

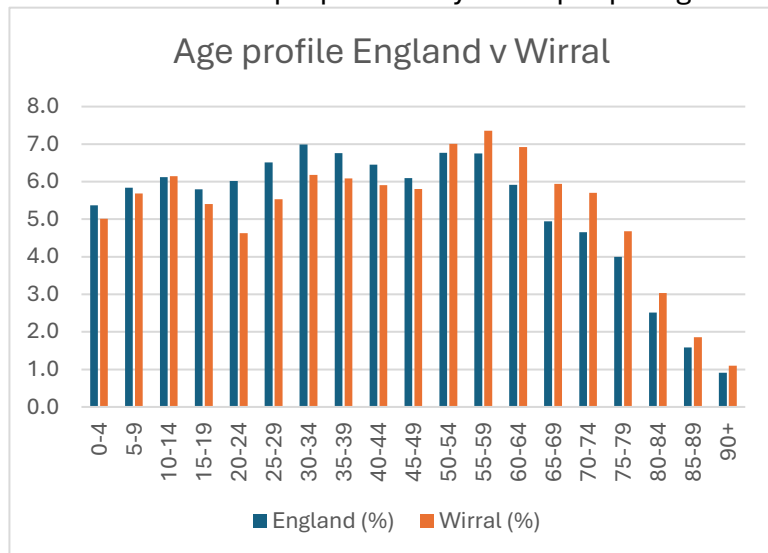
Wirral Locality Appendix

1 Population and Mortality Data

The population of Wirral in 2022 was 322,439 ONS

<https://www.ons.gov.uk/releases/subnationalpopulationprojections2022based>)

The age profile shows the population of Wirral is generally older than the England average. The chart below shows proportionally fewer people aged under 50, and more people aged over 50.



Source: <https://www.ons.gov.uk/releases/subnationalpopulationprojections2022based>

The population is growing and aging: the overall population is predicted to increase by around 11,000 by 2035 and around 23,000 by 2047, up to 345,189 – overall this represents a 7.1% increase by 2047.

The population aged over 70 is increasing at a faster rate than the overall population. In 2022 there were 52,781 people aged 70 or over, this is predicted to increase to 70,465 by 2047, a 33% increase. <https://www.ons.gov.uk/releases/subnationalpopulationprojections2022based>

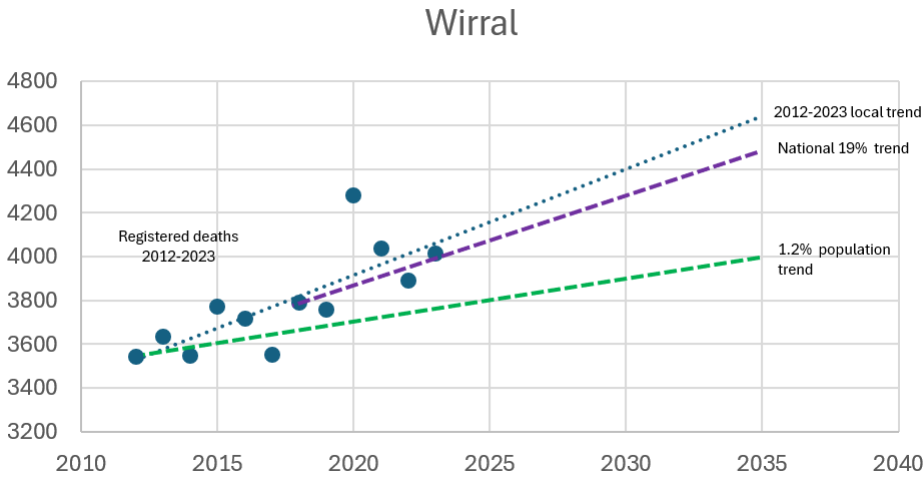
The number of people who die is increasing; this is due to a combination of a growing and aging population. Although there are some annual variations (in particular seen during the COVID-19 pandemic) we can see that annual deaths between 2012 and 2023 have risen by around 13%. In 2023 there were 4015 registered deaths in Wirral.

We can also see that over this period that the number of deaths is year is approximately 1.2% of the local population – which is slightly higher than the national rate of 1.0%.

Local projections for future death trends are not available from any national sources such as ONS; therefore a number of assessments have been made, displayed in the graph below.

- If the reported deaths from 2012-23 are extrapolated to 2035, it suggests that there could be approximately 4630 local deaths each year.
- ONS have predicted a 19% national increase in registered deaths from 2018 to 2035, (2018 [Deaths registered in England and Wales - Office for National Statistics](#), and 2024 [National population projections - Office for National Statistics](#)). If Wirral were to follow the national rate it would mean that there could be approximately 4500 deaths each year.
- If recent local trends for 1.2% of the population to die each year, based on 2025 ONS estimates for the local population, there could be approximately 4000 deaths each year.

