Marie Curie

Care and support
through terminal illness

In and out of hospital

Emergency hospital admissions and A&E attendances in the last year of life in England

Executive summary

Emergency admissions are a good indicator of how well the health and social care system is serving people in the last year of their life. While many of us will need to visit – and be admitted to – hospital towards the end of our lives, if our care is well-planned then emergency admissions and visits to accident and emergency (A&E) departments should be a last resort.

Multiple, unplanned admissions to hospital are incredibly distressing for people nearing the end of life, and their families. They may be an indicator of poor care planning, or how well health and social care services are working together to provide the right care and support. Emergency admissions also have significant financial implications for the NHS. Marie Curie estimates that the total cost of emergency admissions for people in the last 12 months of life exceeded £1.2bn in 2018-19.

Building on two previous reports in 2018 and 2019, this report analyses NHS data on emergency admissions and A&E attendances of people in the last year of life in England, between 2014 and 2019. This report finds that while the overall number of days a person can expect to spend in an emergency bed at the end of life has fallen across this period, many people are still experiencing multiple unplanned admissions. They can also expect both a rising number of visits to A&E departments, and a rising amount of time spent in A&E.

Of particular concern are the significant disparities between the experiences of different groups in the last 12 months of their life, which are highlighted by this analysis.

While people with cancer can generally expect to spend less time in an emergency bed than those with other conditions, people with less common cancers (not breast cancer, respiratory cancers or digestive cancers) can expect a greater number of emergency admissions, lasting longer, in their last year of life, than those with more common cancers. With less common cancers now accounting for 55% of all cancer deaths in England, this means more people with cancer are at risk of spending longer in hospital at the end of life.

People with dementia typically experience fewer emergency admissions at the end of life, on average. However, once admitted, they're likely to spend longer in hospital for each admission than those with other conditions. Dementia is now the leading cause of death in the UK and deaths from dementia will rise over the coming decades as the UK's population ages, meaning that if this pattern continues, many more people will be at risk of spending longer in a hospital bed or A&E department at the end of their life.

The time spent in an emergency bed or A&E department falls sharply among people aged over 85 after rising in younger age groups, meaning those aged 65-84 are more likely to see a higher number of emergency admissions, and spend longer overall in an emergency bed, than older people. It may be that this can be explained by a lower prevalence of advance care planning among relatively younger people, as some evidence shows that the likelihood of having an advance care plan increases with age.

While men's emergency admissions typically last less time than women's, men experience significantly more emergency admissions on average. This means that men in the last year of life are likely to spend longer in emergency beds than women. This may be related to men having a lower life expectancy on average than women, however there's some evidence that men who are in ill-health are less likely than women to have had recent contact with health professionals and therefore may have had fewer opportunities to discuss care planning.

Up to three-quarters of all deaths are expected. As most deaths can be anticipated, multiple emergency admissions shouldn't typically take place if a person's care is well-planned and responsive to their potential needs at the end of life. Studies have suggested that advance care planning can reduce hospital bed days for people approaching the end of life by around half and reduce unplanned admissions by as much as two-fifths[1].

Marie Curie welcomes the current Health & Care Bill, and believes that this should ensure that health professionals in all settings – including Integrated Care Systems – take special care to offer people in these more at-risk groups the chance to discuss and record their wishes for their care at the end of life through an advance care plan. These plans should be shared, updated, and acted upon by everyone involved in caring for an individual, to help prevent unnecessary visits and emergency admissions to A&E in the last weeks and months of life.

Avoiding unnecessary admissions to hospital for people nearing the end of life will also require proper resourcing for community palliative care services. The more good-quality care there is available to people at home or in their community, the less likely it is that they will need to be admitted to hospital on an emergency basis. Improving support in the community will enable more people to be cared for, and to die, in the place of their choosing, and avoid unplanned hospital admissions. It would also reduce the pressure on NHS hospitals.

As outlined in Marie Curie's Better End of Life report[2], this will require a whole-system approach to palliative and end of life care that includes the whole health and social care system, not just the palliative and end of life care sector. As part of this approach, arrangements for Integrated Care Systems set out in the Health & Care Bill should be used to ensure that local systems place the needs of people at the end of life at the centre of their governance, staffing and commissioning arrangements.

Contents

Background

Marie Curie published its first report on the number of emergency admissions people experience in the final year of life in March 2018. This report found that emergency hospital admissions for people in their last year of life were a significant, but often avoidable pressure on the NHS. It also showed significant variation between the four nations of the UK, with the average number of admissions per person in England twice as high as in Scotland and Wales.

In 2019, we published a second report that examined disparities in emergency admissions for people with cancer and non-cancer conditions. This report found that some people were spending a significant part of their last year of life in hospital after an emergency admission while, for others, there was a pattern of repeat admissions with shorter average stays.

In particular, we found that people with cancer can expect to experience a higher number of emergency admissions in the final year of life, compared with those who die from non-cancer conditions. We also found that while England had a higher rate of admission than the other UK nations, average lengths of stay in Scotland, Wales and Northern Ireland were longer.

This report investigates the experiences of people in the last year of life in England in more depth. It covers five years' worth of data, from 2014-15 to 2018-19, from the NHS in England, including not just emergency hospital admissions, but also A&E attendances. The report also considers disparities between people with specific conditions and groups of conditions in more depth.

For the first time, we are able to examine people's experiences over the last year of life in greater detail, as the data can be broken down into the last 12, six and three months of life.

We hope this analysis will help those involved in the care and support of people in the last year of their lives to understand which groups are at risk of a higher number of repeated emergency admissions or A&E attendances. Ultimately, those groups are at risk of spending more of their last weeks and months of life in hospital.

Methodology

In 2020, Marie Curie obtained data on emergency admissions and A&E attendances of people in the last year of life from NHS Digital's Hospital Episode Statistics (HES) database for the financial years 2014-15 to 2018-19, along with mortality data covering the same period.

This data recorded emergency admissions and A&E attendances in the last 12, six and three months of life, as well as the duration of the emergency admission (days) or A&E attendance (minutes), the age, gender, and the eventual cause of death for that person.

For the purposes of this analysis, cause of death is grouped as follows:

- cancer, breast (ICD C50)
- cancers, respiratory (ICD C30-39)
- cancers, digestive (ICD 15-26)
- cancers, others (ICD C00-14, C40-49, C51-97)
- dementia (ICD F00-G30, G30)
- heart disease (ICD I20-25, I30-52)
- all others.

Based on this data, Marie Curie established the average number of emergency admissions and A&E attendances for a person in the last 12, six and three months of life. Also the average duration of these admissions and attendances, based on their age, gender, or condition.

From this, we were able to establish the average time a person spent in an emergency bed (days) or in A&E (minutes) over the same period, depending on their age, gender or condition.

