Patient experience and quality of life

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Patient experience

Understanding variations in access to, engagement with and experience of their cancer pathway between groups, from initial diagnostic tests through to treatment, helps identify and address factors that contribute to inequalities in both survival and holistic wellbeing

About the data source

National Cancer Patient Experience Survey (NCPES)

For full information see National Cancer Patient Experience website

The Cancer Patient Experience Survey has been designed to monitor national progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.The survey is conducted by Picker Institute Europe on behalf of NHS England. The results are published on the National Cancer Patient Experience website.The following slides summarise key variations identified in the Cancer Patient Experience Survey 2023 for NHS Surrey Heartlands ICB Published in November 2024To read about the methods used to generate and analyse this data, please read the full report Latest local results - National Cancer Patient Experience Survey from which the below information on methods is copied:

- **Eligibility, fieldwork and survey methods** The sample for the survey included all adult (aged 16 and over) NHS patients, with a confirmed primary diagnosis of cancer, discharged from an NHS trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2023. The fieldwork for the survey was undertaken between November 2023 and February 2024. As in the previous eight years, the survey used a mixed mode methodology. Questionnaires were sent by post, with two reminders where necessary, but also included an option to complete the questionnaire online. A Freephone helpline and email was available for respondents to opt out, ask questions about the survey, enable them to complete their questionnaire over the phone and provide access to a translation and interpreting facility for those whose first language was not English.
- **How alliance and ICB results are generated** Alliance and ICB results are derived using the post code of each patient, rather than by mapping trust results to ICBs or alliances. This mapping is achieved using lookup files released by the Office for National Statistics. Alliance and ICB results therefore reflect the experience of people referred from within the geographical footprint.
- **Case-mix adjustment** Both unadjusted and adjusted scores are presented in this report. Case-mix adjusted scores allow us to account for the impact that differing patient populations might have on results. By using the casemix adjusted estimates we can obtain a greater understanding of how an ICB is performing given their patient population. The factors taken into account in this case-mix adjustment are Male/Female/Nonbinary/Other, age, ethnicity, deprivation, and cancer type. Unadjusted data should be used to see the actual responses from patients relating to the ICB. Casemix adjusted data, together with expected ranges, should be used to understand whether the results are significantly higher or lower than national results taking account of the patient mix.
- **Suppression Data** is suppressed for two reasons: to ensure unreliable results based on very small numbers of respondents are not released, and to prevent individuals being identifiable in the data. In cases where a result is based on fewer than 10 responses, the result has been suppressed. For example, where fewer than 10 people answered a question from a particular ICB, the results are not shown for that question for that ICB. For ICBs with an eligible population of 1,000 or fewer, data relating to the respondent and their condition has been suppressed where 5 people or fewer were in a particular category. In instances where only one has been suppressed, the next lowest category has been suppressed to prevent back calculation from the total number of responses. Additional suppression Additional suppression happens if only one ICB has a score suppressed. If this happens, we will suppress another ICB's results (both the ICB level and sub-group results for the question) based on the next lowest number of respondents for the score. We do this so that the national score cannot be used to work out the score for the individual ICB. The same rule applies to groups in each sub-group breakdown. For example, if only one ICB has the 85+ age group suppressed for Q25 we will need to suppress another ICB's results for the 85+ age group on Q25. This suppression is based on the 85+ age group with the next lowest number of respondents for Q25.
- Sub-group breakdowns Unadjusted scores are shown for tumour group, Male/Female/Non-binary/Other, age, IMD quintile, long-term condition status and ethnicity breakdowns. Unadjusted scores for the same sub-group across different ICBs may not be comparable, as they do not account for the impact that differing patient populations might have on results. Tumour group tables The tumour group tables show the unadjusted scores for each scored question for each of the 13 tumour groups. Central nervous system is abbreviated as 'CNS' and lower gastrointestinal tract is abbreviated as 'LGT' throughout this report. Age group tables The age group tables show the unadjusted scores for each scored question for each of the eight age groups. Male/Female/Non-binary/Other tables These tables show the unadjusted scores for the following groups male; female; non-binary; prefer to self-describe; and prefer not to say. Ethnicity tables The ethnicity tables show the unadjusted scores for six ethnicity groups. Long-term condition status tables The long-term condition status tables show the unadjusted scores for two groups: those who indicate they have one or more long-term conditions and those who indicate that they have no long-term conditions. IMD quintile tables The IMD quintile tables show the unadjusted scores for five quintiles based on relative disadvantage, with quintile 1 being the most deprived and quintile 5 being the least deprived.

Further information about Surrey Heartlands ICS CPES results 2023 (Published November 2024)

National Cancer Patient Experience Survey (NCPES)

For full information see National Cancer Patient Experience website

The following slides summarise the largest variations seen between groups by percentage point difference, which could be indicators of potential inequalities. It should be noted these variations are not adjusted for other demographic factors, so causal pathways cannot be inferred. The survey represents a cross-sectional snapshot of time and is not representative of all patients views. Full results are found on the National Cancer Patient Experience website

Whilst the 2023 Surrey Heartlands CPES response rate (55%) exceeded the national rate (52%), some sub-groups were under-represented, resulting in suppression of scores in the sub-group analyses. In future, participation from under-represented groups should be improved to enhance the level of insight into variation, and potential inequalities between groups. For example:

- **Ethnicity:** The number of respondents of Gypsy, Irish Traveller or Roma background; some mixed backgrounds (white and black Caribbean, white and black African, white and Asian); soe Asian or Asian British backgrounds (Pakistani, Bangladeshi); black Caribbean and other Black/African/Caribbean background; Arab' or any other ethnic group were suppressed due to low numbers
- **Survey type:** 0 respondents completed the survey by phone or translation service, potentially missing capturing perspectives of those who may experience inequalities related to literacy and/or language
- **Tumour group:** Very low numbers of Brain/CNS (n=6) and sarcoma (n=10) patients responded to the 2023 survey

Highlighting domains and questions with largest variations in perceived support from hospital staff, hospital care and treatment and side effects

Topline takehomes:

Large variations between groups are seen across multiple questions. The largest variations relate to:

Support from hospital staff:

(1) People of Black ethnicity, those of younger age groups (35-44), and those with upper GI or urological cancers were less likely to be offered information about financial help and benefits

(2) People of mixed ethnicity and, those of younger age groups (35-44) and those with sarcoma were less likely to report getting the right overall level of support for their health and wellbeing from hospital staff

Hospital care:

(1) People in younger age groups (35-44, and 45-54), people with gynaecological cancer, people experiencing high levels of deprivation (IMD2) and people of Black ethnicity were less likely to report always feeling involved in decisions about their care and treatment in hospital

(2) People in younger age groups (35-44) and more deprived groups (IMD2) were less likely to report always feeling able to get support from ward staff when needed,

(3) People in younger age groups (35-44, and 45-54), people with gynaecological cancer were less likely to report having having confidence and trust in the team looking after them;

Treatment and side-effects:

(1) Younger age groups (35-44) reported lower levels of feeling staff did everything they could to help a patient control their pain, and having enough understandable information about hormone therapy and response to radiotherapy/hormone therapy.

(2) Upper GI patients reported lower levels of being offered practical advice on dealing with immediate treatment side effects, having possible long-term side effects explained in a way they could understand in advance of treatment and being able to discuss options for managing long-term side effects.