These estimates suggest that there could be between 4000 and 4900 deaths each year in Wirral by 2035.



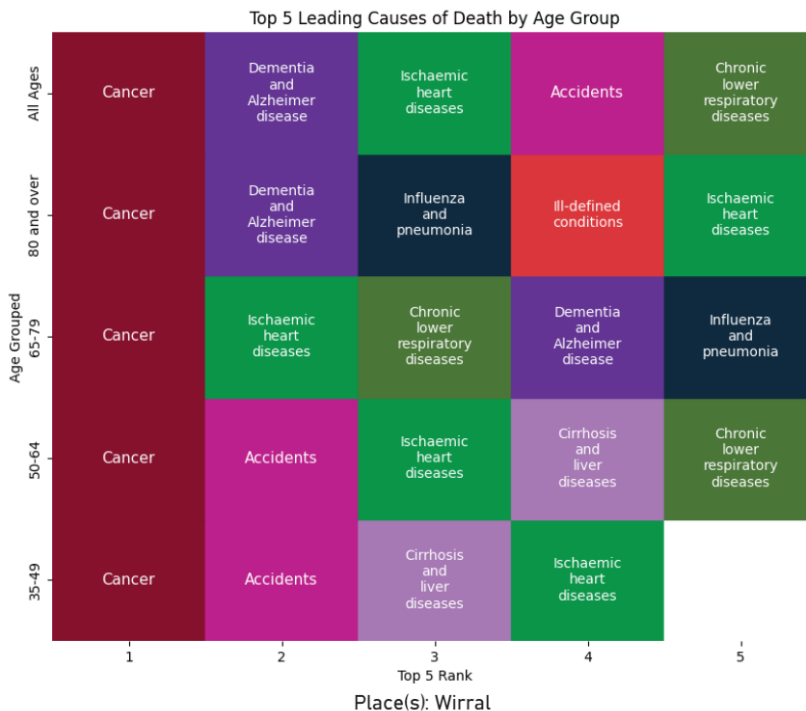
Given the age profile of Wirral, with higher numbers of 50+ and 70+ residents, it is reasonable to expect death rates to increase at least in line, if not higher, than the national 19% trend on the chart. This means that as a palliative and end of life system we need to be ready to support at least 4500 deaths per year by 2035. It could even be higher than this given the high number of care homes in the area, although we do not think the rate will be as high as the 2012-23 trend suggests as the excess deaths seen during the Covid pandemic period are artificially skewing that trajectory.

It is important that we continue to have proactive palliative and end of life services that can grow and develop to meet the changing needs of our local population.

2 Major causes of death

The major causes of death in Wirral are Cancer, Heart Disease and Dementia, although we can see from the chart below that this does change across different age groups. The major causes of death in Wirral broadly mirror those across Cheshire and Merseyside and England.

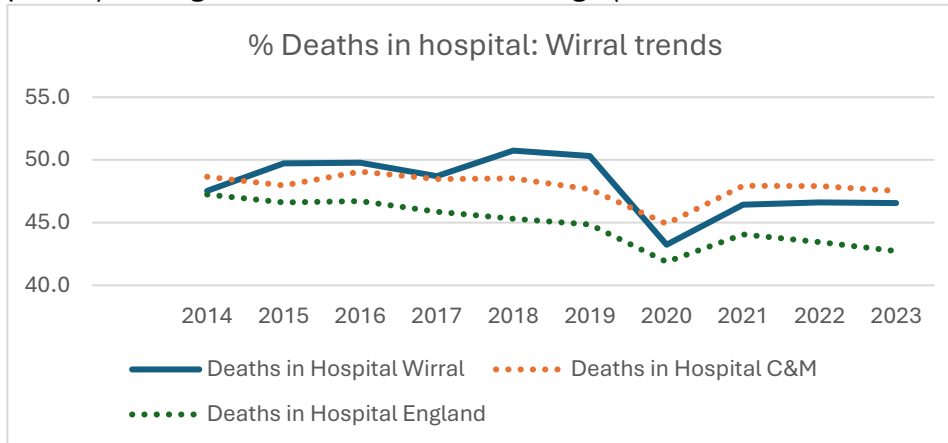
The number of deaths for people under age 35 are too small to be included within the chart. The main Cheshire and Merseyside PBNA report provides further analysis on this age group.