Ben Gold/Marie Curie

Headline trends in emergency admissions and A&E attendances

Emergency admissions

The clearest trend over the five years of data analysed by Marie Curie is a fall in the average number of days a person is likely to spend in an emergency bed in the last year of life.

As Figure 1, below, shows, on average a person in the last year of their life could expect to spend more than a day less in an emergency bed in 2018-19 compared to 2014-15, with the average length of stay falling consistently across these five years from around 9.5 days to 8.2 days.

However, as Figures 2 and 3 show, this is driven by an overall fall in the length of admissions - from an average of 5.5 days in 2014-15 to just 4.5 days in 2018-19 – rather than an overall fall in the number of emergency admissions experienced, which remained largely consistent across the five years considered. They were, in fact, highest (1.81 admissions) in 2018-19.

While it's positive that people at the end of their lives can expect to spend fewer days in hospital, overall, the fact that the number of separate admissions they are likely to experience remains largely unchanged is a cause for concern.

Multiple, unplanned admissions to hospital are incredibly distressing for people nearing the end of life, and their families, and may be indicative of poor care planning. It could also be indicative of the extent to which health and social care services are working well together to provide the care and support a person needs to avoid an emergency admission.

Most deaths are anticipated – up to three-quarters of all deaths are expected[3]. In this context, multiple admissions on an emergency basis shouldn't typically

Fig 1. Average number of days spent in an emergency bed in the last 12, six and three months of life, 2014-19

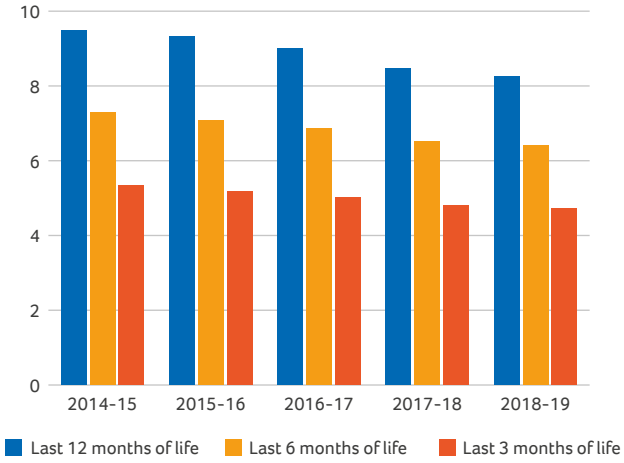


Fig 2. Average number of emergency admissions in the last 12, six and three months of life, 2014-19

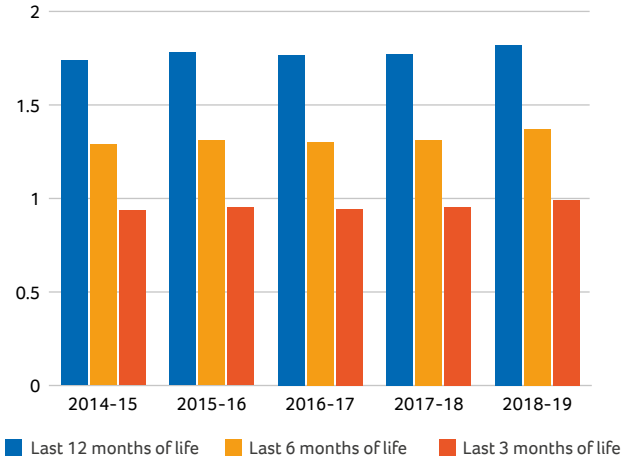
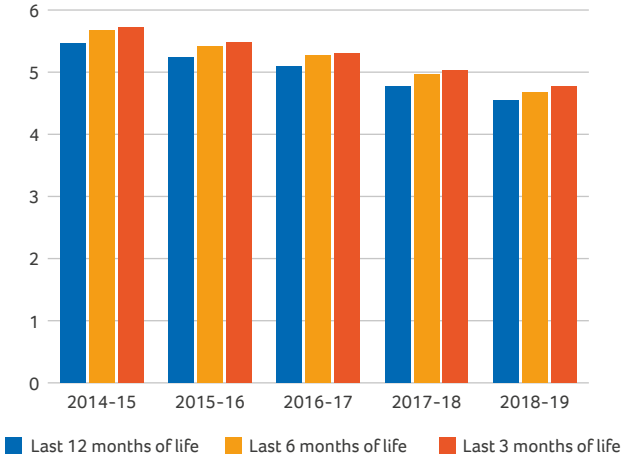


Fig 3. Average emergency admission duration (days) in the last 12, six and three months of life, 2014-19



be expected if a person's care is well-planned and responsive to their likely needs at the end of life. Studies have suggested that advance care planning can reduce hospital bed days for people approaching the end of their lives by around half and reduce unplanned admissions by as much as two-fifths[4].

A&E attendances

By contrast, the average time a person can expect to spend in an A&E department in the last 12 months of their life has risen sharply over the five-year period considered.

As Figure 4 shows, on average a person could expect to spend more than two hours longer (577 minutes) in A&E in 2018-19 than in 2014-15 (438 minutes) across the last year of life.

As shown in Figures 4 and 5, this trend is driven both by an increase in the number of times a person is likely to visit an A&E department in the last year of their life, and an increase in the duration of these visits. In 2014-15, the average person in the last year of their life could expect 1.76 visits to A&E of around four hours each (248 minutes). By 2018-19, however, this had increased to an average of 1.92 visits of five hours each.

The rising level of A&E attendances, and longer waiting times, among people at the end of life are a cause for concern. With every major A&E department in England missing its waiting time targets for the first time in the year immediately preceding the Covid-19 pandemic[5], this issue doesn't just affect those at the end of life. However, for people with a limited time left to live, frequent and time-consuming visits to

Fig 4. Average time spent in A&E (minutes) in the last 12, six and three months of life, 2014-19

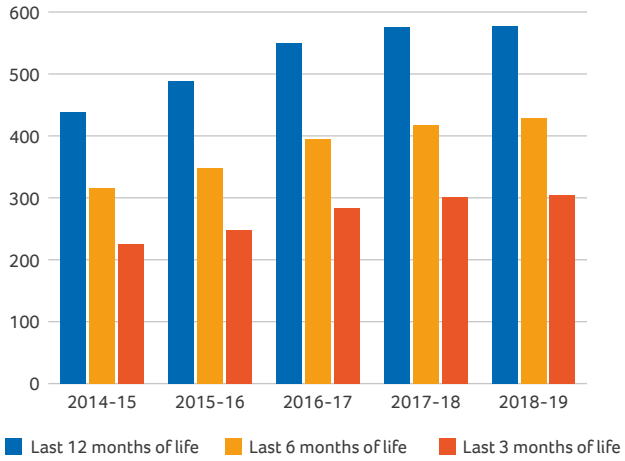


Fig 5. Average number of A&E attendances in the last 12, six and three months of life, 2014-19