CPES Domain	Question	Group	Groups with largest variation between scores (bold = poorest score)	PPD*
Support from hospital staff or main contact person	Patient found it very or quite easy to contact their main contact person	Ethnicity Age (years)	White (82%) Mixed (83%) Asian (74%) **Black 67%** **35-44 68%** 55-64 86%	16 18
	Patient offered information about financial help and benefits	Ethnicity Age (years) Tumour grp	White 65% **Asian 50%** **Black 50%** 35-44 70% **85+ 55%** **Upper GI 46% Urological 48%** Gynaecological 75%	15 25 29
	Patient definitely got the right level of support for their overall health and well being from hospital staff	Ethnicity Age (years) Tumour grp	White 74% Asian 85% **Mixed 54%** Black 73% **35-44 55%** 75-84 81% **Sarcoma 40%** Head & Neck 82%	**31** 26 **42**
Hospital care	Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	Gender LTC status	**Female 74%** Male 83% **LTC 62%** without LTC 72%	9 10
	Patient was always involved in decisions about their care and treatment whilst in hospital	Gender Ethnicity Deprivation Tumour grp Age	**Female 66%** Male 76% White 73% Asian 71% **Black 58%** **IMD2 56%** IMD5 72% **Gynaecological 41%** Prostate 80% **35-44 56%** ; **45-54 55%** 65-74 76% 74-85 76%	10 15 16 **39** 21
	Patient was always treated with respect and dignity while in hospital'	Ethnicity	White 91% Asian 93% **Black 75%**	16
	Patients always able to get help from ward staff when needed	Deprivation Age	**IMD2 56%** IMD5 76% **35-44 31%** 85+ 86%	20 **55**
	Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	Deprivation	**IMD2 55%** IMD5 75%	20
	Patients had confidence and trust in team looking after them	Deprivation Tumour grp Age:	**IMD2 68%** IMD5 81% **Gynaecological 63%** Head&Neck 93% **35-44 44%** 85+ 91%	13 **30** **47**
	Staff did everything they could to help the patient control pain	Age	**35-44 63%** 85+ 92%	29
Treatment and side effects	Completely had enough understandable information about hormone therapy	Age	**35-44 45%** 65-74 79%	**35**
	Completely had enough understandable information about their response to radiotherapy	Age	**35-44 45%** 65-7 88%	**43**
	Completely had enough understandable information about their response to hormone therapy	Age	**35-44 45%** 65-74 72%	27
	Possible side effects from treatment were definitely explained in a way the patient could understand	Ethnicity	White 73% Mixed 85% Asian 76% **Black 53%**	**32**
	Patient always offered practical advice on dealing with any immediate side effects from treatment	Tumour grp	**Upper GI (50%)** Skin (86%)	**36**
	Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	Tumour grp	**Upper GI (38%)** Skin (74%)	**36**
	Patient definitely able to discuss options for managing the impact of any long-term side effects	Tumour grp	**Upper GI (32%)** Skin (73%)	**41**

*PPD= % point difference Red = gap >30 % points Amber = gap > 20 % points

Highlighting domains and questions with largest variations in perceived support outside the hospital

Topline takehomes:

Large variations between groups are seen across multiple questions. The largest variations relate to:

Support and care from the GP practice

(1) People with upper GI and lung cancer, those experiencing higher levels of deprivation (IMD2) and those with a long-term condition were less likely to report feeling their referral for diagnosis was explained in a way the patient could understand

(2) People with lung cancer were less likely to report only speaking to a primary care professional once or twice before diagnosis

(3) People with lung cancer and those aged over 85 were less likely to report receiving the right amount of support from their GP practice during treatment

Diagnostic tests

(1) Younger patients (35-44) and females were less likely to report feeling the length of time waiting for diagnostic tests was about right

(2) Fewer people with lung cancer reported being told they could go back for more information about their diagnosis compared to other cancer types

Deciding on treatments

(1) People aged 45-54, females and people experiencing higher levels of deprivation (IMD2) were less likely to report knowing they could get further advice from a different healthcare professional before making decisions about their treatment options

(2) People of Mixed or Black ethnicity were less likely to report feeling treatment options were explained in a way they could completely understand

Support at home, and living with and beyond cancer

(1) People of black ethnicity were less likely to report the care team gave their family or someone else close all the information needed to help care for the patient at home

(2) Older people (85+), people experiencing higher levels of deprivation (IMD2) and people with LTC were less likely to report that during treatment they could definitely get enough care and support at home from community or voluntary services

(3) People with prostate cancer, and middle aged adults (55-64) were less likely to report definitely getting enough emotional support at home from community or voluntary services after treatment

(4) Younger adults (35-44) and those with gynaecological cancer were less likely to report being given enough information about the possibility and signs of cancer coming back or spreading

(5) People experiencing higher levels of deprivation and younger adults were less likely to report receiving the right amount of information and support between final treatment and follow up appointment

CPES Domain	Question	Group	Groups with largest variation between scores (bold = poorest score)	PPD
Support and care from GP practice	Referral for diagnosis was explained in a way the patient could understand	Deprivation Tumour grp LTC status	**IMD2 56%** IMD5 69% **Upper GI 46%** **Lung 52%** Skin 83% **LTC 64%** without LTC 74%	13 37 10
	Patient only spoke to primary care professional once or twice before cancer diagnosis	Tumour grp	: **Lung 61%** Breast 97%	36
	Patient definitely received the right amount of support from their GP practice during treatment	Tumour grp Age	**Lung 32%** Skin 65% **85+ 44%** 35-44 65%	33 21
Diagnostic tests	Patient felt the length of time waiting for diagnostic test results was about right	Gender Age	**Female 73%** Male 83% **35-44 52%** 75-84 84%	10 32
	Patient told they could go back later for more information about their diagnosis	Tumour grp	**Lung 65%** Skin 100%	35
Deciding on best treatment	Patient could get further advice from a different healthcare professional before making decisions about their treatment options	Gender Deprivation Age	**Female 48%** Male 64% **IMD2 45%** IMD5 58% **45-54 36%** 85+ 65%	16 13 29
	Treatment options were explained in a way the patient could completely understand	Ethnicity	White 83% **Mixed 58%** Asian 85% **Black 64%**	27
Care planning	Patient was definitely able to have a discussion about their needs or concerns prior to treatment	Gender	**Female 65%** Male 74% M	9
Support at home	Care team gave family, or someone close, all the information needed to help care for the patient at home	Gender Ethnicity	**Female 53%** Male 68% White 61% Asian 68% **Black 30%**	15 38
	During treatment, the patient definitely got enough care and support at home from community or voluntary services	Deprivation Age LTC Status	**IMD2 36%** IMD5 51% **85+ 38%** 75-84 56% **LTC 45%** without LTC 55%	15 22 10
Living with and beyond cancer	After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	Tumour grp Age	**14% prostate** vs 48% colorectal/LGT **14% 55-64 year olds** 43% 75-84 year olds	34 29
	Patient was given enough information about the possibility and signs of cancer coming back or spreading	Tumour grp Age	**38% gynaecological** VS 83% skin; **39% of 35-44** 68% 75-84 year olds	45 29
	The right amount of information and support was offered to the patient between final treatment and the follow up appointment	Deprivation Age	**IMD2 68%** IMD5 83% **58% 35-44** 87% 75-84 year olds	15 32
Overall NHS care	Cancer research opportunities were discussed with patient	Gender	**Female 45%** Male 57%	12

*PPD= % point difference Red = gap >30 % points Amber = gap > 20 % points

Quality of life

As treatments advance, people are increasingly living for longer with cancer, often for many years. During this time, it is important holistic wellbeing is supported, including physical, social, spiritual and emotional domains of health. But inequalities in access to support lead to unfair and avoidable differences in quality of life.

About the data source

About the data source:

The Cancer Quality of Life Survey is a national survey run by NHS England. People who have had a cancer diagnosis are being asked to complete the survey around 18 months after diagnosis.

Information from the survey is one of a range of resources that will be used to work out where improvements should be made to care, with the goal of improving quality of life for people diagnosed with cancer.

The survey is made up of two questionnaires that measure overall health (EQ-5D) and quality of life (EORTC QLQ-C30).

EQ-5D can be used for any patient group and the general population. The QOL survey uses the questionnaire to compare scores from the cancer survey respondents and the general population, and between different groups of cancer survey respondents.

The EORTC QLQ-C30 is a cancer specific questionnaire. The QOL survey used the questionnaire to report scores from the cancer survey respondents overall, and to compare different groups of cancer survey respondents.

Click here for more information about the questionnaires and how the scores are calculated.

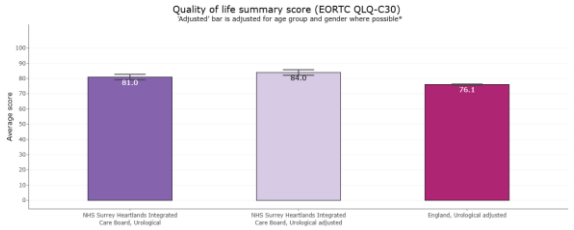
This pack looks at topline variations in EORTC QLQ-C30 scores in Surrey Heartlands by cancer type from all responses to invites sent between September 2020 to November 2024.

