urban vs rural populations are different
  - Children vs adult populations are different, on top of which the prevalence data shows a higher need in (a sub-category of) Asian children

There is the potential to use this tool both nationally and locally

Collected Data







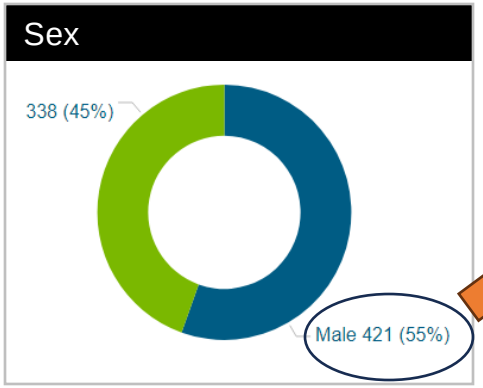
ONS Demographic Data

Count, %

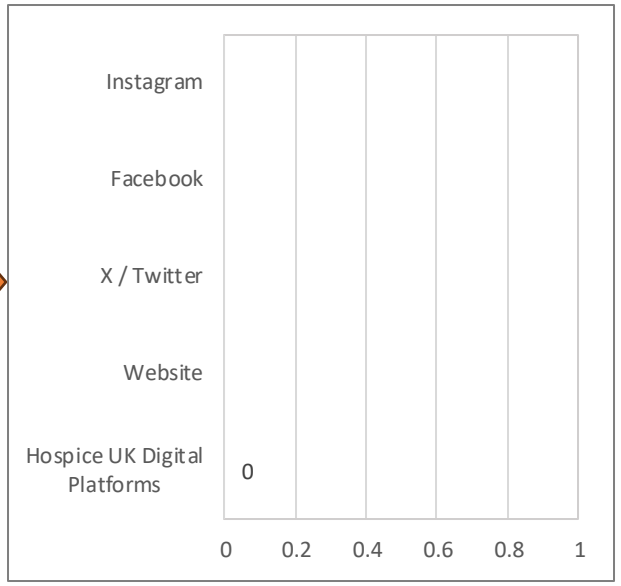
BY AGE, GENDER, ETHNICITY

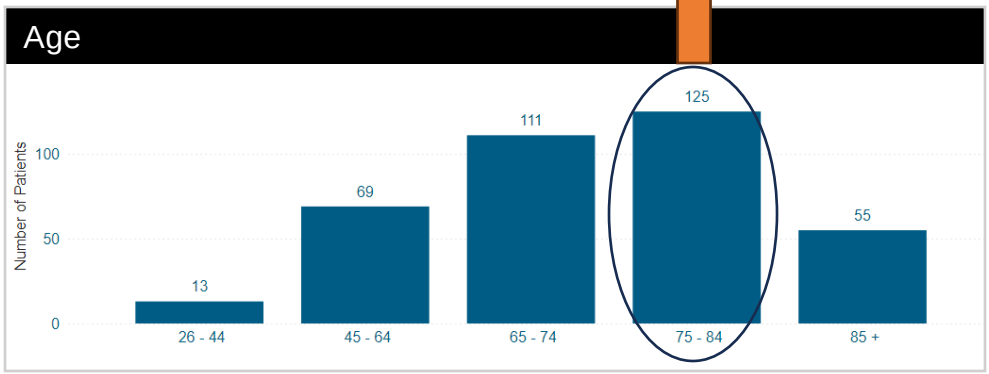
Ethnicity / Gender	Asian Count	%	Black Count	%	Mixed Count	%	Other ethnic group Count	%	White Count	%	**Total Count**	%
Female	**97,520**	**44%**	**17,594**	**8%**	**9,807**	**4%**	**10,290**	**5%**	**86,929**	**39%**	**222,140**	**100%**
0 - 15	35,830	45%	7,568	9%	6,092	8%	4,652	6%	25,922	32%	**80,064**	**100%**
16 - 18	3,458	44%	942	12%	467	6%	338	4%	2,618	33%	**7,823**	**100%**
19 - 25	9,623	40%	2,621	11%	1,099	5%	847	3%	10,059	41%	**24,249**	**100%**
26 - 44	23,082	47%	3,124	6%	1,425	3%	2,508	5%	19,470	39%	**49,609**	**100%**
45 - 64	17,786	44%	2,760	7%	626	2%	1,534	4%	17,703	44%	**40,409**	**100%**
65 - 74	5,285	43%	296	2%	60	0%	280	2%	6,458	52%	**12,379**	**100%**
75 - 84	1,911	34%	170	3%	29	1%	108	2%	3,412	61%	**5,630**	**100%**
85 +	545	28%	113	6%	9	0%	23	1%	1,287	65%	**1,977**	**100%**
Male	**97,155**	**43%**	**18,612**	**8%**	**10,177**	**5%**	**9,386**	**4%**	**88,654**	**40%**	**223,984**	**100%**
0 - 15	33,576	45%	7,300	10%	6,100	8%	4,168	6%	23,906	32%	**75,050**	**100%**
16 - 18	3,235	41%	964	12%	511	7%	289	4%	2,825	36%	**7,824**	**100%**
19 - 25	9,017	36%	2,961	12%	1,276	5%	780	3%	11,167	44%	**25,201**	**100%**
26 - 44	24,211	47%	3,678	7%	1,552	3%	2,462	5%	19,731	38%	**51,634**	**100%**
45 - 64	18,105	44%	2,997	7%	614	2%	1,209	3%	17,834	44%	**40,759**	**100%**
65 - 74	5,621	44%	353	3%	76	1%	298	2%	6,533	51%	**12,881**	**100%**
75 - 84	2,522	35%	253	4%	36	0%	129	2%	4,278	59%	**7,218**	**100%**
85 +	868	25%	106	3%	12	0%	51	1%	2,380	70%	**3,417**	**100%**
Total	**194,675**	**44%**	**36,206**	**8%**	**19,984**	**4%**	**19,676**	**4%**	**175,583**	**39%**	**446,124**	**100%**