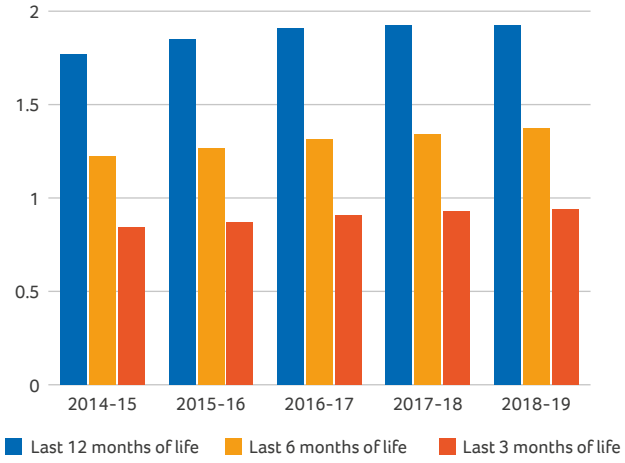
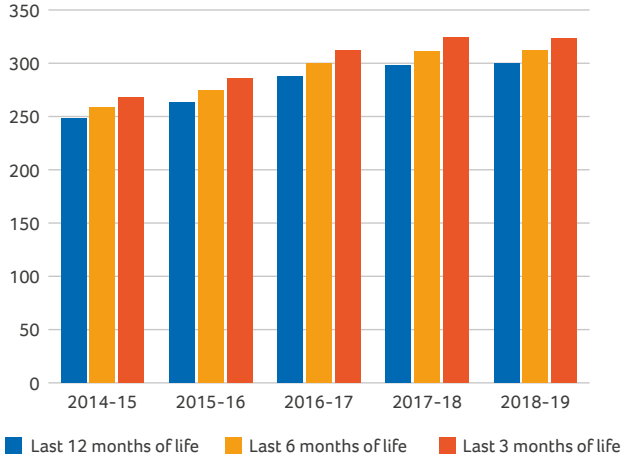


Fig 6. Average A&E attendance duration (minutes) in the last 12, six and three months of life, 2014-19



A&E departments are a particular concern, because the time they have left could be better spent on what matters most to them.

While some attendances will undoubtedly be clinically necessary, frequent visits to A&E departments should be unnecessary for those approaching the end of their life if their care is well-planned. As outlined earlier, studies of advance care planning have shown that it can prevent emergency hospitalisations for people nearing the end of life[6].

Increased pressure on A&E departments is also closely associated with higher numbers of emergency admissions and high levels of bed occupancy in NHS hospitals[7]. Greater focus on avoiding unplanned admissions for people at the end of life may then have the additional benefit of helping to relieve pressure on A&E departments and NHS hospitals, both for those nearing the end of life and for the broader population.

In and out of hospital in the last year of life

In addition to the headline trends, a clear pattern has emerged of the typical experience of a person at the end of their life. As the last year of life progresses, there's an increasing frequency of both A&E attendances and emergency admissions, with the duration of those attendances or admissions becoming longer, the closer a person is to death. This pattern holds across all conditions and age groups considered in our analysis.

Increasing frequency of emergency admissions and A&E attendances

As Figure 7 shows, in the most recent year studied (2018-19), on average, a man could expect to experience 1.9 emergency admissions, and a woman 1.75, in their last 12 months of life. These admissions disproportionately occur in the last six and especially the last three months of life, with more than half (1.03 for men and 0.95 for women) occurring in the three months before death.

This pattern is repeated for A&E attendances (Figure 8). In 2018-19, the average man attended A&E 2.02 times in the last year of life, and the average woman 1.82 times. Again, these instances occurred disproportionately in the last six and three months, with around half (0.99 for men and 0.89 for women) taking place in the last three months of life.

Increasing duration of emergency admissions and A&E attendances

Figure 9 highlights the increasing duration of average emergency admissions for men and women in the most recent year studied

Fig 7. Average number of emergency admissions in the last 12, six and three months of life, 2018-19 (men and women)

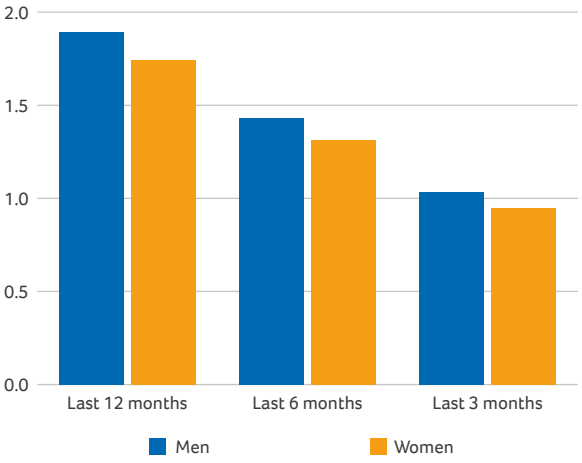
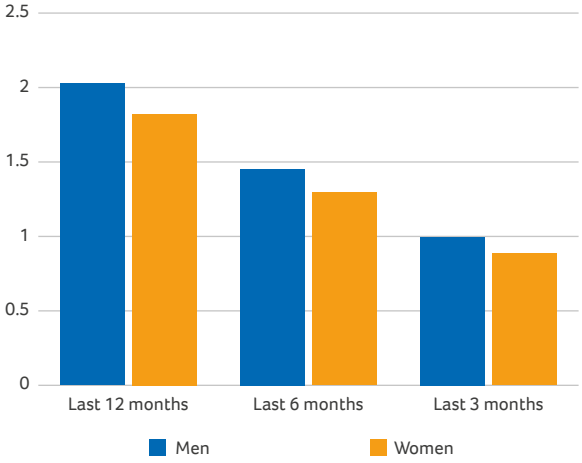


Fig 8. Average number of A&E attendances in the last 12, six and three months of life, 2018-19 (men and women)



(2018-19). The average admission in the last year of life lasts 4.5 days for men and 4.6 days for women. This increases as the last year of life progresses, with the average admission in the last three months of life lasting 4.6 days for men and 4.93 days for women.

Similarly, Figure 10 shows that in 2018-19 the average duration of an A&E visit increased sharply throughout the last year of life. On average, if a person visits A&E in the last year of their life, they can expect to spend around five hours there (295 minutes

for men, 305 minutes for women), but this rises as the last year progresses. By the last three months of life, a man can expect to spend 317 minutes in A&E per visit, and a woman 330 minutes.

This pattern is a cause for concern. While many people will require more treatment as they reach the end of their lives – and for many this may need to take place in hospital – if their care is well-planned this shouldn't typically be needed on an emergency basis.