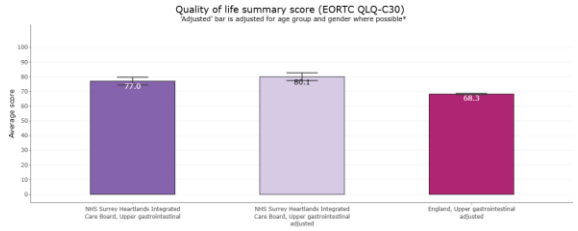
This pack also looks at topline variations from the most recent full year of QOL response data (cancers diagnosed in 2022) in Surrey Heartlands by:

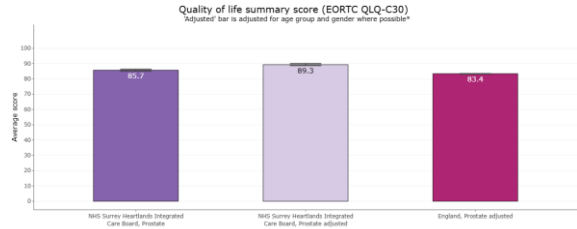
- Stage of Diagnosis
- Age
- Gender
- Deprivation
- Ethnicity

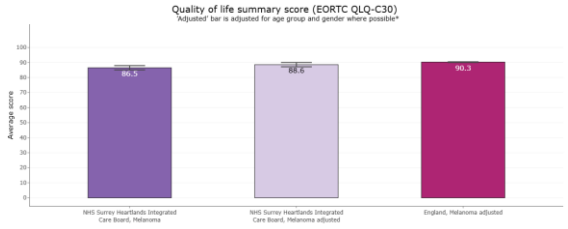
Cancer Quality of Life Survey (invites from between Sep 2020 to December 2024) Variations in overall EORTC QLQ-C30 score in Surrey Heartlands by Cancer Type

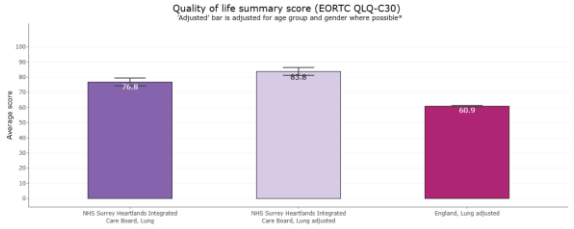
Topline takehome: Adjusted scores are lowest for people with: **Upper GI** (80.1), **haematological** (81.7), **gynaecological** (82.5), **breast** (83.4) and **lung cancers** (83.8). The highest score was 89.3, reported for people with prostate cancer. For all cancer types, the scores in Surrey Heartlands are higher than the average score for England, except melanoma (88.6 Surrey Heartlands, 90.3 England).

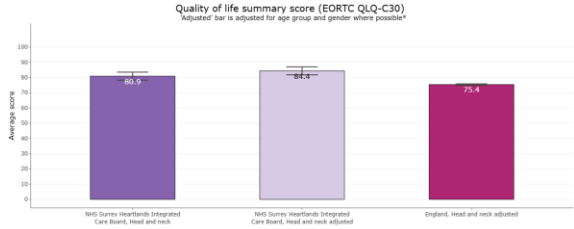


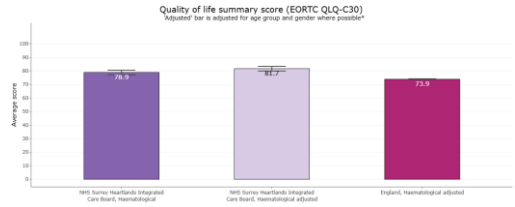


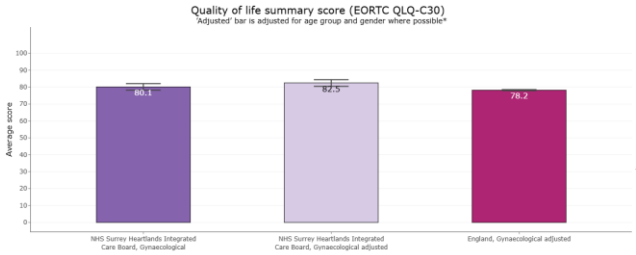


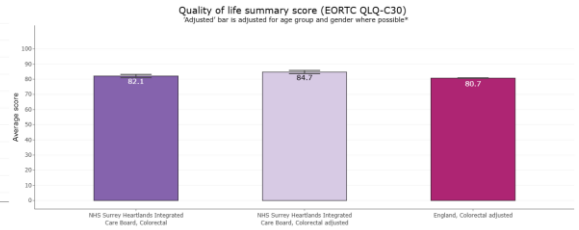


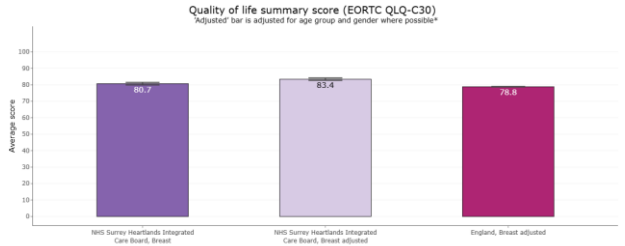










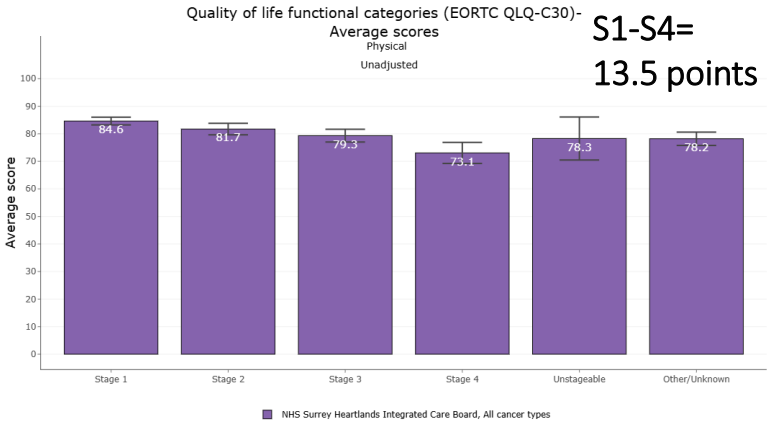


These charts look at topline variations in EORTC QLQ-C30 scores in Surrey Heartlands from all responses from invites sent between September 2020 to November 2024

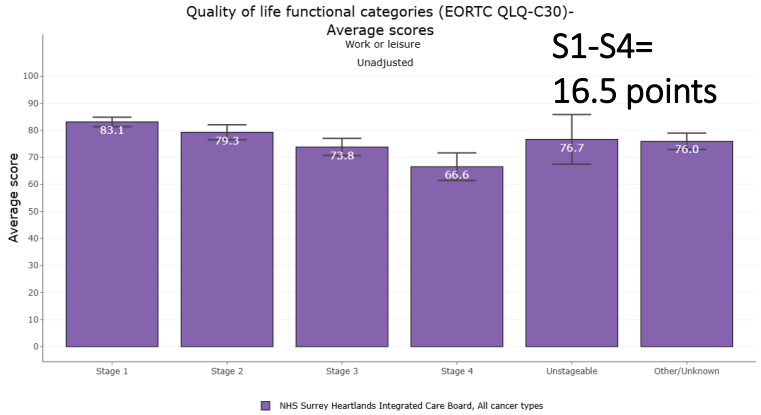
Cancer Quality of Life Survey (2022): Variations in EORTC QLQ-C30 domains in Surrey Heartlands by Stage at Diagnosis (all cancers) – *unadjusted*

Topline takehome:

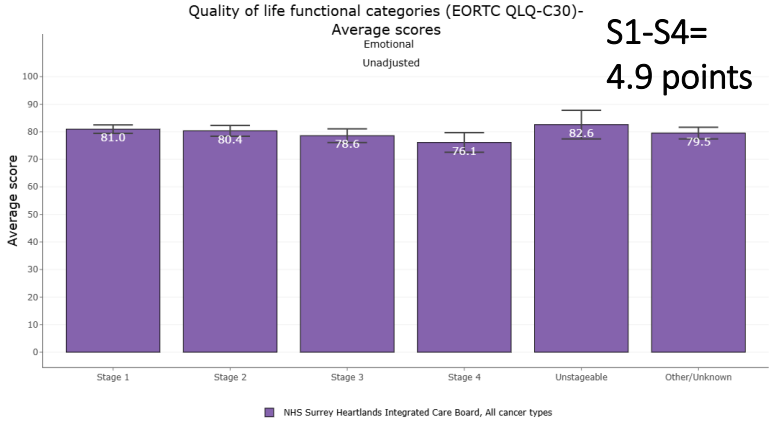
Stage 1 scores higher than Stage 4 across all domains. The domains with the largest points difference between Stage 1 and 4 are **Work and leisure** (16.5 points difference) and **social** (15 points difference), followed by physical (13.5 points difference)