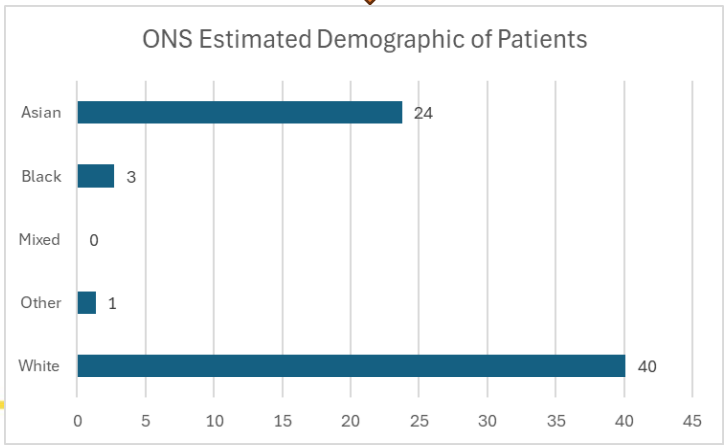
ONS Comparison



68 Male
Aged 75-84







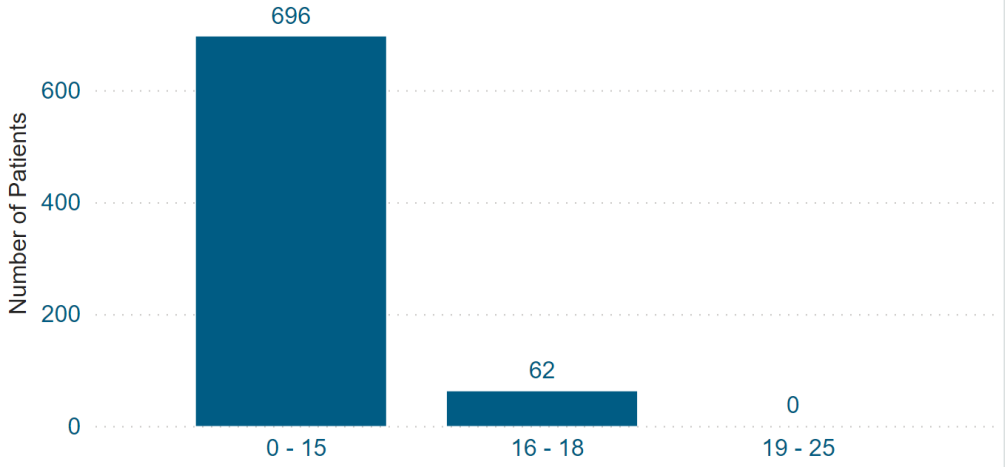
hospiceUK

Hospice 1 - A childrens's hospice in an urban area

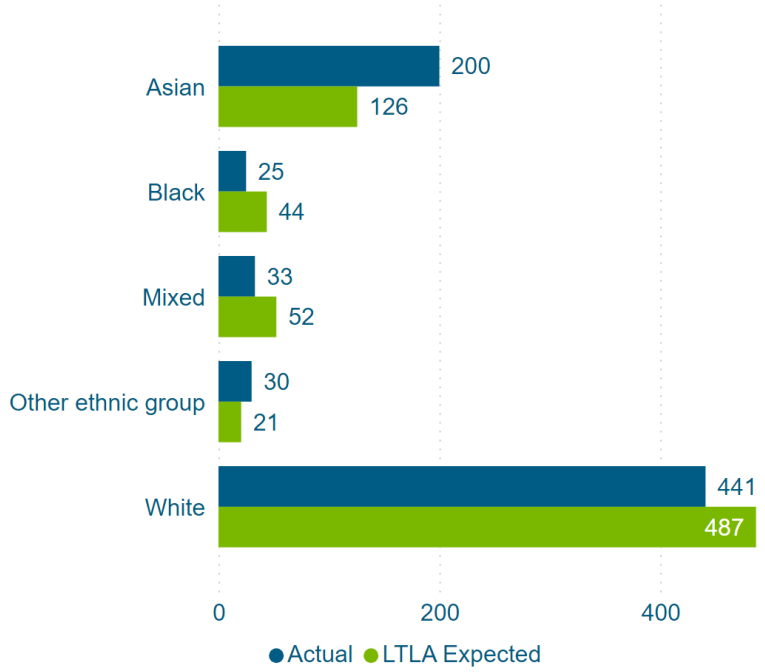
Comparison of the selected hospice ethnicity with the selected Lower Tier Local Authorities' ethnic distribution.

Sex