It is unacceptable that people with months left to live face the prospect of repeated emergency admissions – of increasing frequency and duration – or spending inordinately long periods in A&E departments. Emergency admissions and visits to A&E should be a last resort, and if appropriate services are available in the community, they should be a rarity for people in the last year of their life.

Fig 9. Average emergency admission duration (days) in the last 12, six and three months of life, 2018-19

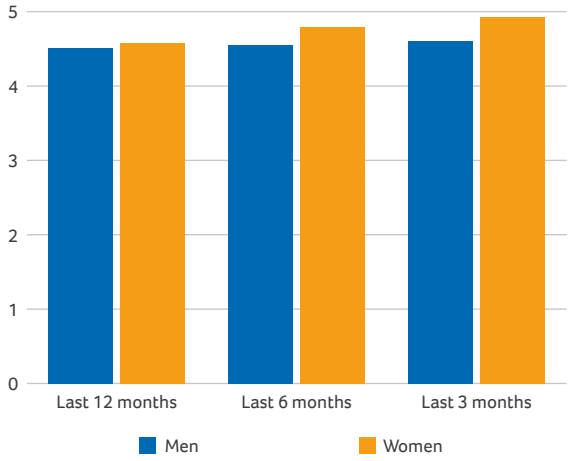
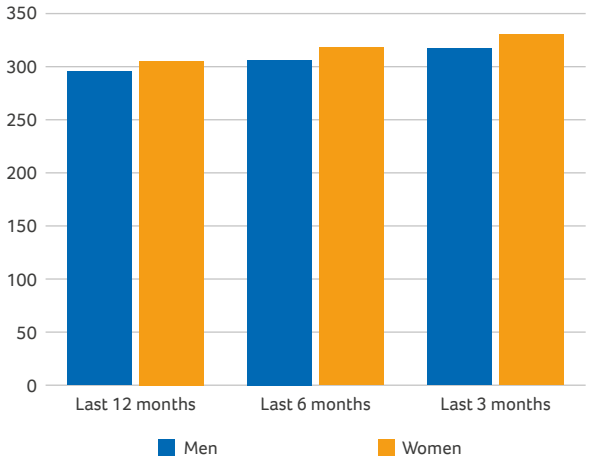


Fig 10. Average A&E attendance duration (minutes) in the last 12, six and three months of life, 2018-19



Which groups are particularly affected?

Marie Curie's second report into emergency admissions in the last year of life examined disparities in emergency admissions for people with cancer and non-cancer conditions. In this report, we are able to consider disparities between different groups in more depth, across five years' worth of data.

Our analysis shows that, beneath the headline trends of rising attendance at A&E departments, a fall in the time spent in emergency beds, a rising frequency and duration of emergency hospital care as a person approaches the last few months of life, there are significant differences in the experience of certain groups as they reach the last year of life.

People with less common cancers

As Figure 11 highlights, people with cancer can expect to experience a higher number of emergency admissions in the final year of life, compared with those who die from non-cancer conditions. This has remained consistent over the five years considered in this report. Figure 12 shows that this is somewhat offset, however, by the fact that on average, people with cancer can expect to spend less time in hospital, per admission, than those with a non-cancer condition, in the last year of their life.

However, this is not the experience of everybody with cancer. Looking in more detail at emergency admissions in the last year of life for people with breast cancer, respiratory cancers and digestive cancers – the most common causes of cancer death[8] – compared to other cancers, it's clear that those with less common cancers are likely to spend more time, on average, in an emergency bed.

Fig 11. Average number of emergency admissions in the last 12 months of life, 2014-19 (cancer vs. non-cancer)

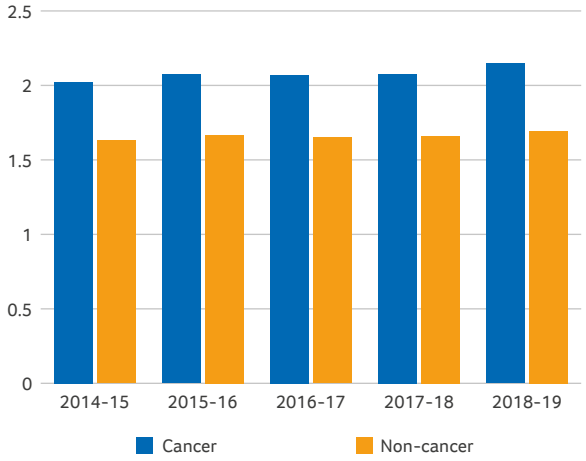
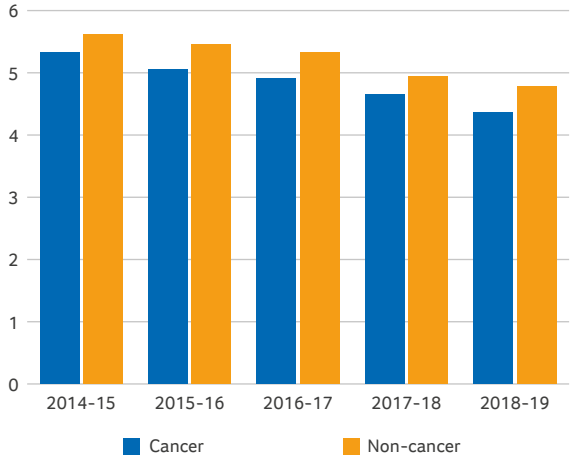


Fig 12. Average emergency admission duration (days) in the last 12 months of life, 2014-19 (cancer vs. non-cancer)



For the purposes of this analysis, 'less common cancers' refers to all cancers which aren't breast cancer, respiratory cancers or digestive cancers.

Figure 13 shows that those with less common cancers experience more emergency admissions in the last 12 months of life, and this has risen slightly over this five-year period. In 2014-15, a person with a less common cancer could

expect 2.17 emergency admissions, on average, in their last year of life. By 2018-19 this rose to 2.26, higher than any of the most common cancers.

Once in hospital, those with less common cancers can also expect to spend longer in an emergency bed than those with breast cancer, respiratory cancers or digestive cancers. Figure 14 shows that emergency admission duration has fallen over the period, in line with headline trends. However, by 2018-19, the average duration of an emergency admission for a person with a less common cancer was still 5.02 days, as much as a day longer than for people with other types of cancer.

Overall, as highlighted by Figure 15, these trends mean that a person with a less common cancer can expect to spend far longer in an emergency bed at the end of their life than somebody with one of the most common cancers. In 2018-19, on average people with less common cancers spent 11.34 days of their last 12 months of life in hospital, compared to 8.91 days for people with digestive cancer, 7.91 days for people with respiratory cancer and just 7.57 days on average for people with breast cancer.

Figure 16 shows that this pattern is repeated for A&E attendances – those with less common cancers are more likely to spend significantly longer in an A&E department in their last year of life compared to those with the most common cancers. By 2018-19, they could expect to spend on average more than ten hours (611 minutes) in A&E at the end of life – higher than people with any other condition.

