

# Coalition of Frontline Care Report – Executive Summary

We urge the government to invest in training and support for the frontline generalist health and social care workforce to make a radical change in the care for older people nearing the end of their life.

## Our coalition

The Coalition of Frontline Care for People Nearing the End of Life is a partnership of leading organisations from across health and social care, united by a desire to promote best practice in care for older people in their final years of life in all settings, by empowering the three million-strong frontline workforce.

Together we represent the majority of the health and social care workforce who care for most people in their last years of life and the leading provider of End of Life Care (EOLC) training for frontline staff, the Gold Standards Framework (GSF) charity.

## Why this matters

- Every year in the UK about 650,000 people die. By 2040, this is expected to increase by 25%. So the number of people requiring end of life care is rising.
- People in their last year of life constitute about 1% of the population, 30% of hospital patients at any time and about 80% of care home residents. They also represent 25% admissions and 21% hospital bed days.
- With the ageing population, most die with age-related conditions; dementia is now the UK's leading cause of death, plus frailty and multi-morbidities. Most cope at home until a crisis occurs.
- Almost a third of emergency admissions are for people in their final year, and 40% of admissions of care home residents are considered preventable. Training of generalist staff can drastically improve this proactive, preventative approach.
- Although most say they would prefer to die at home, or their care home, most people (44%) still die in hospital, with 29% at home and 20% in care home, About 75% do not die where they would choose.
- Most people in the final year receive most hands-on care from generalist frontline staff. Only 11% of those in the final year need specialist palliative care.

## Our calls to action

**We call for a radical transformational shift in the care for people nearing the end of life.** This needs investment by national government and ICB system levels to enable the mobilising and support of the frontline workforce.

**NATIONAL:** A focus on improving end of life care, including a strategic investment in end of life care training and support for the three million strong health and social care workforce caring for older people approaching the end of life and investment in an integrated and well-regulated National Care Service.

**SYSTEM:** Integrated Care Boards (ICB) prioritising whole-system integration and collaboration of health and care for people nearing the end of life, enhancing community care and preventing over-hospitalisation, enabling more to live and die where they choose, usually at home.

**WORKFORCE:** To roll out the provision of enhanced core training and support for frontline generalist health and care teams to deliver quality, proactive, personalised care for people nearing the end of life with support from specialists and investment from national and system level partners.

- End of Life Care is everyone's business – we are all involved. Families, carers and communities play a vital role in supporting people nearing the end of life, providing most of the 24-hour care needed. Giving preventative support for families is helpful.
- **It is estimated that the NHS spends about a third of its budget on people in the last year of life.**

## Why investment in those that provide most care matters

The vast majority of people in their final years are cared for by the three million-strong frontline generalist workforce in health and care. It makes sense, therefore, to ensure that those giving **most** care for **most** people in their final years, in any setting, are well trained to give proactive, personalised care, and supported by specialists, ICB systems and national policies. However, still most frontline staff do not receive specific EOLC training.

The case for change has never been stronger.

Investing in the frontline workforce caring for people nearing the end of life will help improve care for thousands, shift more to the community, prevent over-hospitalisation and deliver the transformational

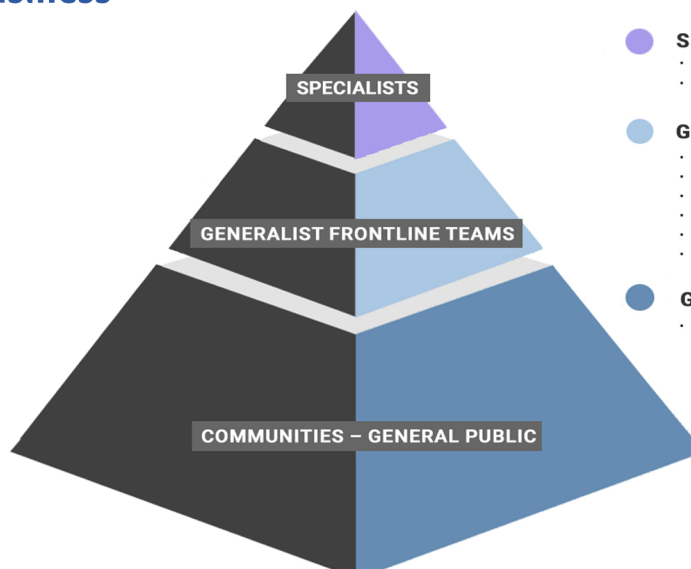
## The Assisted Dying debate

The discussion about the proposed bill shines a spotlight on the importance of improving the consistency and availability of high quality of end of life care for all who need it in our country. There is a striking need to improve the provision of end of life care for the many thousands that need it each year, and to improve safeguards for the most vulnerable whatever the decision on assisted dying legislation. The Coalition consists of independent separate organisations, so takes no single position itself, but some members have done so eg see [British Geriatric Society](#) and [GSF positions](#).

## The workforce: End of life care is everyone's business

MOST care for MOST people is given by 3m generalist frontline health and social care teams – all should receive EOLC training.

With better training and support for frontline teams from specialists, end of life care could improve for more people.



- **SPECIALISTS WORKFORCE (around 20,000)**
  - Specialist palliative care workforce 10,000
  - Geriatricians, dementia specialists workforce c.8-10,000
- **GENERALISTS WORKFORCE (around 3 million)**
  - Primary Care
  - Hospitals acute and community
  - Care Homes
  - Domiciliary Care
  - Retirement/IRCs and others
  - about 1.2m in health and 1.8m in social care
- **GENERAL PUBLIC (UK population 67 million)**
  - Family, informal carers, community support/awareness carers support etc

## Without this we risk inadequate home care and rising hospitalisation

It is estimated that about one third of the NHS budget is spent caring for people in the last year of their lives, much of which could be better spent with proactive, personalised planning and crisis prevention in the community. Almost a third of all emergency hospital admissions are for people in the last year of life. This both distresses patients and families and further stretches NHS capacity, reducing access for acutely-ill patients and increasing waiting times.

The recent NCEPOD report affirmed that palliative/end of life care should be core competencies for the patient-facing workforce. A small investment in improved training for generalist health and care teams reaps considerable reward, taking a proactive, preventative approach, improving specialist referral, reducing avoidable admissions. For example: for the cost of three nights in hospital, one team could be GSF trained in end of life care. For the cost of one hospital admission, three teams could be GSF trained.

**This report makes the case for change.** It urges the Government, senior policy leads, ICB Chairs and commissioners to help radically change care for people at the end of their life, by investing in training and support for the frontline generalist workforce in health and social care. We know this is key to enabling the national policy aims of the government, shifting care closer to home, preventing over-use of hospitals, reducing waiting lists and recognising the vital contribution of the workforce.