

# Cheshire & Merseyside PEOLC Population Based Needs Assessment

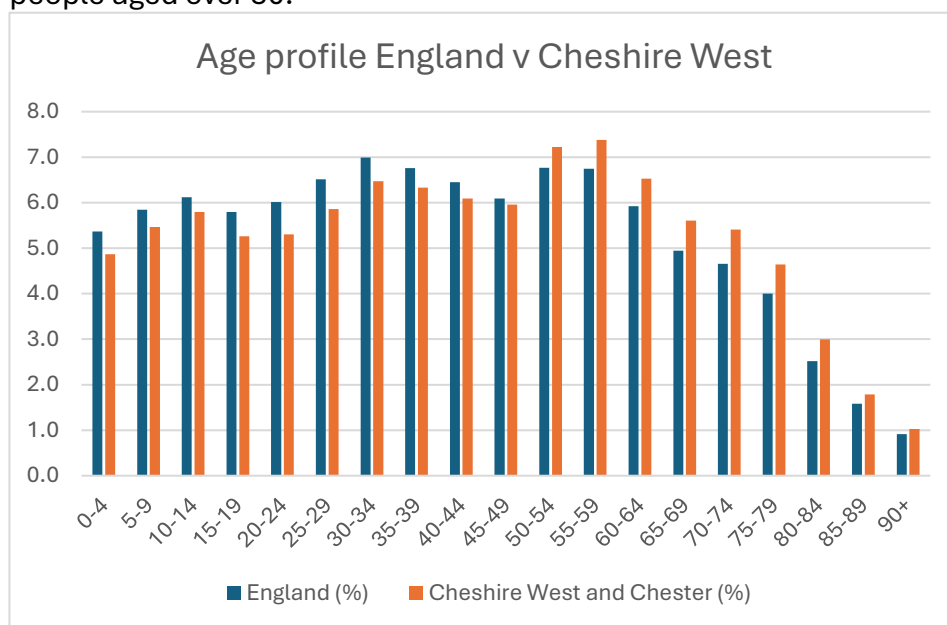
## Cheshire West and Chester Locality Appendix

### 1 Population and Mortality Data

The population of Cheshire West and Chester in 2022 was 361,799 (ONS

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

The age profile shows the population of Cheshire West and Chester 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 40,000 by 2035 and around 60,000 by 2047, up to 424,906 – overall this represents a 17.4% increase by 2047.

The population aged over 70 is increasing at a faster rate than the overall population. In 2022 there were 57,481 people aged 70 or over, this is predicted to increase to 86,454 by 2047, a 50% 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 12%. In 2023 there were 3936 registered deaths in Cheshire West and Chester.

We can also see that over this period that the number of deaths is year is approximately 1.0% of the local population – which is in line with the national rate.

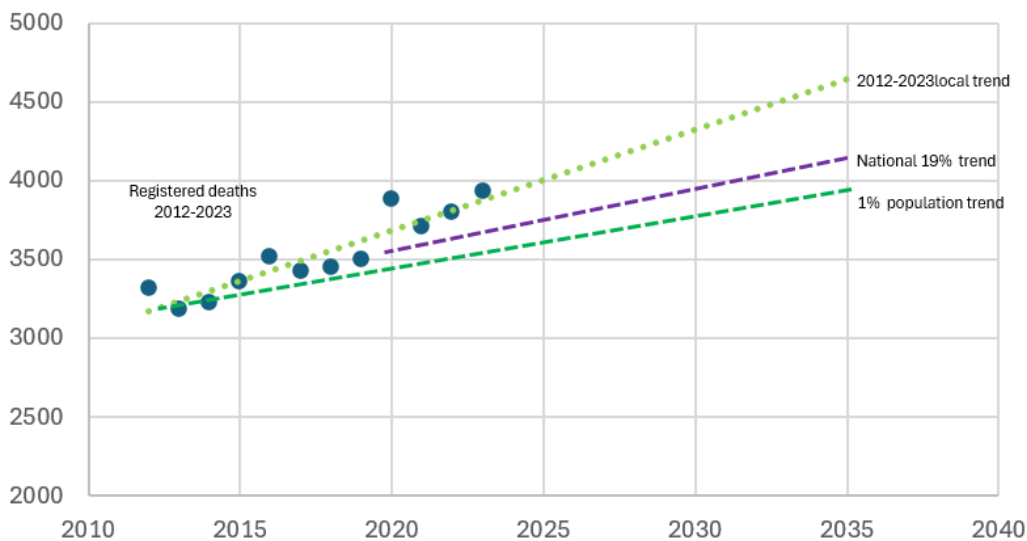
Local projections for future death trends are not available from any national sources such as ONS, therefore a number of assessments have been made, displayed in the graph below.