While those who have cancer can generally expect to spend less time in an emergency bed in the last year of their life than people

Fig 13. Average number of emergency admissions in the last 12 months of life, 2014-19 (cancer)

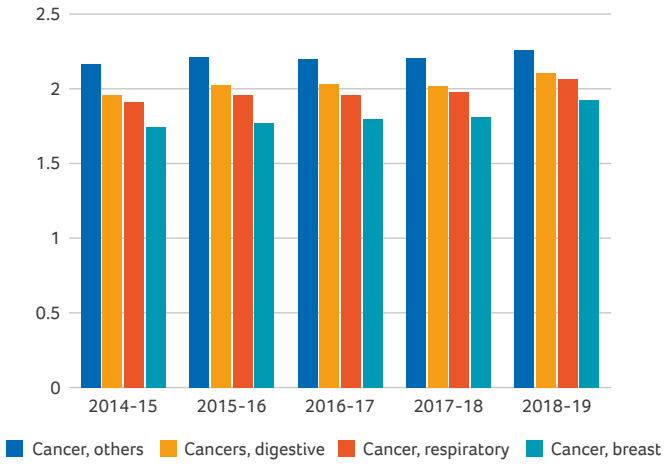


Fig 14. Average emergency admission duration (days) in the last 12 months of life, 2014-19 (cancer)

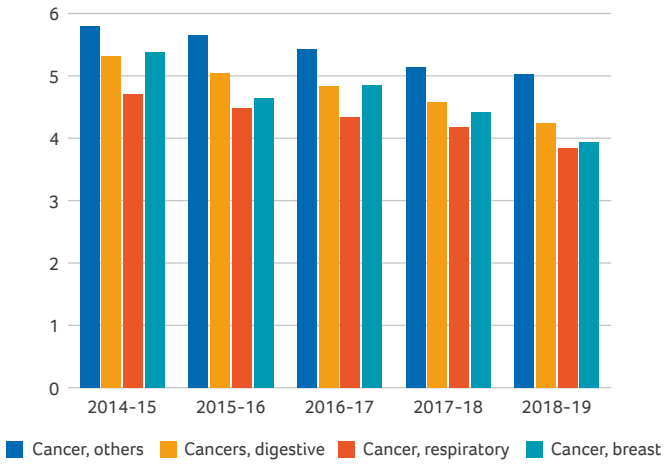
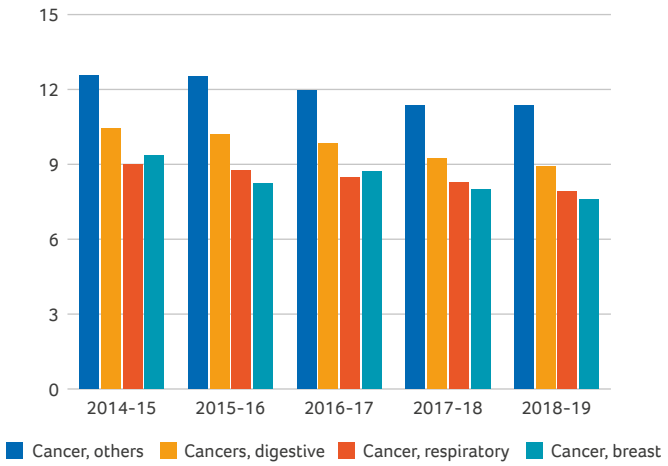


Fig 15. Average time spent in an emergency bed (days) in the last 12 months of life, 2014-19 (cancer)



who have non-cancer conditions, it is clear that this trend is driven predominantly by the experience of people who die from the most common cancers. Those with less common cancers can expect to see a greater number of emergency admissions, lasting longer, than those with other cancers. They can also expect to spend far more of the last year of life both in A&E and in an emergency bed.

The disparity may be related to the fact that those with less common cancers often find it more difficult to gain an early diagnosis than those with more common cancers[9]. Late diagnosis, and late terminal diagnosis, may mean that those with less common cancers have less opportunity to have advance care planning conversations than those with more common cancers, who are diagnosed earlier.

This is a cause for concern, as while the most common causes of cancer death are breast, digestive and respiratory cancer, less common cancers now account for 55% of all cancer deaths in England. This proportion has risen over the last 20 years as survival rates for other cancers increase[10]. The pattern identified in this data therefore means that more people dying with cancer are at risk of spending longer in hospital on an emergency basis at the end of life.

Fig 16. Average time spent in A&E (minutes) in the last 12 months of life, 2014-19 (all conditions)

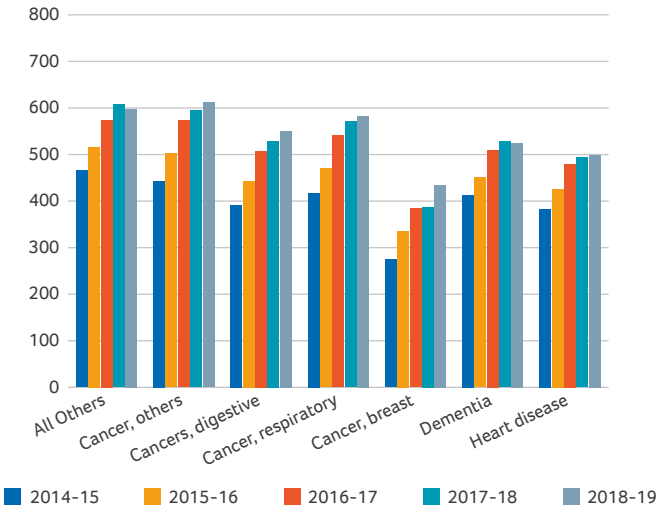
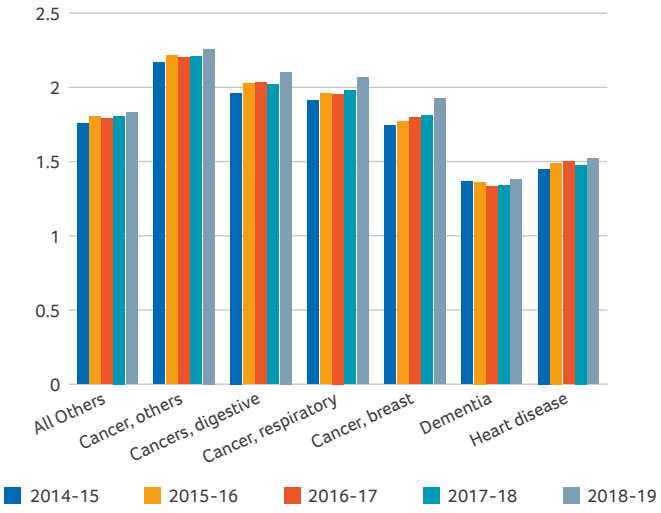


Fig 17. Average number of emergency admissions in the last 12 months of life, 2014-19 (all conditions)



People with dementia

As Figure 17 shows, people with dementia experience fewer emergency admissions, on average, than people with other conditions. By 2018-19, somebody with dementia could expect to experience 1.52 emergency admissions in the last 12 months of their life – below the overall average and fewer than those with other conditions.