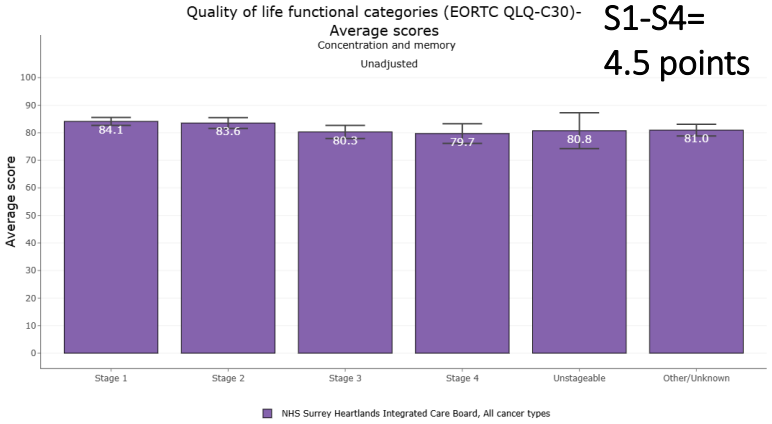
S1-S4=
13.5 points



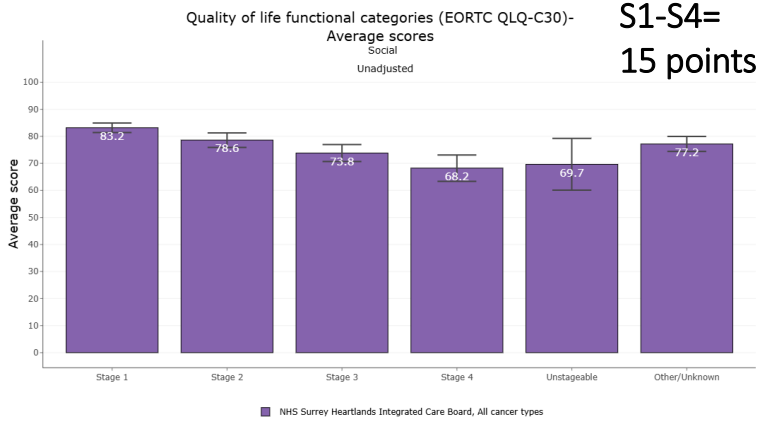
S1-S4=
16.5 points



S1-S4=
4.9 points



S1-S4=
4.5 points



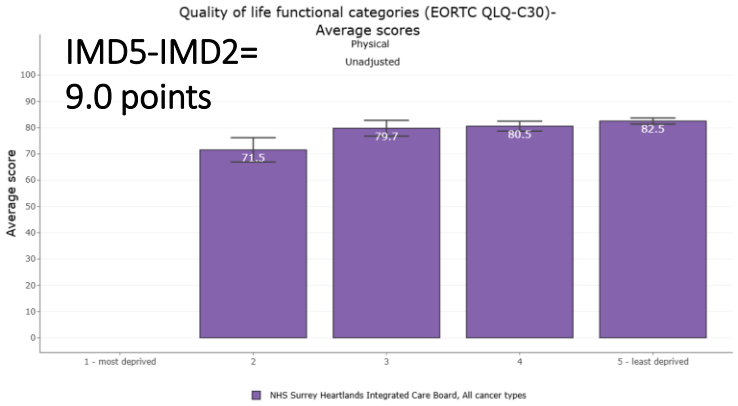
S1-S4=
15 points

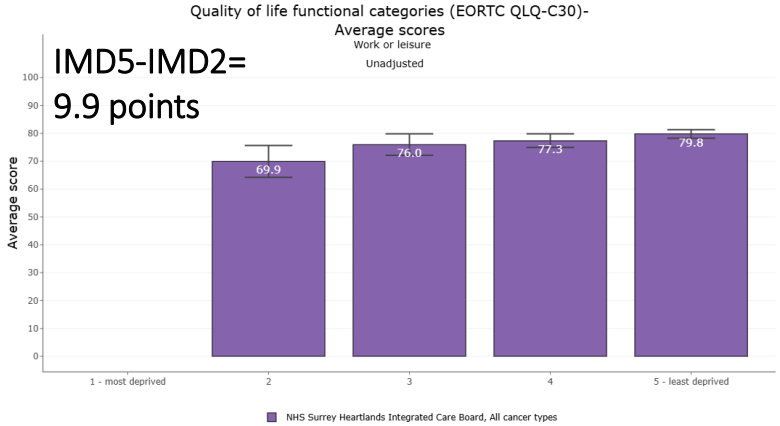
These charts look at topline variations in EORTC QLQ-C30 scores in Surrey Heartlands from the most recent full year of QOL response data (cancers diagnosed in 2022)

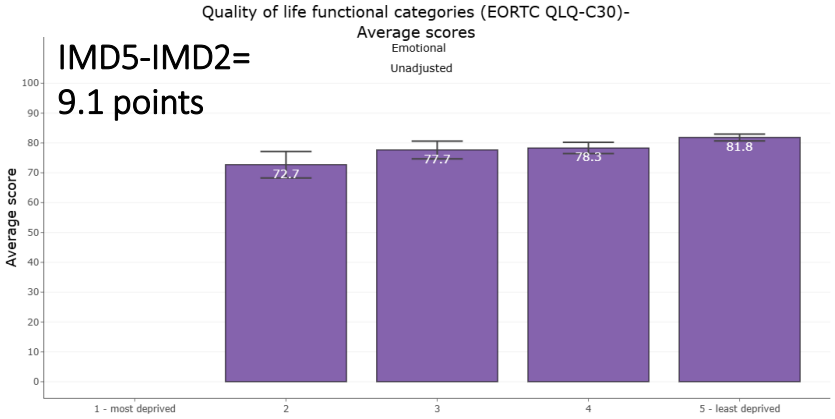
Cancer Quality of Life Survey (2022): Variations in Surrey Heartlands by Deprivation (all cancers) - *unadjusted*

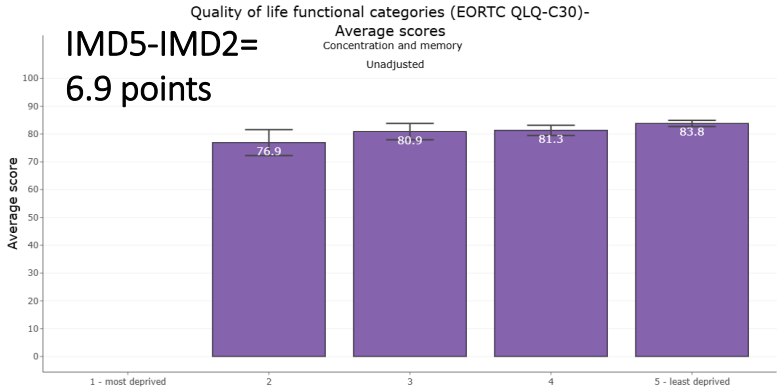
Topline takehome:

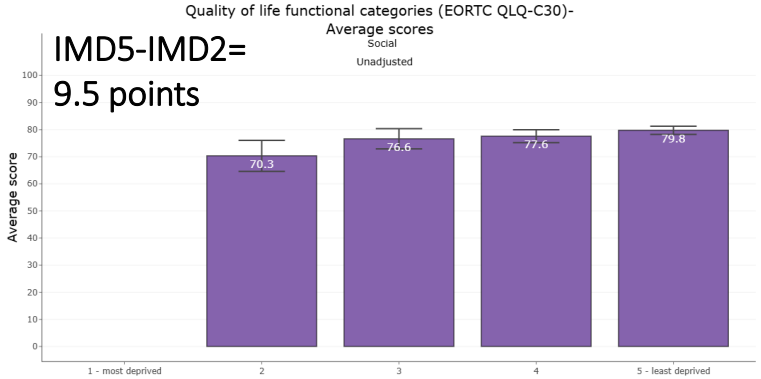
People from areas of highest deprivation (IMD2) score lower than most affluent areas (IMD5). The domains with the largest points difference between IMD2 (most deprived in Surrey) and IMD5 are '**Work and leisure**' (9.9 point difference: IMD2 vs IMD5), and **social** (9.5 point difference: : IMD2 vs IMD5). The smallest difference is for concentration and memory (IMD2 vs IMD5).