- If the reported deaths from 2012-23 are extrapolated to 2035, it suggests that there could be approximately 4620 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 Cheshire West and Chester were to follow the national rate it would mean that there could be approximately 4140 deaths each year.
- If recent local trends for 1% of the population to die each year, based on 2025 ONS estimates for the local population, there could be approximately 3980 deaths each year.

These estimates suggest that there could be between 3980 and 4620 deaths each year in Cheshire West and Chester by 2035 -- this represents an increase of an increase of between 44 and 684 deaths each year, a potential rise of 17% compared to 2023.

### Cheshire West & Chester



Given the age profile of Cheshire West and Chester, 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 is in line with similar projections made by the Insight and Intelligence Team at Cheshire West and Chester Council who forecast 4300 deaths each year by 2033 [Population Forecasts | Cheshire West and Chester Council](#) .

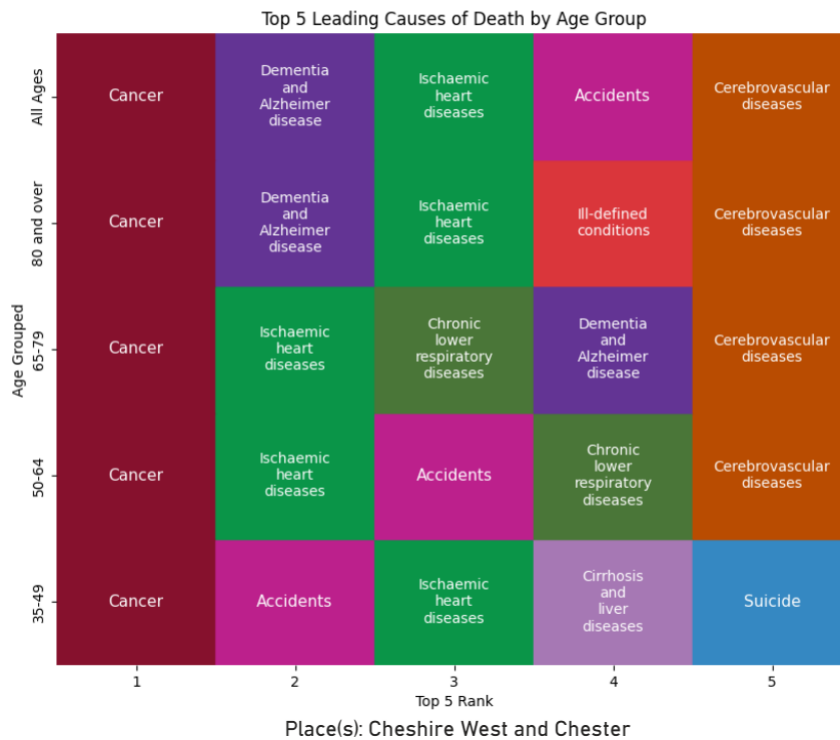
As a system we need to work together to prepare for this increase in deaths of around 400 people per year, making sure each receives the care and support they need.