However, Figure 18 highlights that the average length of these admissions was sharply higher for people with dementia than for people with any other condition. While this has fallen over the period (from 7.27 days in 2014-15 to 6.08 days in 2018-19), people with dementia can still expect to spend far longer in an emergency bed, per admission, than anybody else in the last year of their life.

Figure 19 highlights that people with dementia also experience reasonably frequent visits to A&E departments in the last 12 months of their life – around 1.74 on average in 2018-19. This is only slightly under the overall average and broadly comparable to people with conditions such as heart disease.

Once they reach A&E, people with dementia can expect to spend significantly longer there than people with most other conditions, as Figure 20 shows. This has risen over the period, from slightly above four hours (257 minutes) in 2014-15, to in excess of five hours (315 minutes) in 2018-19. Across this period, only people with breast cancer could expect to spend longer in an A&E department per visit than people with dementia – with those with breast cancer experiencing significantly fewer visits.

It is positive that the average length of an emergency admission for a person with dementia has fallen over the period, and that people with dementia experience fewer emergency admissions or A&E attendances than some others. However, the fact that people with dementia spend far longer in A&E per visit, and in emergency beds once admitted, is alarming.

Dementia is now the leading cause of death in the UK and the proportion of deaths from dementia has increased significantly over the last 20 years[11]. While deaths from the other leading causes of death have seen falling mortality rates in recent years, deaths from dementia are only predicted to increase over the coming decades as the UK's population ages[12].

If the pattern identified in this data continues as deaths from dementia rise, it's likely that in future, many more people

Fig 18. Average emergency admission duration (days) in the last 12 months of life, 2014-19 (all conditions)

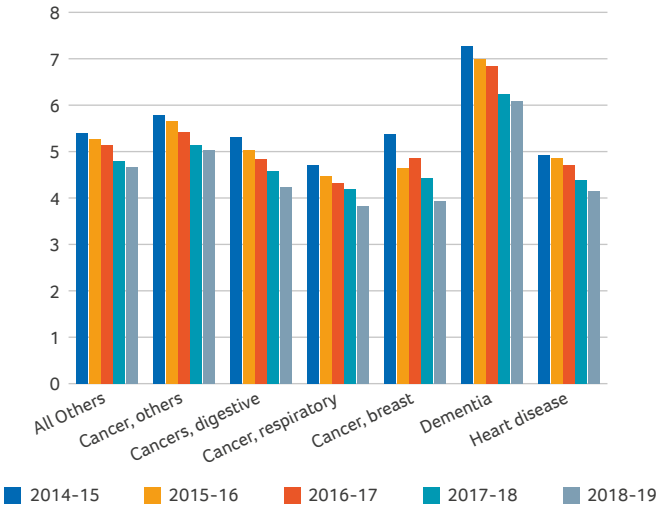


Fig 19. Average number of A&E attendances in the last 12 months of life, 2014-19 (all conditions)

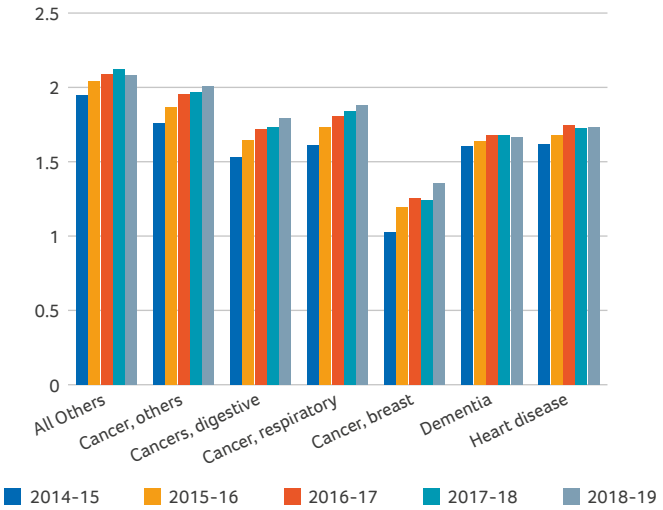
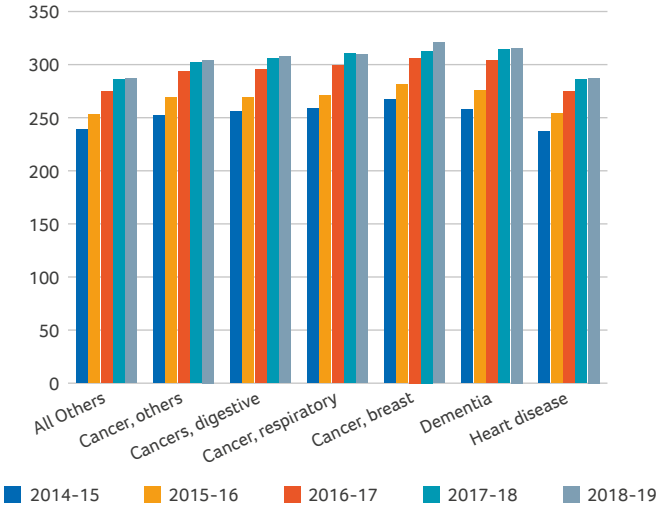


Fig 20. Average A&E attendance duration (minutes) in the last 12 months of life, 2014-19 (all conditions)



will be spending longer both in A&E departments and in emergency beds in the last year of their life. This will put even greater pressure on the NHS and cause additional distress for people at the end of life and their families.

People aged 65-84

Figures 21 and 22 show that people aged 65-74 and 75-84 can expect, on average, to spend longer in an emergency bed, and more time in A&E, in the last year of their lives than younger or older age groups. This pattern has remained across all five years considered.

In line with overall trends, the average duration of emergency admissions for this age group fell across this period. However in 2018-19, those aged 65-74 and 75-84 could still expect to spend 10.17 and 9.42 days, respectively, of the last 12 months of their life in an emergency bed. Similarly, their average time spent in A&E rose over this period, reaching nearly 11 hours (649 minutes and 644 minutes, respectively) by 2018-19.

In the case of both emergency admissions and A&E attendances, this pattern is driven not by the average duration of an admission or attendance – which were broadly consistent with the next older and younger groups – but by a higher number of separate incidents. As Figures 23 and 24 show, a person aged 65-74 or 74-84 was likely to experience more separate emergency admissions, and more A&E attendances, across the five years considered.