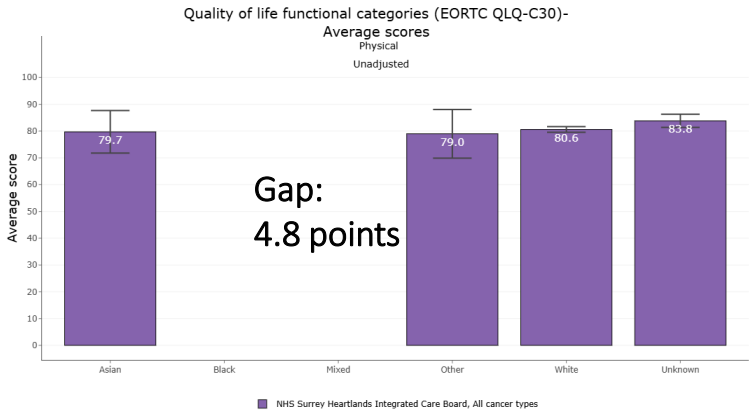


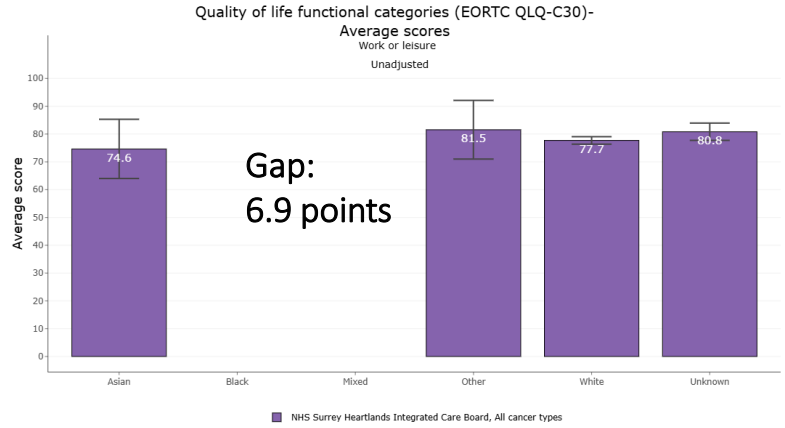


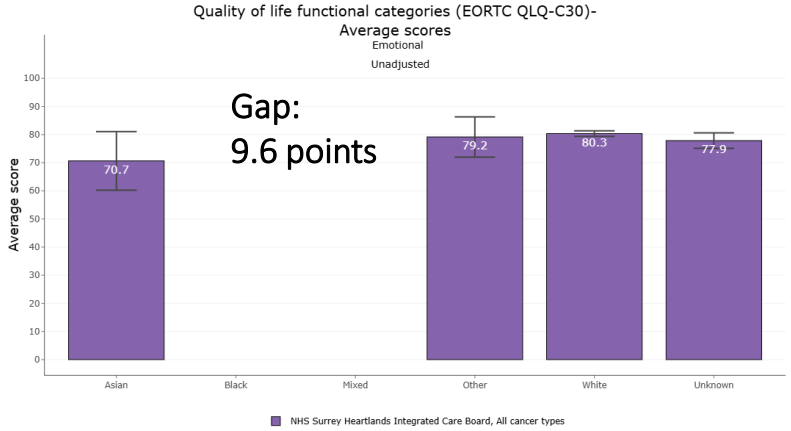
These charts look at topline variations in EORTC QLQ-C30 scores in Surrey Heartlands from the most recent full year of QOL response data (cancers diagnosed in 2022)

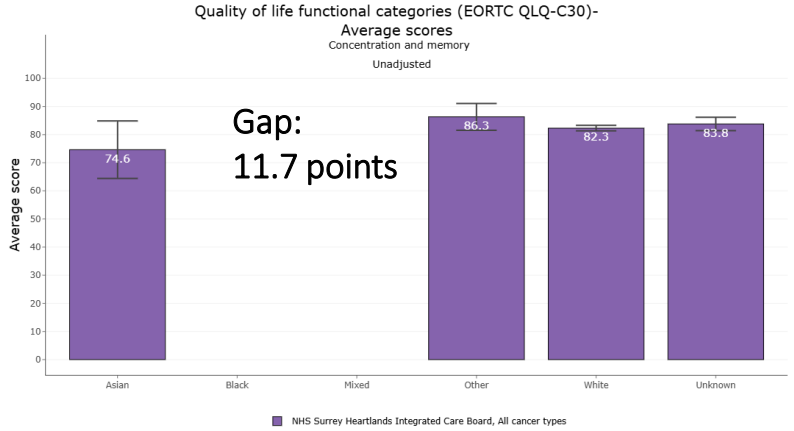
Cancer Quality of Life Survey (2022): Variations in Surrey Heartlands by Ethnicity (all cancers) - *unadjusted*

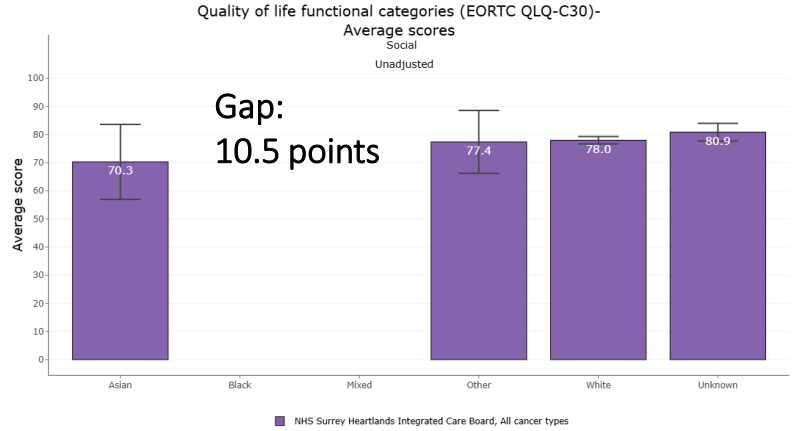
Topline takehome: : People of **Asian ethnicity** score lower than other ethnic groups across all domains except physical, where they scored second lowest after 'Other'. The largest gaps are seen for **concentration and memory** (11.7 point difference: Asian; 86.3 Other; 83.8 Unknown; 82.3 White), **social** (10.5 point difference: Asian 70.3 v Unknown 80.9), and **emotional** (9.6 point difference: Asian 70.7, White 80.3)







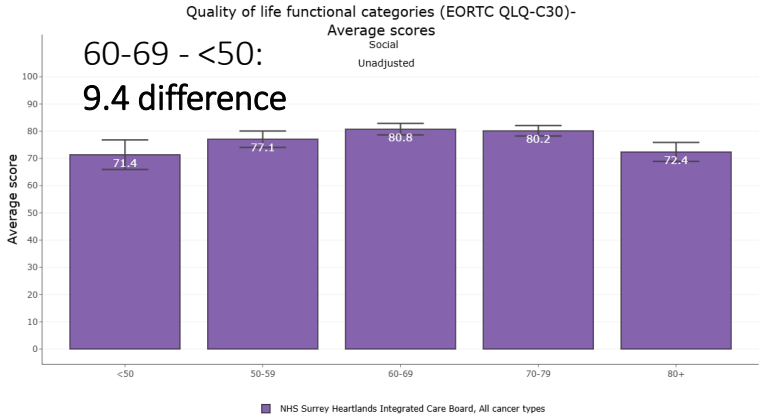




These charts look at topline variations in EORTC QLQ-C30 scores in Surrey Heartlands from the most recent full year of QOL response data (cancers diagnosed in 2022)

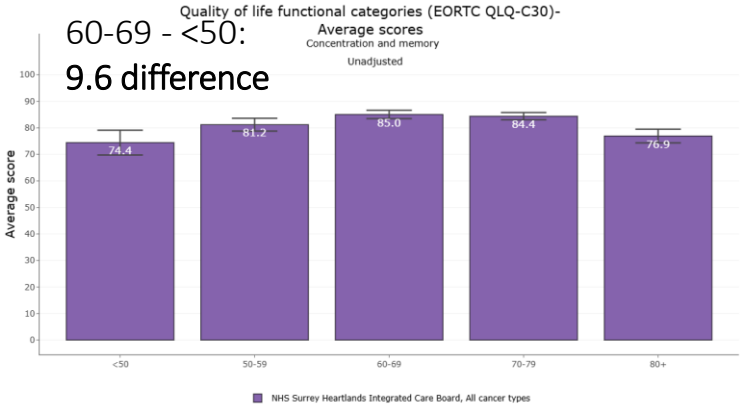
Cancer Quality of Life Survey (2022): Variations in Surrey Heartlands by Age (all cancers) – *unadjusted*

Topline takehome: There is more variation in pattern by age. The largest difference in scores is seen in the **physical domain** – older adults 80+ score of 64.9 is 19.9 points lower than people aged 50-59 (86.8 score). This older age-group also score 16.8 points lower than 60-69 year olds in the work and leisure domain (65.2 vs 82.4). However, people aged under 50 score the lowest compared to other age groups in emotional (18.3 point difference, <50 (62.8) vs 70-79 (83.3)) and social (9.4 point difference, <50 (71.4) vs 60-69 (80.8)