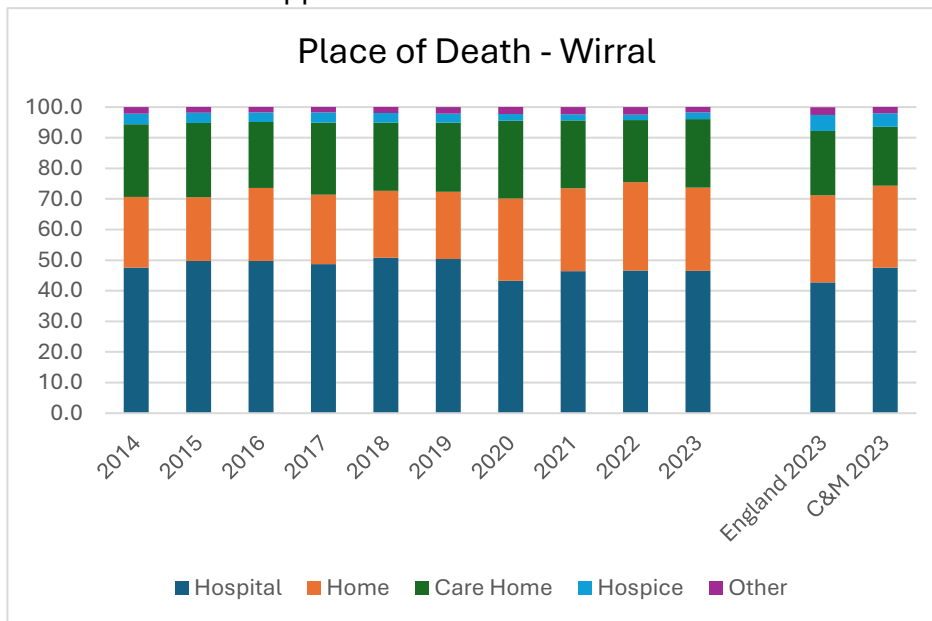
3 Place of death

We know that most people would prefer to die at home or in a hospice, yet many people die in hospital – the factors behind this are multifaceted and complex, but monitoring the place where people die, and in particular the proportion of people who die in hospital is widely seen as an important indicator of the strength of a palliative care system.

The chart below shows that, across Wirral, the proportion of people who die in hospital has fallen slightly over the last decade (from 47.5% in 2014 to 46.6% in 2023). This is broadly in line with the Cheshire and Merseyside average (which fell from 48.7% to 47.5% over the same time period) but higher than the national average (which fell from 47.2% to 42.7%).



In order to reach the national average, around 110 people who currently die in hospital each year would need to be supported to die elsewhere.

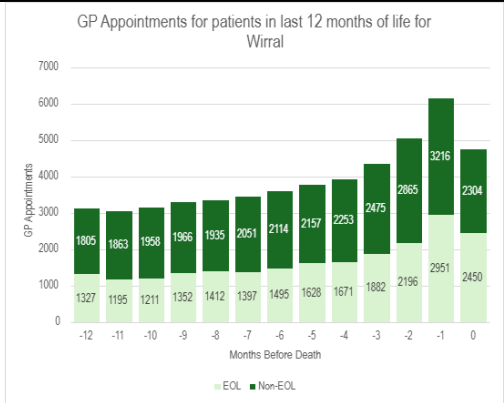


(Source: <https://fingertips.phe.org.uk/profile/end-of-life/>)

We recognise that for some people it may be their preference to die in a hospital setting, especially as people get closer to the end of life, or that for some people a hospital setting may be the most appropriate place to die, however, we acknowledge that the proportion of people who die in hospital on the Wirral is higher than the national average and that this figure has not changed much over the last decade (falling from 47.5% to 46.6% compared to a national reduction from 47.2% to 42.7%).

There is an integrated approach within Wirral to ensure patients receive the right care in the right place at the right time. This includes specialist palliative care as well as general end of life care, and system working across hospital, hospice and community-based services. This approach will continue to be strengthened to support patients to die in their preferred place.

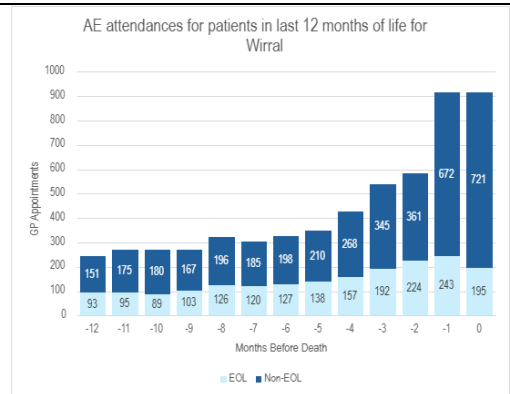
Our analysis shows that Wirral patients who died during 2024/25 attended 51,129 GP appointments in their last 12 months of life. [Which is an average of 16.3 appointments for each person who died (C&M average = 14.8)]



Visually this chart looks very similar to the Cheshire and Merseyside wide chart, it shows an increase in GP appointments in the final 3 months of life, in fact 31.3% of all appointments took place in these months (C&M average 32.6%).

The data shows that 47.6% of GP appointments in the final 3 months were used by people recognised as being end of life (EOL) this is higher than the proportion of people identified as being likely to be EOL (30%) which suggests EOL patients are being well supported by their GPs.