## 2 Major causes of death

The major causes of death in Cheshire West and Chester 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 Cheshire West and Chester broadly mirror those across Cheshire and Merseyside and England.

Leading cause of death by age Group, 2023



(Source:

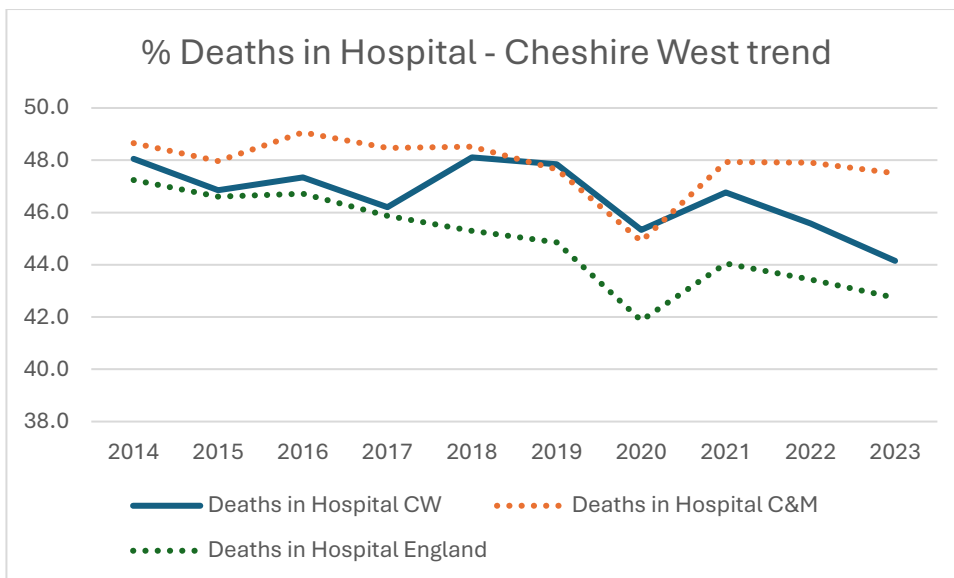
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath>)

*Cerebrovascular diseases are more frequently recorded as a cause of death in the Cheshire West data compared to the broader Cheshire and Merseyside region, or even national figures for England. There is a well-recognised link between cerebrovascular disease and dementia, particularly in cases involving vascular dementia. Individuals affected often present with a sudden onset of cognitive decline and mobility issues, both of which contribute significantly to frailty. This trend may point to a greater need for targeted support and heightened awareness of the palliative and end-of-life care (PEOLC) needs specific to this patient group.*