Age Distribution



Ethnicity of Patients Actual versus ONS Predicted



View ethnicity and age as percentages

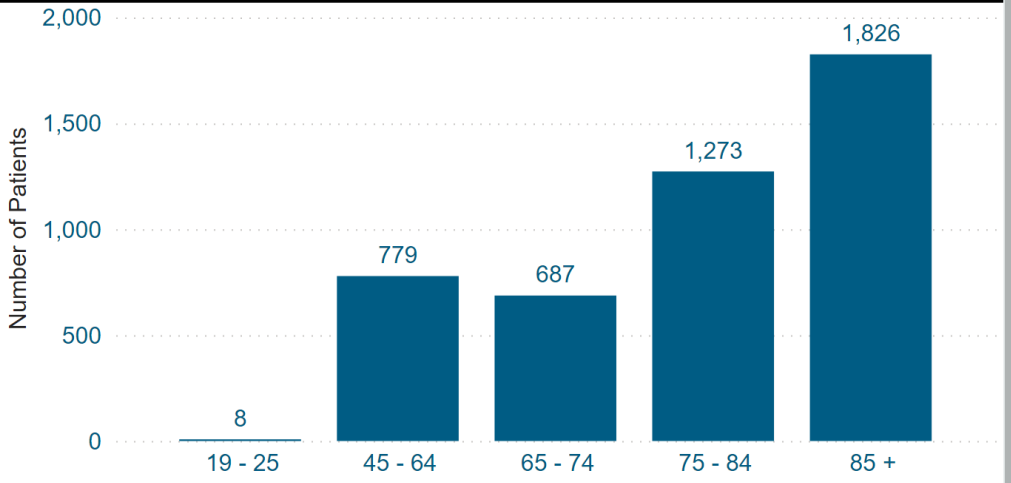
hospiceUK

Hospice 2 – An adult hospice in an urban area

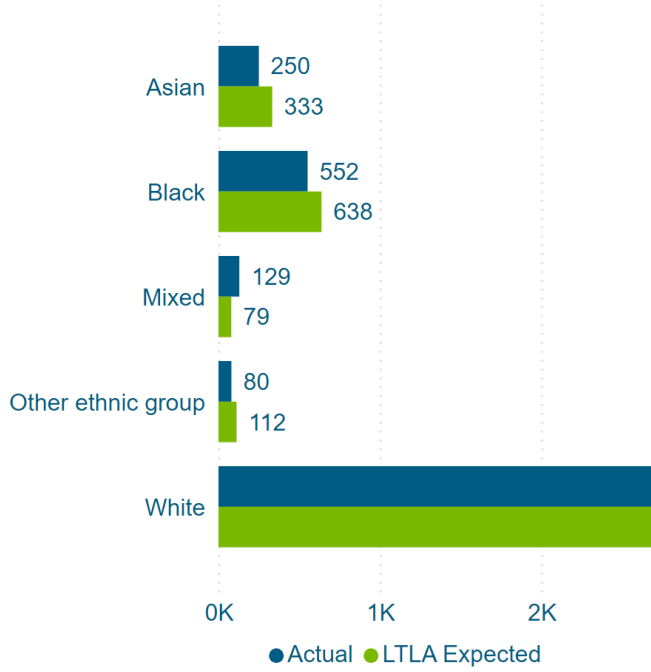
Comparison of the selected hospice ethnicity with the selected Lower Tier Local Authorities' ethnic distribution.