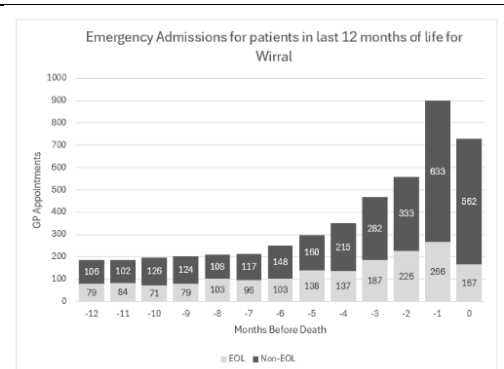
The data also shows that Wirral patients attended A&E 5,731 times in their last 12 months of life. [Which is an average of 1.8 visits for each person who died (C&M average = 2.2). 8% of local patients attended at least 3 times in their last 3 months of life (C&M average 11%).



Again, visually this chart is similar to the Cheshire and Merseyside wide chart, it shows an increase in activity in the final 3 months of life. 42.2% of all visits to A&E take place in the final 3 months of life (C&M average 42.3%).

In this final 3 months, 28.7% of visits were by patients recognised as being EOL, which is slightly less than the proportion of patients identified as likely to be EOL (30%). Which suggests that patients are being supported by other, non-emergency, services.

Our research shows that Wirral patients who died during 2024/25 were admitted to hospital on a non-elective (NEL) basis 4,752 times in their last 12 months of life staying in hospital for a total of 61,375 bed days.



6.4% of people who died were admitted NEL 3 or more time in their last 3 months of life (C&M average, 7.0%. England 7.0%)

Again, visually this chart is similar to the Cheshire and Merseyside wide chart, it shows an increase in activity in the final 3 months of life. 46% of all NEL admissions take place in the final 3 months of life (C&M average 46.5%).

31% of NEL admissions in the last 3 months were by patients recognised as being EOL, which is very similar to the proportion of patients identified as likely to be EOL.

Use of Services analysis is based on data from Cheshire and Merseyside NHS Business Intelligence, it does not represent all activity because around 10% of patients, or their GP practices, opt out of sharing their data.

Many of the figures could be increased by 10% to gain a fuller picture of use of services.

Unplanned hospital activity such as attending A&E or being admitted non-electively accounts for much of the service use in the last year of life.

| | | |
|---|---|-----------------|
| 3 or more A&E attendances in last 3 months of life: | | |
| Wirral 8% | C&M 11% | |
| % of all people who died who spent time in hospital | | |
| At least one hospital admission in last 6 months of life: | | |
| Wirral 68.0% | C&M 72.4% | England 68.2% |
| At least one Non Elective admission in last 3 months of life: | | |
| Wirral 67.1% | C&M 65.3% | England 60.3% |
| 3 or more Non Elective Admissions in last 3 months of life: | | |
| Wirral 6.4% | C&M 7% | England 6.2% |
| Average Length of Stay in hospital in last 3 months of life (people who had at least one admission): | | |
| Wirral 19.2 days (mean) | C&M 18.4 days (mean) | 18.5 day (mean) |
| % bed occupancy (of all general and acute hospital beds) by patients in the last 3 months of life: | | |
| Wirral 25.1% | C&M 22.6% (all hospitals, including specialist) | England 23.9% |
| <i>All Trusts: LHCH 8.8% Walton 10.9% Liv Women 11.0% LUFT 21.2% MWL 21.8% MC 23% COCH 23.5% W&H 23.8% ECT 24.1% Wir 25.1% Clatterbridge 37.5% (Model Health System, accessed 02/10/25)</i> | | |
| <i>Data sources: C&M BI, Fingertips.phe.org & Model Health System</i> | | |

It is reassuring to see that patients identified as likely to be near the end of life make better use of out of hospital services such as GP appointments and district nursing and proportionately use hospital services less – this shows the benefits of early identification and of advance care planning.

The picture of unplanned hospital care in Wirral highlights:

- Fewer people repeatedly attend A&E*
- Fewer people are admitted in the last 6 months of life, but there are higher rates of non elective admissions in the last 3 months of life,*
- Repeated admissions in the last 3 months of life are higher than the national average but lower than the Cheshire and Merseyside rates.*
- However, when people are admitted into hospital it looks like they spend more time in hospital than the regional or national averages. This suggests that there could be delays in people being discharged and this has been recognised as a major issue for the whole ICS.*