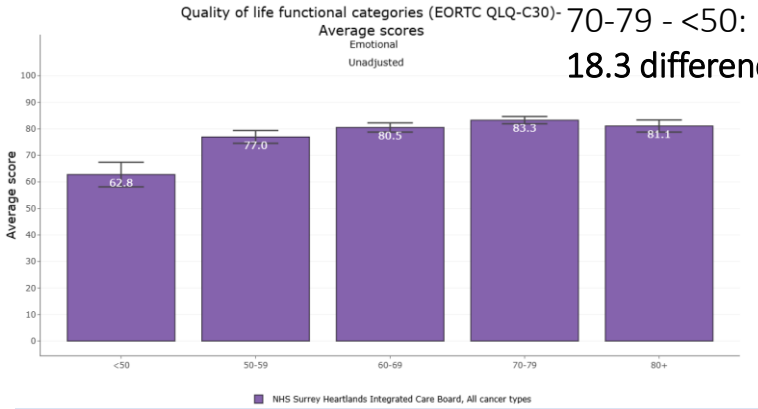
60-69 - <50:

9.4 difference



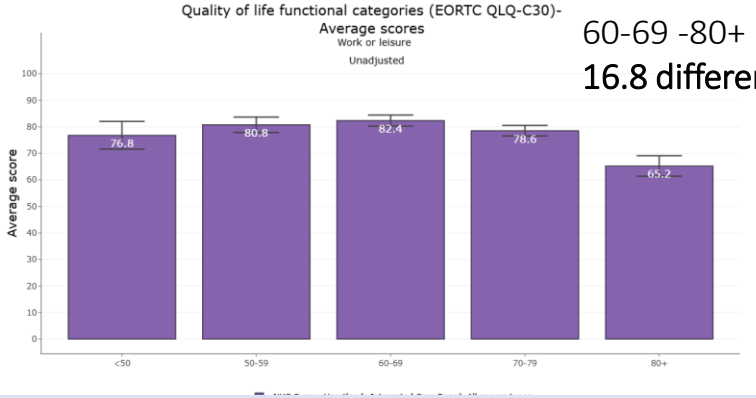
60-69 - <50:

9.6 difference



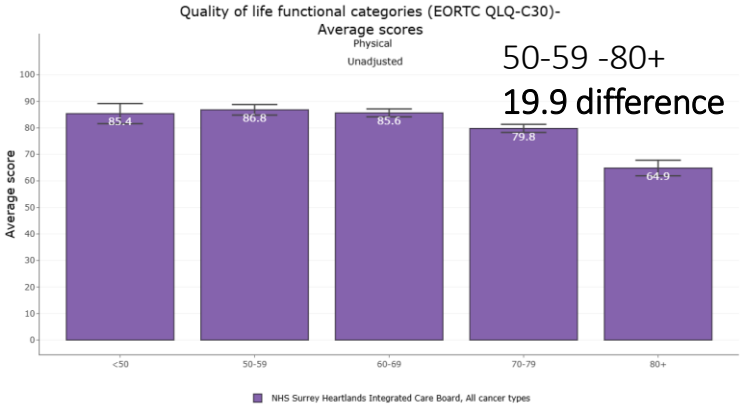
70-79 - <50:

18.3 difference



60-69 -80+

16.8 difference



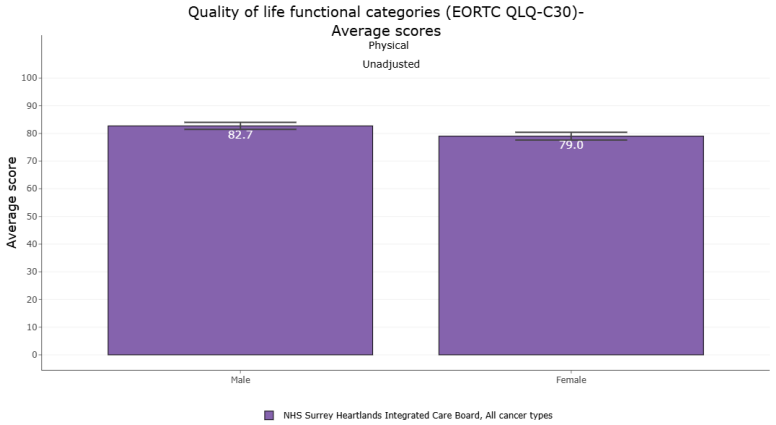
50-59 -80+

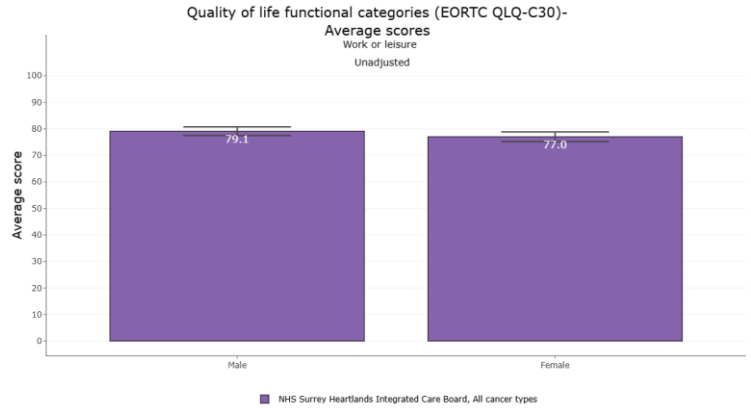
19.9 difference

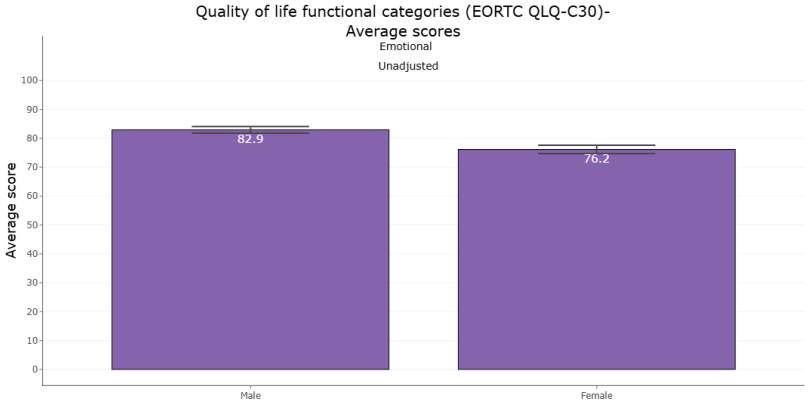
These charts look at topline variations in EORTC QLQ-C30 scores in Surrey Heartlands from the most recent full year of QOL response data (cancers diagnosed in 2022)

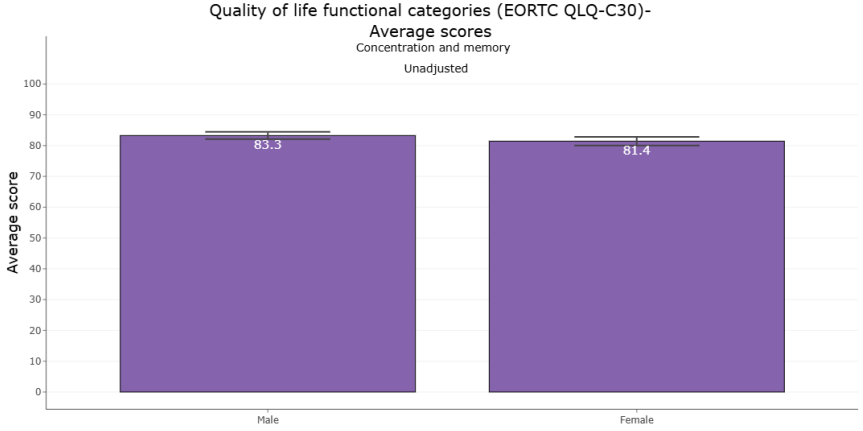
Cancer Quality of Life Survey (2022): Variations in Surrey Heartlands by Gender (all cancers) – *unadjusted*

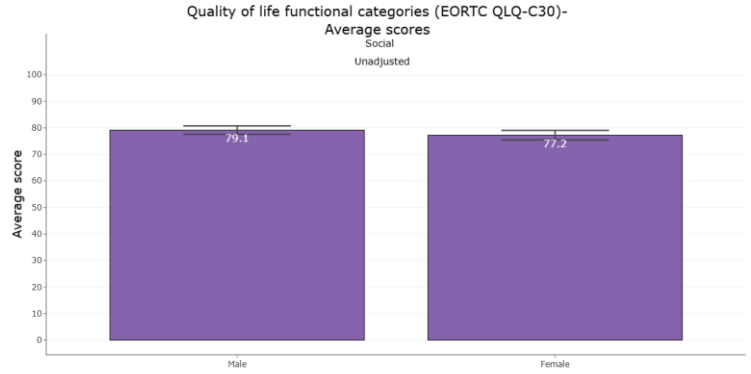
Topline takehome: Scores are similar, although consistently slightly higher for males compared to females, across all domains. The largest difference between males and females is seen in the 'Emotional' category, with a points difference of 6.7 (males: 82.9, females 76.2)











These charts look at topline variations in EORTC QLQ-C30 scores in Surrey Heartlands from the most recent full year of QOL response data (cancers diagnosed in 2022)

Palliative and end of life care

As early diagnosis rates and treatment options improve, cancer is increasingly viewed as a long-term and in many cases, curable condition. However, it remains the leading cause of death both nationally and in Surrey. Identifying and addressing inequalities in palliative and end of life care for people diagnosed with terminal cancer therefore remains important.