Sex

Age Distribution



Ethnicity of Patients Actual versus ONS Predicted



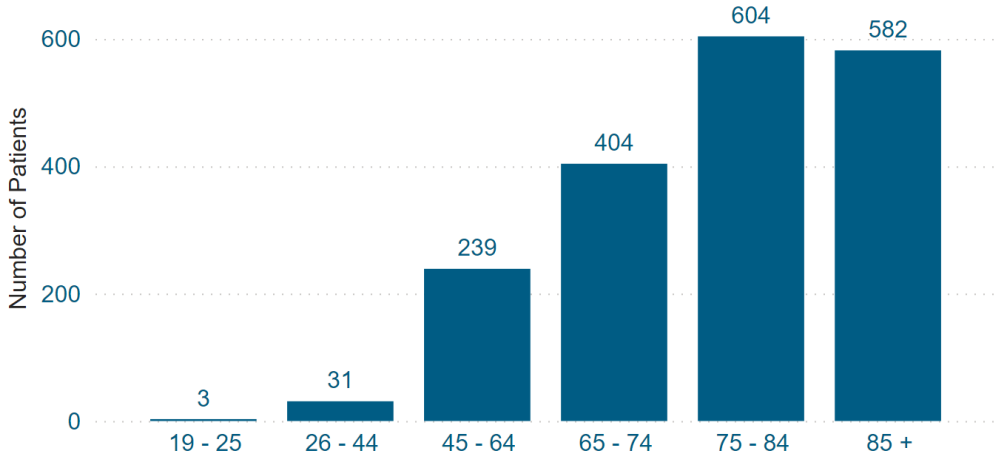
View ethnicity and age as percentages

Hospice 4 – An adult hospice in a coastal town

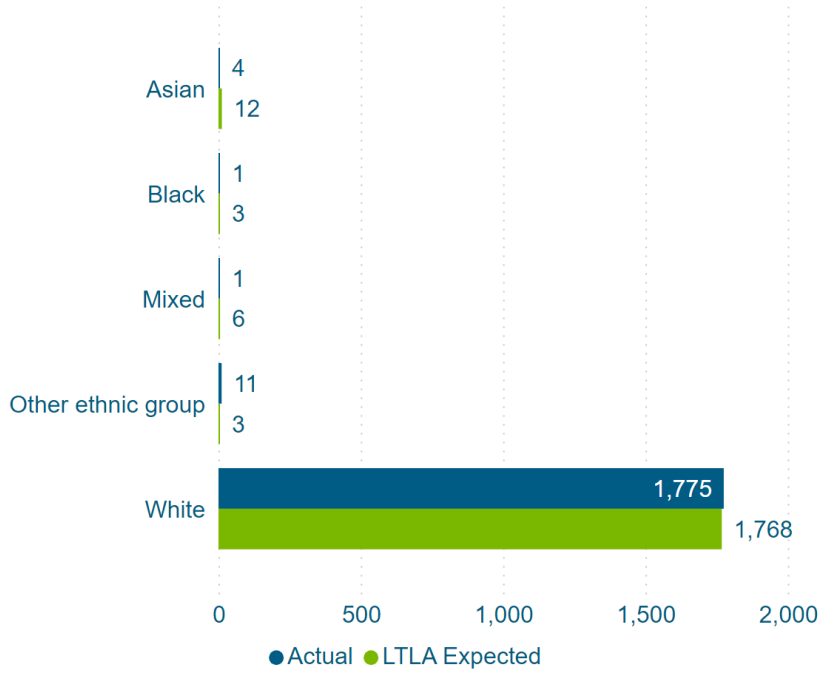
Comparison of the selected hospice ethnicity with the selected Lower Tier Local Authorities' ethnic distribution.