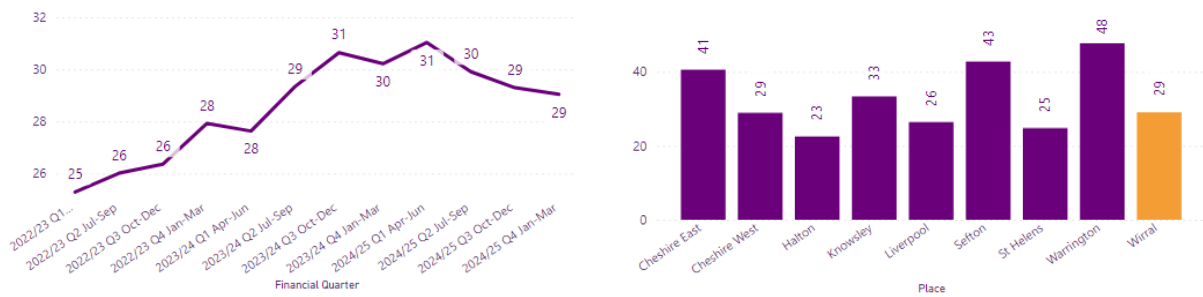
5 General Practice PEOLC Care Registers

Identifying people who are likely to be in the last 12 months of life

Early identification of patients who may be in the last 12 months of their life is important because it gives people the opportunity to be involved in planning for their future care. This could include thinking about the type of care they would like or would not like, where they would like to be cared for, who should be involved in their care and can help with planning for loved ones.

(<https://www.cheshire-epaige.nhs.uk/wp-content/uploads/2023/03/EARLY-Toolkit-V2.0-March-2023.pdf>)

% of all deaths in the last 12 months who were identified as being on the Gold Standards Framework (ambition 60%)



Wirral Trend

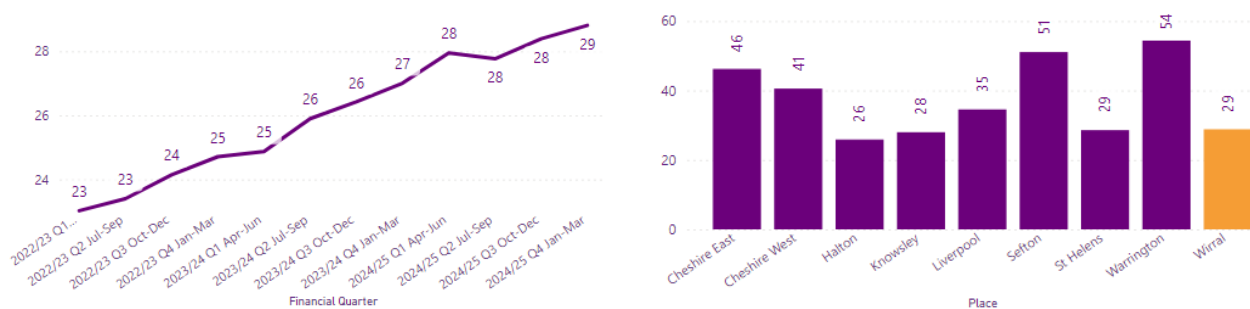
[Open in Power BI](#)

Place by Place Comparison (Jan-March 2025)

Advance Care Plans

Advance Care Planning is a personalised process that emphasises reflection, choice and communication and gives people the chance to think about and write down what is important to them. As part of the process a person might choose to describe the type of care they would like at the end of their life. [What is advance care planning? | For professionals | Marie Curie](#)

% of all deaths in the last 12 months who were identified as has having an Advance Care Plan (ambition 60%)



Wirral Trend

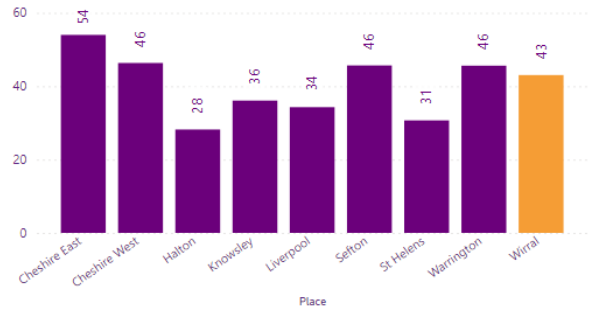
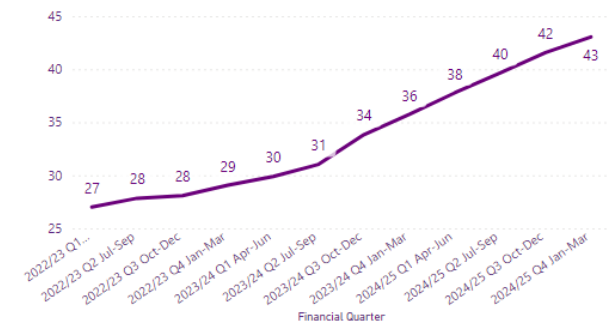
[Open in Power BI](#)

Place by place Comparison (Jan-March 2025)

DNACPR

A DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decision is important because it allows individuals, along with their healthcare team, to make informed decisions about an important part of their end-of-life care and ensures their wishes are respected. It provides guidance to healthcare professionals on what actions should or should not be taken if a person experiences a cardiac arrest or dies suddenly. DNACPR decisions are crucial for ensuring a patient's dignity and comfort at the end of life and preventing unnecessary, potentially painful or unsuccessful interventions. [CPR Recommendations, DNACPR and ReSPECT | Resuscitation Council UK](#)

% of all deaths in the last 12 months who were identified as having had a CPR discussion / decision



Wirral Trend

[Open in Power BI](#)

Place by place Comparison (Jan-March 2025)

There is a strongly held view locally that reporting solely on primary care records does not give the full picture of patients who may be identified as end of life, or who have had advance care planning discussions in settings such as district nursing, hospital, care home or hospice. For example, there is an expectation that Emergency Health Care Plans are completed for every care home resident – but these are not being recognised by the End-of-Life Dashboard. It will be important to work on improving this in the future.