About the data source

OHID Fingertips EOL and PC dashboard provides data on:

- Place of death – all indicators – ICB level (no PCN level data)
- Care homes and community – ICB and PCN level

Palliative/supportive care: QOF prevalence: The percentage of patients in need of palliative care/support, as recorded on practice disease registers, irrespective of age.

% with caring responsibility: Question 58. People were asked: "Do you look after, or give any help or support to family members, friends, neighbours or others because of either:long-term physical or mental ill-health / disability, or problems related to old age?". The indicator value is the percentage of people who answered this question with a "Yes" (various ranges of hours per week) from all responses to this question.

Temporary resident care home deaths, person, all ages (%): The annual proportion of registered deaths where the place of death is recorded as care home but the care home is not the usual place of residence.

OHID Fingertips EOL and PC dashboard: Place of death – all indicators – ICB level

Lower 95% Similar Higher 95% Not applicable

Recent trends: – Could not be calculated → No significant change ↑ Increasing ↓ Decreasing

Benchmark Value: Lowest | 25th Percentile | 75th Percentile | Highest

Indicator	Period	Surrey Heartlands ICB - 92A			your area list	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Deaths that occur at hospital									
Percentage of deaths that occur in hospital (All ages)	2022	↓	3,928	41.3%	41.2%*	43.4%	36.6%		52.8%
Percentage of deaths that occur in hospital (85+ yrs)	2022	↓	1,758	38.0%	37.7%*	39.4%	30.6%		50.6%
Percentage of deaths that occur in hospital (75-84 yrs)	2022	→	1,150	45.3%	44.4%*	46.9%	35.6%		59.8%
Percentage of deaths that occur in hospital (65-74 yrs)	2022	→	572	45.4%	45.8%*	47.3%	38.4%		56.9%
Percentage of deaths that occur in hospital (<65 yrs)	2022	→	448	40.6%	42.3%*	43.1%	33.5%		52.5%
Deaths that occur at home									
Percentage of deaths that occur at home (All ages)	2022	↑	2,598	27.3%	27.2%*	28.7%	23.0%		33.9%
Percentage of deaths that occur at home (85+ yrs)	2022	↑	1,029	22.3%	22.3%*	22.5%	15.9%		29.4%
Percentage of deaths that occur at home (75-84 yrs)	2022	↑	709	28.0%	27.9%*	29.2%	23.4%		35.3%
Percentage of deaths that occur at home (65-74 yrs)	2022	→	434	34.5%	32.5%*	34.6%	24.8%		41.2%
Percentage of deaths that occur at home (<65 yrs)	2022	↑	426	38.6%	37.5%*	38.0%	27.5%		46.5%
Deaths that occur in care homes									
Percentage of deaths that occur in care homes (All ages)	2022	↓	2,293	24.1%	23.4%*	20.5%	10.2%		30.8%
Percentage of deaths that occur in care homes (85+ yrs)	2022	↓	1,662	36.0%	36.1%*	34.6%	20.5%		46.0%
Percentage of deaths that occur in care homes (75-84 yrs)	2022	↓	496	19.6%	19.4%*	17.4%	9.6%		30.0%
Percentage of deaths that occur in care homes (65-74 yrs)	2022	→	103	8.2%	8.5%*	8.1%	2.6%		16.0%
Percentage of deaths that occur in care homes (<65 yrs)	2022	→	32	2.9%	2.3%*	2.6%	0.4%		10.1%
Deaths that occur in hospice									
Percentage of deaths that occur in hospice (All ages)	2022	↓	496	5.2%	6.0%*	4.7%	0.7%		9.2%
Percentage of deaths that occur in hospice (85+ yrs)	2022	→	124	2.7%	2.9%*	2.2%	0.2%		6.9%
Percentage of deaths that occur in hospice (75-84 yrs)	2022	→	139	5.5%	6.8%*	4.9%	0.4%		10.3%
Percentage of deaths that occur in hospice (65-74 yrs)	2022	→	117	9.3%	10.8%*	7.5%	1.4%		14.1%
Percentage of deaths that occur in hospice (<65 yrs)	2022	↓	116	10.5%	10.3%*	7.9%	1.3%		15.5%
Deaths that occur in 'other places'									
Percentage of deaths that occur in 'other places' (All ages)	2022	→	206	2.2%	2.2%*	2.6%	1.3%		4.7%
Percentage of deaths that occur in 'other places' (85+ yrs)	2022	→	49	1.1%	1.0%*	1.2%	0.3%		3.3%
Percentage of deaths that occur in 'other places' (75-84 yrs)	2022	→	42	1.7%	1.5%*	1.6%	0.5%		3.4%
Percentage of deaths that occur in 'other places' (65-74 yrs)	2022	→	33	2.6%	2.4%*	2.5%	0.7%		4.7%
Percentage of deaths that occur in 'other places' (<65 yrs)	2022	→	82	7.4%	7.5%*	8.5%	4.7%		13.9%

Lower 95% Similar Higher 95% Not applicable

Recent trends: – Could not be calculated → No significant change ↑ Increasing ↓ Decreasing

Benchmark Value: Lowest | 25th Percentile | 75th Percentile | Highest

Indicator	Period	Frimley ICB - D4U1Y			your area list	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Deaths that occur at hospital									
Percentage of deaths that occur in hospital (All ages)	2022	→	2,451	41.2%	41.2%*	43.4%	36.6%		52.8%
Percentage of deaths that occur in hospital (85+ yrs)	2022	→	938	37.1%	37.7%*	39.4%	30.6%		50.6%
Percentage of deaths that occur in hospital (75-84 yrs)	2022	↓	709	42.9%	44.4%*	46.9%	35.6%		59.8%
Percentage of deaths that occur in hospital (65-74 yrs)	2022	→	404	46.4%	45.8%*	47.3%	38.4%		56.9%
Percentage of deaths that occur in hospital (<65 yrs)	2022	→	400	44.5%	42.3%*	43.1%	33.5%		52.5%
Deaths that occur at home									
Percentage of deaths that occur at home (All ages)	2022	↑	1,610	27.1%	27.2%*	28.7%	23.0%		33.9%
Percentage of deaths that occur at home (85+ yrs)	2022	↑	566	22.4%	22.3%*	22.5%	15.9%		29.4%
Percentage of deaths that occur at home (75-84 yrs)	2022	↑	461	27.9%	27.9%*	29.2%	23.4%		35.3%
Percentage of deaths that occur at home (65-74 yrs)	2022	→	258	29.7%	32.5%*	34.6%	24.8%		41.2%
Percentage of deaths that occur at home (<65 yrs)	2022	→	325	36.2%	37.5%*	38.0%	27.5%		46.5%
Deaths that occur in care homes									
Percentage of deaths that occur in care homes (All ages)	2022	↓	1,332	22.4%	23.4%*	20.5%	10.2%		30.8%
Percentage of deaths that occur in care homes (85+ yrs)	2022	↓	922	36.4%	36.1%*	34.6%	20.5%		46.0%
Percentage of deaths that occur in care homes (75-84 yrs)	2022	→	318	19.3%	19.4%*	17.4%	9.6%		30.0%
Percentage of deaths that occur in care homes (65-74 yrs)	2022	→	77	8.9%	8.5%*	8.1%	2.6%		16.0%
Percentage of deaths that occur in care homes (<65 yrs)	2022	→	15	1.7%	2.3%*	2.6%	0.4%		10.1%
Deaths that occur in hospice									
Percentage of deaths that occur in hospice (All ages)	2022	→	430	7.2%	6.0%*	4.7%	0.7%		9.2%
Percentage of deaths that occur in hospice (85+ yrs)	2022	→	82	3.2%	2.9%*	2.2%	0.2%		6.9%
Percentage of deaths that occur in hospice (75-84 yrs)	2022	→	144	8.7%	6.8%*	4.9%	0.4%		10.3%
Percentage of deaths that occur in hospice (65-74 yrs)	2022	→	113	13.0%	10.8%*	7.5%	1.4%		14.1%
Percentage of deaths that occur in hospice (<65 yrs)	2022	→	91	10.1%	10.3%*	7.9%	1.3%		15.5%
Deaths that occur in 'other places'									
Percentage of deaths that occur in 'other places' (All ages)	2022	→	128	2.2%	2.2%*	2.6%	1.3%		4.7%
Percentage of deaths that occur in 'other places' (85+ yrs)	2022	→	23	0.9%	1.0%*	1.2%	0.3%		3.3%
Percentage of deaths that occur in 'other places' (75-84 yrs)	2022	→	19	1.2%	1.5%*	1.6%	0.5%		3.4%
Percentage of deaths that occur in 'other places' (65-74 yrs)	2022	→	18	2.1%	2.4%*	2.5%	0.7%		4.7%
Percentage of deaths that occur in 'other places' (<65 yrs)	2022	→	68	7.6%	7.5%*	8.5%	4.7%		13.9%