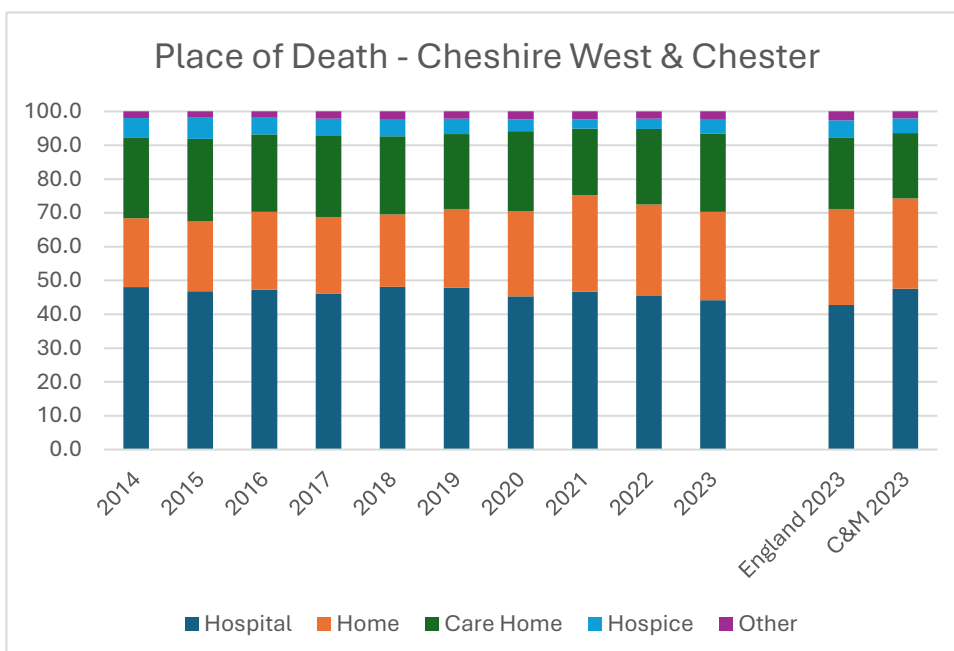
### 3 Place of death

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.

This chart shows that, across Chester West and Chester, the proportion of people who die in hospital has fallen slightly over the last decade (from 48.1% in 2014 to 44.2% in 2023). This is better than 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 100 people who currently die in hospital each year will need to be supported to die elsewhere.



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

*We recognise that the number of people dying in hospital is higher in Cheshire West and Chester than the national average, but we are pleased to see that we perform better than the Cheshire and Merseyside average.*

*We also note that deaths in care homes are higher than national and regional averages, which is a positive sign – this may be due, in part, to examples of excellent liaison between primary care and care homes, especially in the Chester area.*

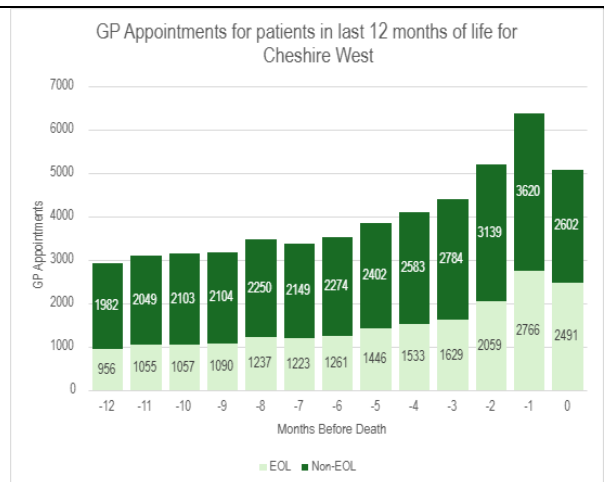
*It will be important to increase the numbers of people identified as likely to be in their last 12 months of life and the proportion of people with advance care plans if we are to meet our ambitions for more people to die in their preferred place.*

## 4 Use of Services:

National and regional analysis shows how people use services such as their GP, hospital or district nursing in their last 12 months of life changes and how this rapidly increases in the last 3 to 4 months of life. Our analysis of activity in **Cheshire West** shows the pattern of use of services is visually very similar to the rest of Cheshire and Merseyside, with only slight statistical differences.

Our analysis shows that Cheshire West patients who died during 2024/25 attended 54,844 GP appointments in their last 12 months of life. [Which is an average of 15.7 appointments for each person who died (C&M average = 14.8)]

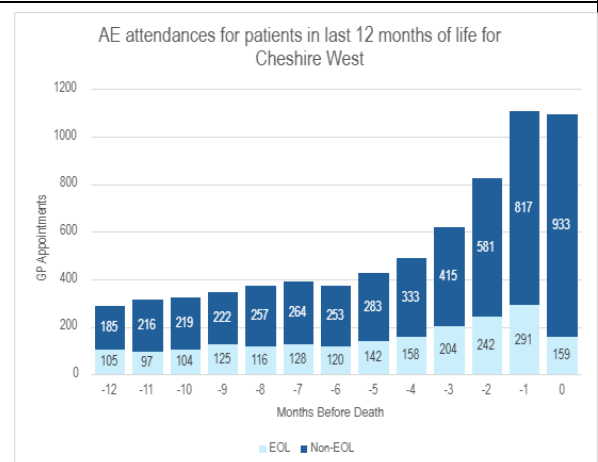
Visually this chart looks very similar to the Cheshire and Merseyside wide chart, it shows an increase in GP appointments in the final 3 months of life, in fact 32.2% of all appointments took place in these months (C&M average 32.6%).