We also recognised that we need to improve on rates of GSF, ACP and DNACPR if we are to achieve our ambitions to see fewer people dying in hospital and more people dying in their preferred place of death. We will continue to promote tools such as Early to help identify people who may be in the last 12 months of life and will continue to promote the use of I-CARE & Share to record advance care plans. We will also continue to deliver and promote the Mayfly communication skills training offered by the Wirral Palliative Care Education Hub.

Where possible we will seek to identify individual practices, or PCNs, to target support to increase understanding of GSF and ACP to improve uptake. We will review any good practice to share across primary care.

| PCN | GSF % | ACP % | CPR % | GSF & ACP & CPR % |
|----------------------------|-------|-------|-------|-------------------|
| Arno Primary Care Alliance | 29.98 | 26.36 | 42.45 | 10.26 |
| Brighter Birkenhead | 20.47 | 28.71 | 42.35 | 11.76 |
| Healthier Neighbourhoods | 23.08 | 27.40 | 49.04 | 7.93 |
| Healthier South Wirral | 37.75 | 37.42 | 48.66 | 16.61 |
| Healthier West Wirral | 28.18 | 26.32 | 35.53 | 8.66 |
| Moreton & Meols | 40.40 | 40.40 | 40.74 | 15.49 |
| North Coast Alliance | 29.48 | 22.00 | 51.93 | 11.34 |
| Wallasey Wellbeing | 20.08 | 23.17 | 36.68 | 5.41 |

(C&M EOL Dashboard Jan-March 2025)

6 Specialist Palliative Care (SPC) Beds

An assessment of SPC beds across Cheshire and Merseyside is given in the main report set against internationally recognised standards. It is difficult to provide a locality-by-locality assessment for the need for or supply of specialist beds as the populations served by each individual hospice rarely align to NHS locality boundaries, therefore an assessment of needs for the wider Cheshire Devolution area and Mersey City Region area have been made.

| Liverpool City Region Assessment | |
|---|------------|
| Total population of Halton, Knowsley, Liverpool, Sefton, St Helens and Wirral. | 1,746,772 |
| PC beds | |
| Halton Haven Hospice | 10 |
| Queenscourt Hospice | 6 |
| Willowbrook Hospice | 10 |
| Wirral Hospice St John's | 14 |
| St Josephs Hospice | 31 |
| Woodlands Hospice | 15 |
| Claire House (Children & Young People) | 5 |
| Royal Liverpool Hospital (NHS Hospital) | 8 |
| Arrowe Park (NHS Hospital) | 4 |
| Total | 103 |
| Recommended number of beds for total population | 139-175 |
| Deficit of SPC beds for the Liverpool City Region area | 36-72 |
| Removing St Joseph's beds as non specialist would increase this deficit to 67 – 103 for the Liverpool City Region | |

We recognise that this assessment is for the whole of the Liverpool City Region. However, an analysis of Wirral only shows that the population of 345,000 could require 27-34 beds which is significantly more than the beds available at Wirral St John Hospice and Arrowe Park hospital and represents a sizeable proportion of the beds needed for the whole of the Liverpool City Region.