By 2018-19, a person aged 65-74 could expect 2.15 emergency admissions on average, and 2.12 A&E attendances, in their last year of life. A person aged 75-84 could expect 2.00 emergency admissions and 2.13 A&E attendances. By contrast, a person aged 85+ could expect just 1.53 emergency admissions and 1.75 A&E attendances, on average.

While we may expect people who are older to spend more time in hospital, especially as they approach the end of their life, if their care is well-planned this shouldn't typically be on an emergency basis. Furthermore, increasing age can't fully explain this pattern, as the time spent in an emergency bed or in an A&E department falls sharply among people aged over 85, after rising among younger age groups.

Fig 21. Average number of days spent in an emergency bed in the last 12 months of life, 2014-19 (all ages)

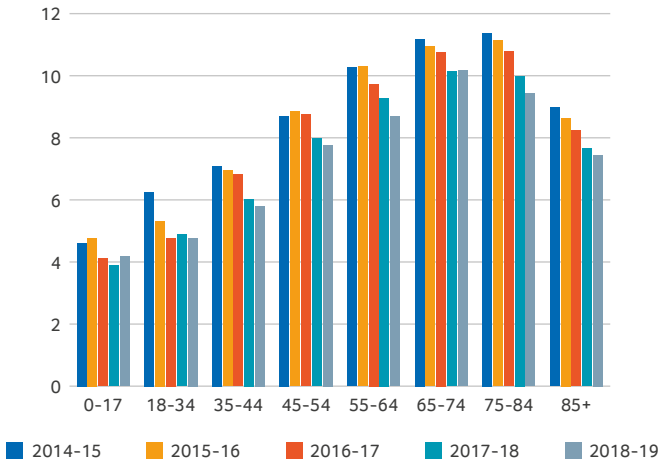
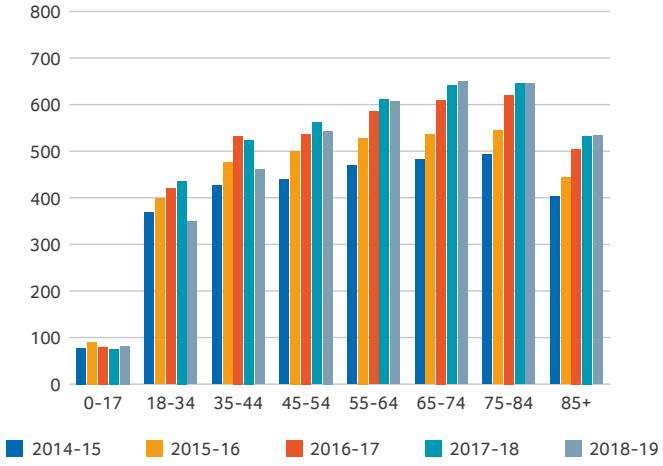


Fig 22. Average time spent in A&E (minutes) in the last 12 months of life, 2014-19 (all ages)



It may be the case that this disparity is explained by a lower prevalence of advance care planning among people aged 65-84, compared with the very oldest people. Studies have shown that the likelihood of engaging in advance care planning increases with age[13], with some evidence that relatively younger people are less likely to have completed any advance care planning document than older people[14].

Men

Figures 25 and 26 show that on average, men experienced a higher number of emergency admissions and A&E attendances than women in the last 12 months of life. In the most recent year considered, 2018-19, a man in the last year of life could expect to experience 1.89 emergency admissions and 2.03 A&E attendances, on average, compared to 1.74 emergency admissions and 1.82 A&E attendances for women.

While the average number of emergency admissions fell for both men and women, and the average number of A&E attendances increased – in line with headline trends – this pattern remained consistent across all five years considered.

While men's admissions are typically shorter than women's, the higher number of separate admissions men are likely to experience mean that overall a man in the last year of life is likely to spend longer in an emergency bed than a woman (Figure 27). This would be 8.5 days on average in 2018-19, compared to 7.98 days for women. Similarly, Figure 28 shows that men are likely to spend longer in A&E overall than women – reaching nearly 10 hours (598 minutes) in 2018-19.

This disparity may arise from differences in life expectancy – the average life expectancy in the UK is 79.4 years for men, compared to 83.1 years for women[15]. As outlined earlier, relatively younger people are likely to spend more time both in A&E

Fig 23. Average number of emergency admissions in the last 12 months of life, 2014-19 (all ages)

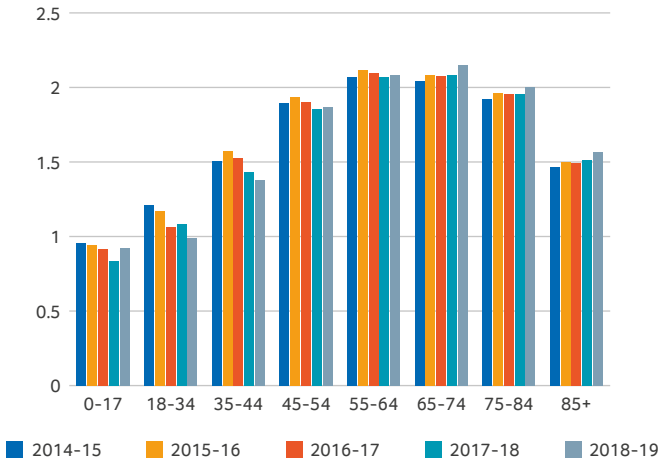


Fig 24. Average number of A&E attendances in the last 12 months of life, 2014-19 (all ages)

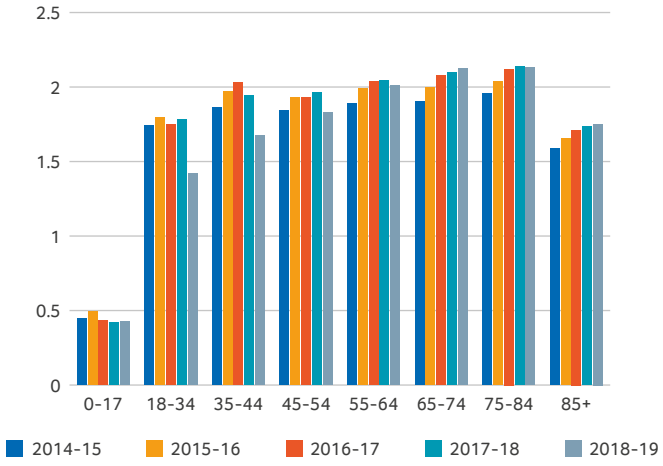


Fig 25. Average number of emergency admissions in the last 12 months of life, 2014-19 (men and women)