Sex

Age Distribution



Ethnicity of Patients Actual versus ONS Predicted



View ethnicity and age as percentages

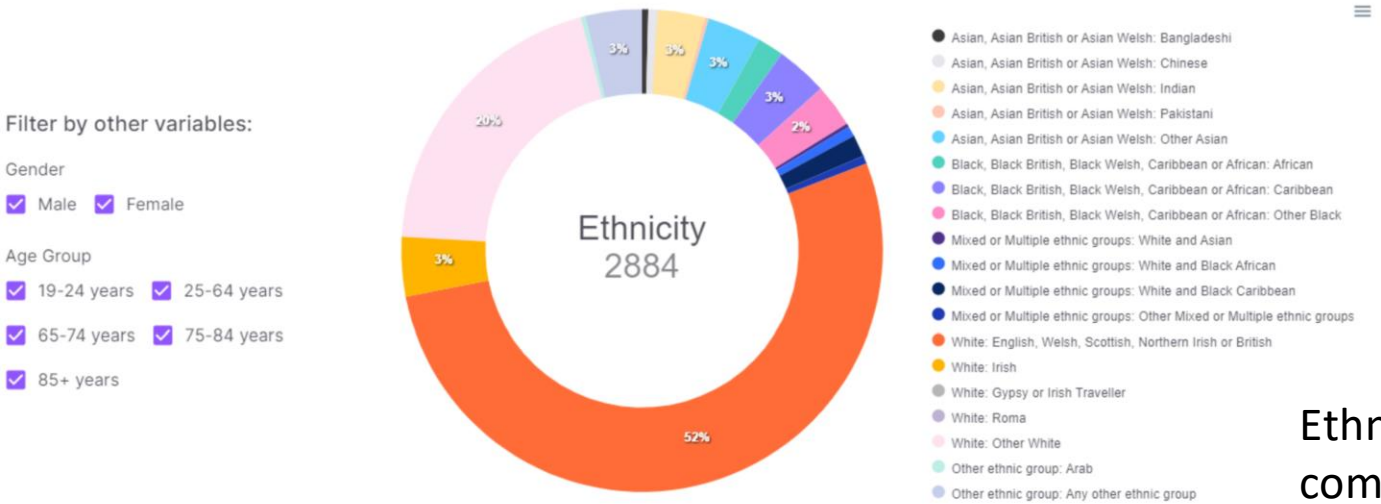
Comparing patient level population data

London hospice (working with university students) prototype tool to compare and visualise hospice patient level demographics (from patient records) with local ONS demographics (from PopNAT).

- Patient level data enables direct comparisons of single and intersectional demographic data
- Some catchment population data can be downloaded from PopNAT
- The data is patient identifiable and therefore can only be extracted, held and compared within the hospice

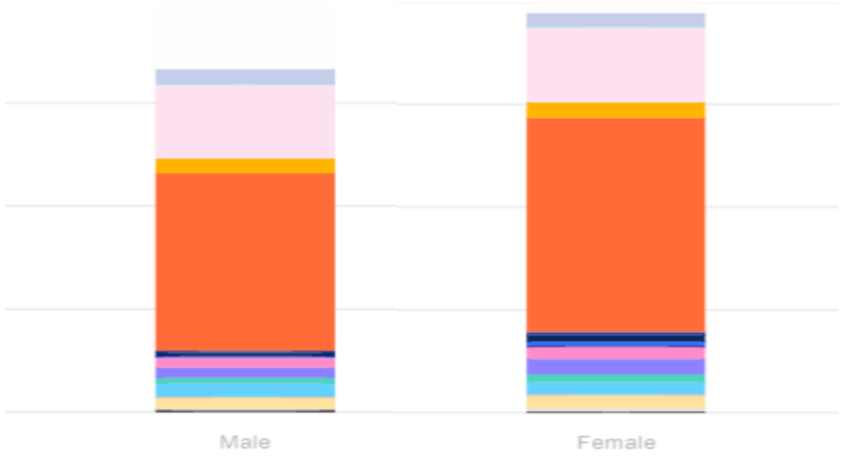
This tool can be used at local level to interrogate the reach of hospice services