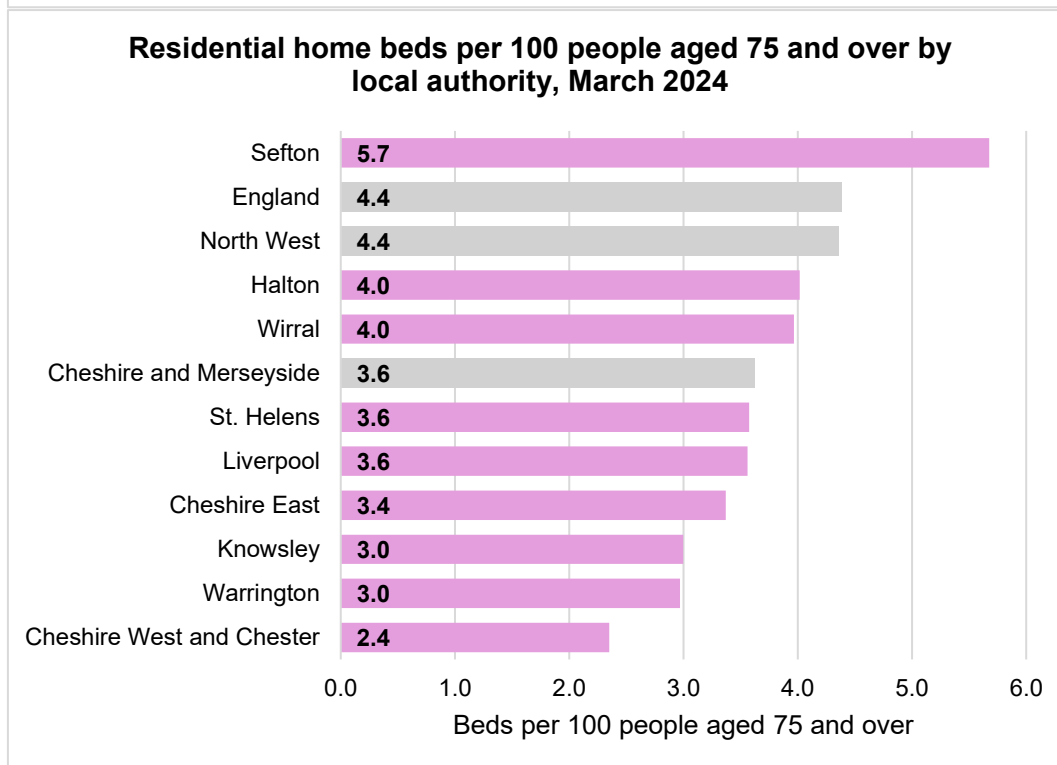
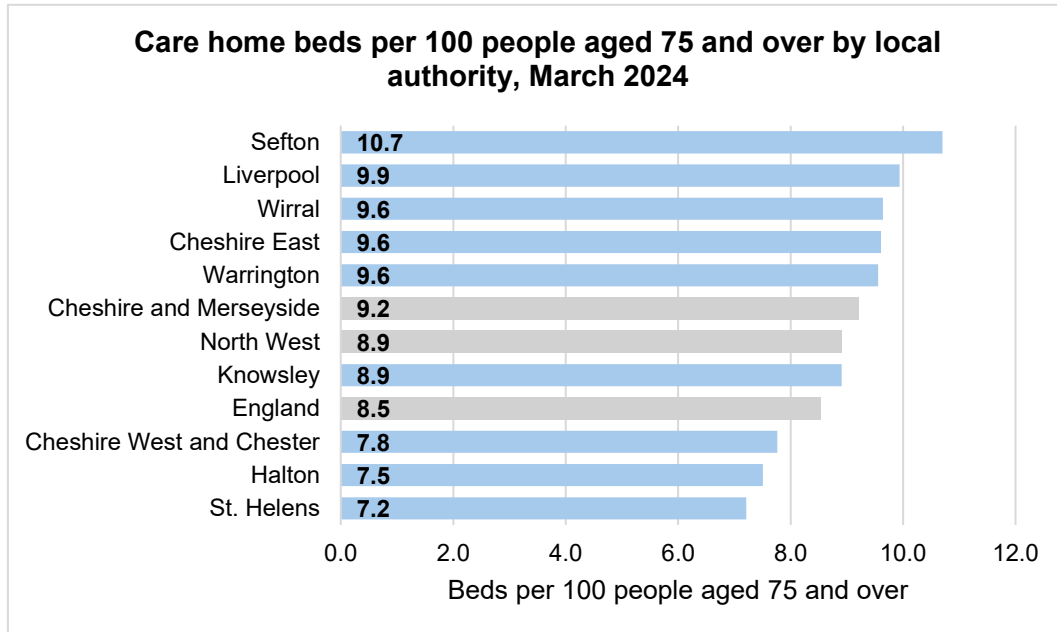
Bed provision is reviewed and considered within the identified need across Wirral and although highlighted as being under resourced for population size there have been no key concerns highlighted in providing the required support to patients. There is also hospice at home provision to support patients. We will continue to monitor bed requirements across Wirral.