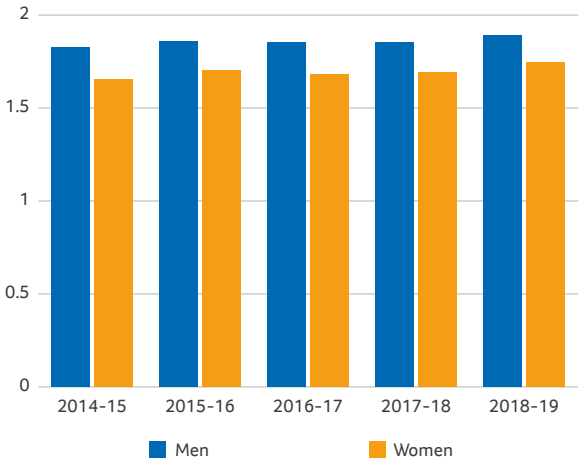


Fig 26. Average number of A&E attendances in the last 12 months of life, 2014-19 (men and women)

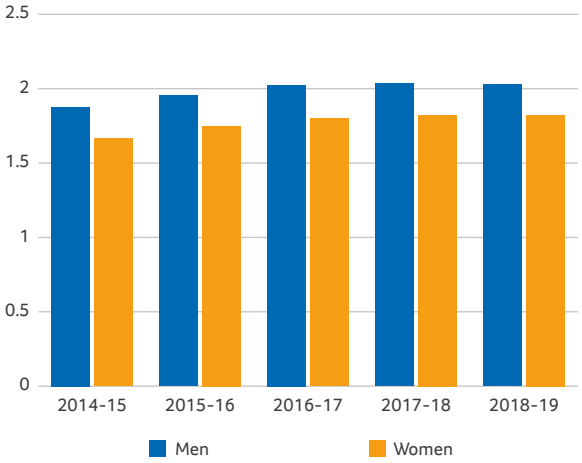


Fig 27. Average number of days spent in an emergency bed in last 12 months of life, 2014-19 (men and women)

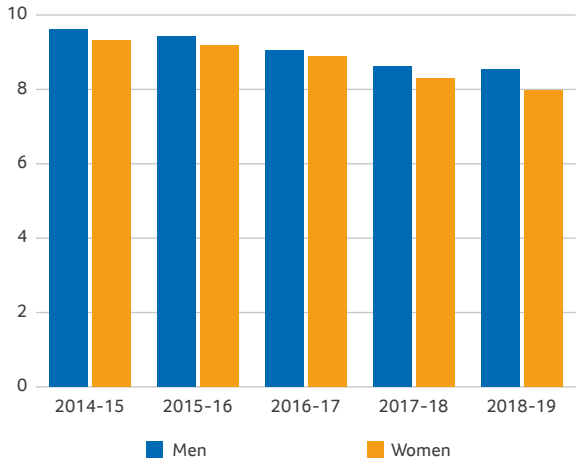
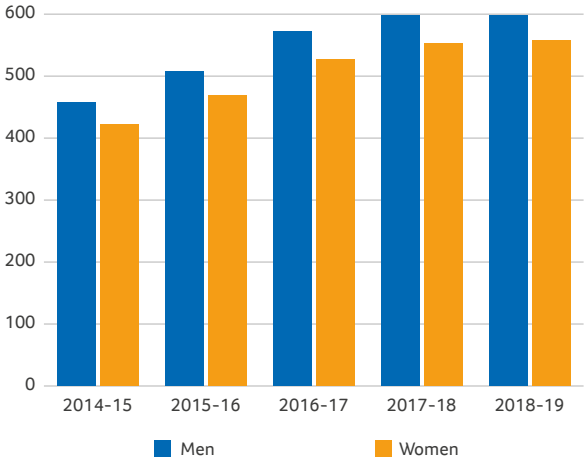


Fig 28. Average time spent in A&E (minutes) in the last 12 months of life, 2014-19 (men and women)



and in an emergency bed at the end of their lives, therefore men's lower life expectancy may in part explain their increased admissions and A&E attendances.

There is also some evidence that, despite women typically spending more years of their life in ill-health than men[16], men with health problems are more likely than women to have had no recent contact with a doctor. They often don't seek treatment until later in an illness[17]. This pattern may mean that men at the end of their lives are less likely than women to have engaged in advance care planning discussions, or are likely to engage in them later.

Conclusion and recommendations

This data highlights some significant and concerning disparities in both the number of emergency admissions and A&E attendances, and the duration of those episodes, between different groups in England at the end of their lives.

Building on Marie Curie's previous reports into emergency admissions, which found people in England could expect more admissions, on average, in the last year of life than those in other parts of the UK, this report shows that men, those with less common cancers, and those aged 65-84, can all expect to experience more emergency admissions in the last year of their life. They're also more likely to experience multiple visits to an A&E department. While those with dementia experience fewer admissions, the fact that they spend significantly longer in hospital once admitted than those with other conditions is a further cause for concern.

While there are undoubtedly valid clinical reasons that lead to some differences in emergency admissions between different groups, if a person's care is well-planned and coordinated then we wouldn't typically expect to see multiple, unplanned admissions to hospital on an emergency basis in their last 12 months of life. Of particular concern is the pattern of rising admissions, and rising A&E attendances, as the last year of life progresses, with as many as half of all episodes experienced in the final three months of life.

Emergency admissions in the last year of life can act as a good indicator of how well the health and social care system is serving people at the end of their lives. It can't be acceptable that some people with a year or less to live are faced with the prospect of many more admissions or A&E attendances than others, or longer hospital stays.

Often, such instances are avoidable. A greater focus on ensuring that particularly affected groups are given the option to record their wishes for their care through advance care planning conversations could help those nearing the end of their lives spend less time in hospital and more time in the community.

We recommend that the Health & Care Bill should ensure that health professionals in all settings – including Integrated Care Systems – take special care to offer advance care planning conversations to the following groups (as well as their families and carers):

- people with less common cancers
- people with dementia
- people aged 65-84
- men.

Reducing avoidable admissions isn't only better for people at the end of their lives, but will substantially reduce pressure on NHS hospitals in England. With more than 5.5 million bed days among people in the last year of life in England in 2018-19, we estimate that the total cost of these admissions was more than £1.2bn[18].

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Addressing this will require more good-quality palliative and end of life care provision in community settings, which will help people nearing the end of their lives to be cared for at home or in the community and reduce the need for them to be admitted to hospital. Improving resourcing for palliative care – both for primary care services and community nursing teams – will help keep people out of hospital, in line with their wishes, and help alleviate the pressure on NHS hospitals.

As outlined in Marie Curie's Better End of Life report[19], this will require a whole-system approach to palliative and end of life care that includes the whole health and social care system, not just the palliative and end of life care sector. As part of this approach, arrangements for Integrated Care Systems set out in the Health & Care Bill should be used to ensure that local systems place the needs of people at the end of life at the centre of their governance, staffing and commissioning arrangements.

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