Intersectionality of patient level data

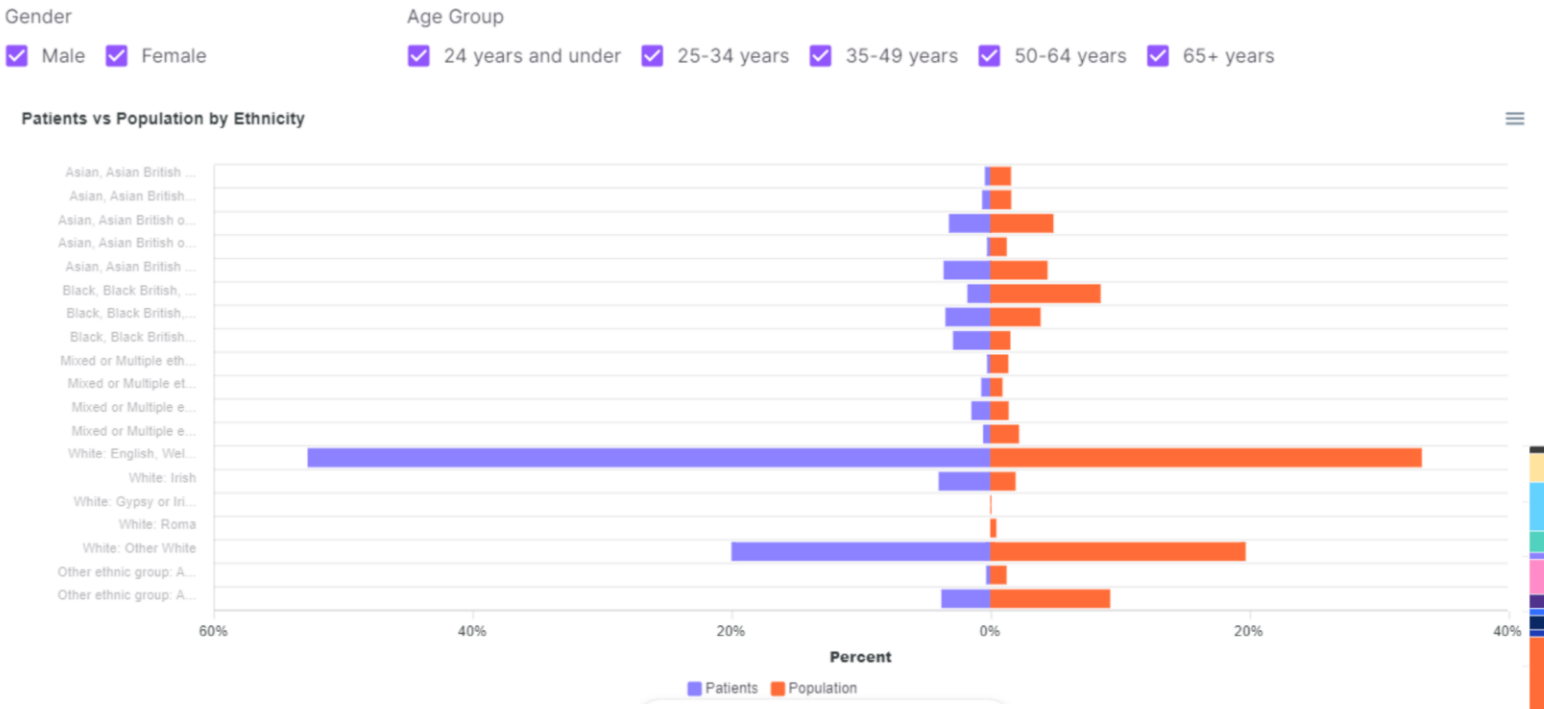


Ethnicity can be filtered by sex and age, and compared over geography and time

Ethnicity can be compared eg by sex

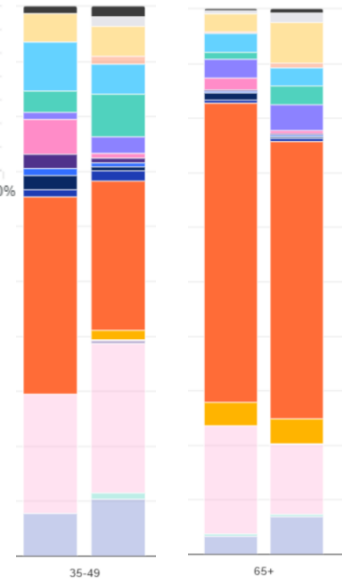


Comparison with population data



Comparison can be filtered by sex and age

Ethnicity can be compared for different age ranges (hospice left; population right)



Q&A