7 Care Homes

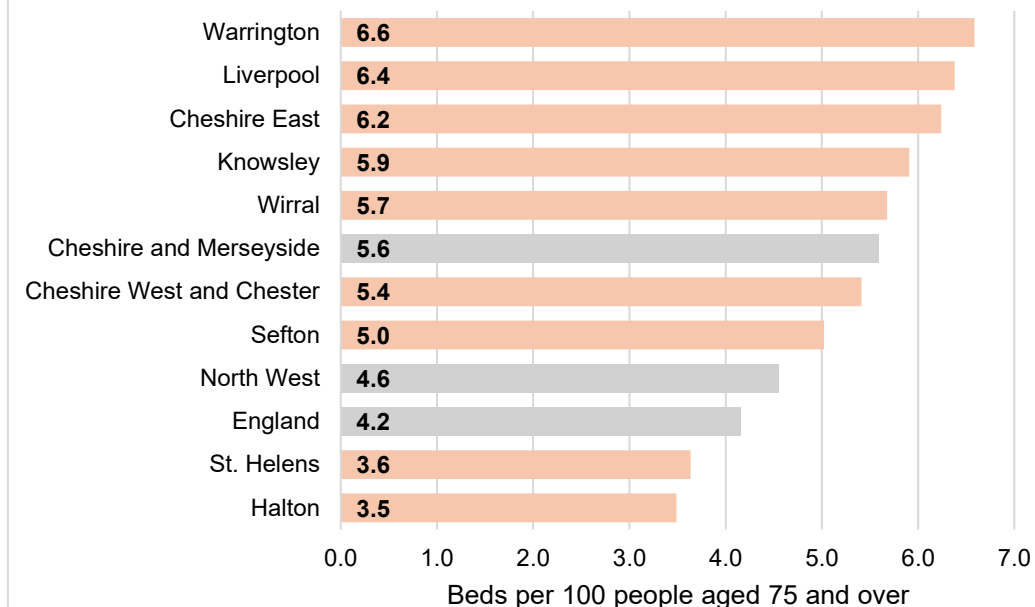
There are 112 residential care homes in Wirral with 3411 beds, this includes 70 residential care homes with 1,403 beds plus 42 nursing homes with 2008 beds.

Comparing the availability of care home and nursing home beds for the local over 75 population is seen as a good indicator of the capacity of the local system to care for the needs of an aging population by supporting people in the community.

We can see from the charts below that Wirral is above national and regional averages for overall care home beds and nursing home beds, however, it is below the national level for residential care homes.



Nursing home beds per 100 people aged 75 and over by local authority, March 2024



The number of registered care homes, and the number of beds available, constantly changes as care homes close or open, this is something that local authority colleagues especially monitor closely. We are lucky to have an excellent end of life team working to support care homes across Wirral which means we can support more people to die in their usual place of residence, and reduce unnecessary attendance and admissions to hospital – this is reflected in higher than national and regional averages of people being supported to die in care home settings.

8 Specialist Palliative Care Services

National bodies have repeatedly called for Specialist Palliative Care Services to be available to patients 7-days per week and for non-specialist providers of palliative care to be able to access advice at all times of the day or night.

- 24/7: Wirral St John Hospice and Community Team provides a 24/7 advice line for health and care professionals and patients and carers.
- 7/7: Hospital and community teams provide 7-day face to face assessments.
- Hospice admissions: Wirral St John Hospice mainly admit patients Monday-Friday between 9-5. In emergency circumstances they can admit patients out of hours.

The national requirements for specialist palliative care have been met in Wirral. There is an integrated approach for delivery of a 24/7 advice line for patients and professionals with a single number for adult support. Any patient 18-25 known to Claire House will be redirected for support. Claire House also have their own 24/7 rapid response line.

9 Community Pharmacy

Timely access to end of life medications is extremely important for adequate management of patient symptoms and convenience of access for professionals and carer/families.

Currently there is unwarranted variation across Cheshire and Merseyside in terms of the number of pharmacies that stock vital end of life medications, the range of medications stocked and in the accessibility of them outside of normal hours.

Following an ICB review in 2025, the following arrangements will be in place for the provision of end of life medications across Cheshire & Merseyside:

| | Current no. of pharmacies | Proposed no. of pharmacies | Out of Hours arrangements |
|-------------------|---------------------------|----------------------------|--|
| Cheshire | 33 | 24 | Only 1 pharmacy open from 8am Coverage until 21:00 at 4 pharmacies |
| Halton | 5 | 5 | Only 1 pharmacy open from 8am 2 pharmacies open later than 18:00 |
| Knowsley | 5 | 4 | None |
| Liverpool | 22 | 18 | Only one pharmacy open from 8am Majority of pharmacies open past 18:30 |
| Sefton | 6 | 6 | Yes |
| St Helens | 9 | 8 | None |
| Warrington | 9 | 8 | No coverage 8-8.45am Coverage in the evenings |
| Wirral | 11 | 11 | 2 pharmacies on the scheme are open 100hrs. 4 pharmacies open 8am 3 pharmacies open until 9pm and additional pharmacies open after 6pm. Coverage over weekend with one pharmacy open until 9pm on Saturday. |
| Total | 100 | 84 | |

Pharmacies and their opening hours are constantly changing. It is important that we continue to monitor pharmacies that regularly stock anticipatory end of life medication. Accessible provision has been considered with pharmacies on the scheme spread across Wirral and pharmacy access being available out of hours including evening and weekends. It is also important to recognise that any pharmacy can obtain stock with sufficient notice, therefore the more people identified as GSF with Advance Care Plans will help to ensure this medication is available when needed.