Interpretation:

- In Surrey Heartlands, the highest proportion of deaths (all ages) occur in hospital (41%); this proportion is the same as in Frimley, and significantly lower than England, and is decreasing, driven by decrease in % deaths occurring in hospital for 85+ years. The proportion is not decreasing for Frimley. The highest proportion of hospital deaths occur in the 65-74 age group in both SH, F and nationally. The lowest proportions are in the 85+ group .
- The proportion of deaths that occur at home (all ages) is increasing in Surrey Heartlands (27%) and Frimley (27%) but significantly lower than England (29%). This is often used as a proxy for high quality of life at end of life. This proportion is lowest for people aged 85+ (22% in SH and F), and highest for people <65 (39% SH, 36% F). All age groups are similar to England in SH and F, except in the 65-74 age group in F where the proportion (30%) is significantly lower than England (35%) and SH (35%). There is no recent trend in deaths at home for that age group.
- The proportion of deaths occurring in care homes is decreasing for all ages, 85+ and 75-84 years in Surrey Heartlands, and in all ages and 85+ for Frimley. The all age percentage of care home deaths is higher in SH and F than nationally, potentially reflecting the older demographic of the Surrey population. A relatively low proportion of deaths occur in hospice (5% in SH, 7% in F, 5% nationally), with no recent trend in F, but falling proportion in all ages and <65 in Surrey. Compared to national level, proportions in Surrey are similar for >75s, but significantly higher for <75s. The proportions are significantly higher than England for all ages in Frimley, and for <75s in Surrey (but similar in >75s). Deaths that occur in other places are highest for <65s, but similar to England for all age groups, except conglomerated 'all age' where 'other place' deaths are lower in SH and F than nationally.

OHID Fingertips EOL and PC dashboard: Care homes and community – SH, F (ICB level)

Lower 95% Similar Higher 95% Not applicable

Recent trends: – Could not be calculated → No significant change ↑ Increasing ↓ Decreasing

Indicator	Period	Surrey Heartlands ICB - 92A			your area list	England	England			
		Recent Trend	Count	Value	Value	Value	Lowest	Range		Highest
Palliative/supportive care: QOF prevalence (all ages)	2022/23	→	3,576	0.3%	0.4%*	0.5%	0.2%			1.3%
% with caring responsibility	2023	↑	-	19.4%*	18.7%*	19.5%	16.1%			25.5%
Temporary Resident Care Home Deaths, Persons, All Ages (%)	2022	–	898	39.2%	40.3%*	41.2%	25.5%			61.5%

Lower 95% Similar Higher 95% Not applicable

Recent trends: – Could not be calculated → No significant change ↑ Increasing ↓ Decreasing

Indicator	Period	Frimley ICB - D4U1Y			your area list	England	England			
		Recent Trend	Count	Value	Value	Value	Lowest	Range		Highest
Palliative/supportive care: QOF prevalence (all ages)	2022/23	→	3,637	0.4%	0.4%*	0.5%	0.2%			1.3%
% with caring responsibility	2023	↑	-	17.6%*	18.7%*	19.5%	16.1%			25.5%
Temporary Resident Care Home Deaths, Persons, All Ages (%)	2022	–	564	42.3%	40.3%*	41.2%	25.5%			61.5%

Interpretation:

In Surrey Heartlands and Frimley, a relatively low percentage of patients are in need of palliative care/support, as recorded on practice disease registers, irrespective of age, compared to England, with no significant recent change in trend

In Surrey Heartlands, the % people with a caring responsibility (19.4%) is similar to England (19.5%) with no significant recent change. The % is significantly lower in Frimley (17.6%) but is increasing.

In Surrey Heartlands (40.3%) and Frimley (42.3%) the % of deaths occurring in temporary care home residents (a proxy indicator of quality EOL care) is similar to the national level. No recent trend data available.

OHID Fingertips EOL and PC dashboard: Care homes and community – PCN (5 key neighbourhoods)

Lower 95% Similar Higher 95% Not applicable

Recent trends: – Could not be calculated → No significant change ↑ Increasing ↓ Decreasing

Indicator	Period	North Guildford PCN			your area list	England	England			
		Recent Trend	Count	Value	Value	Value	Lowest	Range		Highest
% with caring responsibility	2023	→	-	20.4%*	18.5%*	19.5%	4.0%			29.8%

Lower 95% Similar Higher 95% Not applicable

Recent trends: – Could not be calculated → No significant change ↑ Increasing ↓ Decreasing

Indicator	Period	Healthy Horley PCN			your area list	England	England			
		Recent Trend	Count	Value	Value	Value	Lowest	Range		Highest
% with caring responsibility	2023	→	-	18.1%*	19.2%*	19.5%	4.0%			29.8%

Lower 95% Similar Higher 95% Not applicable

Recent trends: – Could not be calculated → No significant change ↑ Increasing ↓ Decreasing

Indicator	Period	Sasse Network 3 PCN			your area list	England	England			
		Recent Trend	Count	Value	Value	Value	Lowest	Range		Highest
% with caring responsibility	2023	→	-	18.4%*	18.5%*	19.5%	4.0%			29.8%

Lower 95% Similar Higher 95% Not applicable

Recent trends: – Could not be calculated → No significant change ↑ Increasing ↓ Decreasing

Indicator	Period	Woking Wise 3 PCN			your area list	England	England			
		Recent Trend	Count	Value	Value	Value	Lowest	Range		Highest
% with caring responsibility	2023	→	-	15.1%*	19.2%*	19.5%	4.0%			29.8%

Interpretation:

The only indicator available at PCN level is % with caring responsibility.

In the PCNs serving the 5 key neighbourhoods in Surrey as defined by the Surrey Health and Wellbeing Strategy, the % is similar to England in all areas (between 15% in Woking Wise 3 to 20% in North Guildford). 20% is the England average, and 19.4% the SH average.

OHID Fingertips EOL and PC dashboard: Hospital care

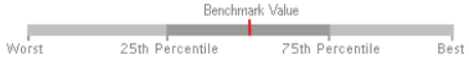
Better 99.8% Better 95% Similar Worse 95% Worse 99.8% Not applicable

Recent trends: – Could not be calculated; No significant change; Increasing & getting worse; Increasing & getting better; Decreasing & getting worse; Decreasing & getting better

Indicator	Period	Surrey Heartlands ICB - 92A			your area list	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Percentage of deaths with three or more emergency admissions in the last 90 days of life. (All ages)	2022	↓	550	5.8%	4.7%*	6.2%	11.2%		3.0%
Percentage of deaths with three or more emergency admissions in the last 90 days of life. (75+ yrs)	2022	→	370	5.2%	4.1%*	5.1%	10.4%		2.1%
Percentage of deaths with three or more emergency admissions in the last 90 days of life. (<75 yrs)	2022	→	180	7.6%	6.4%*	8.6%	13.9%		3.3%

Better 99.8% Better 95% Similar Worse 95% Worse 99.8% Not applicable

Recent trends: – Could not be calculated; No significant change; Increasing & getting worse; Increasing & getting better; Decreasing & getting worse; Decreasing & getting better



Indicator	Period	Frimley ICB - D4U1Y			your area list	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Percentage of deaths with three or more emergency admissions in the last 90 days of life. (All ages)	2022	↓	180	3.0%	4.7%*	6.2%	11.2%		3.0%
Percentage of deaths with three or more emergency admissions in the last 90 days of life. (75+ yrs)	2022	↓	100	2.4%	4.1%*	5.1%	10.4%		2.1%
Percentage of deaths with three or more emergency admissions in the last 90 days of life. (<75 yrs)	2022	↓	85	4.8%	6.4%*	8.6%	13.9%		3.3%

Interpretation:

In Surrey Heartlands and Frimley, the % of deaths with three or more emergency admissions in the last 90 days of life for all ages are decreasing, however, for SH the percentage is similar to England (5.8% vs 6.2%) whereas the proportion is significantly better (lower) in Frimley (3%)

The pattern is the same for both age groups (75+ years, and <75 years) in that SH is similar to England, but Frimley is better (lower rates). However, in Frimley rates have recently decreased in both age groups, but have not changed in SH.