The data shows that 43.9% 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 Cheshire West patients attended A&E 6,969 times in their last 12 months of life. [Which is an average of 2.1 visits for each person who died (C&M average = 2.2). 9% 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. 43.4% of all visits to A&E take place in the final 3 months of life (C&M average 42.3%).

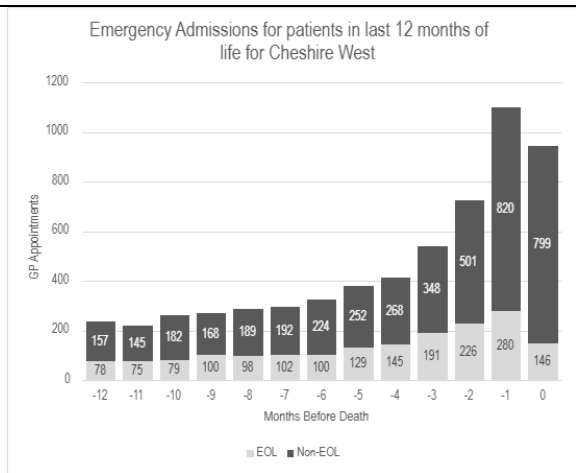


In this final 3 months, 23.4% of visits were by patients recognised as being EOL, which is less than the proportion of patients identified as likely to be EOL (30%). Which suggests that patients are being supported by other, non-emergency, services.

Our research shows that Cheshire West patients who died during 2024/25 were admitted to hospital on a non-elective (NEL) basis 5,994 times in their last 12 months of life staying in hospital for a total of 68,218 bed days.

7.8% of people who died were admitted NEL 3 or more times 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. 46.2% of all NEL admissions take place in the final 3 months of life (C&M average 46.5%).



24% of NEL admissions in the last 3 months were by patients recognised as being EOL, which is less than the proportion of patients identified as likely to be EOL. Which suggests that patients are being supported by other, non-emergency, services.

*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.

<b>3 or more A&amp;E attendances in last 3 months of life:</b>		
Cheshire West 9%	C&M 11%	
<b>% of all people who died who spent time in hospital</b>		
<b>At least one hospital admission in last 6 months of life:</b>		
Cheshire West 74.4%	C&M 72.4%	England 68.2%
<b>At least one Non Elective admission in last 3 months of life:</b>		
Cheshire West 67.8%	C&M 65.3%	England 60.3%
<b>3 or more Non Elective Admissions in last 3 months of life:</b>		
Cheshire West 7.8%	C&M 7%	England 6.2%
<b>Average Length of Stay in hospital in last 3 months of life (people who had at least one admission):</b>		
Cheshire West 18.8 days (mean)	C&M 18.4 days (mean)	England 15 days (median)
<b>% bed occupancy (of all general and acute hospital beds) by patients in the last 3 months of life:</b>		
Countess of Chester 23.5%	C&M 22.6% (all hospitals, including specialist)	England 23.9%
Mid Cheshire Trust 23%		
<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&amp;H 23.8% ECT 24.1% Wir 25.1% Clatterbridge 37.5% (Model Health System, accessed 02/10/25)</i>		
<i>Data sources: C&amp;M BI , Fingertips.phe.org &amp; 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 pattern of unplanned hospital care in Cheshire West and Chester does reveal some concerns that we need to understand and attempt to improve on. It appears that fewer people are repeat attending A&E, but that higher numbers are being admitted and admitted more frequently in the last few months of life, and consequently spending more time in hospital as an inpatient than regional or national averages.*

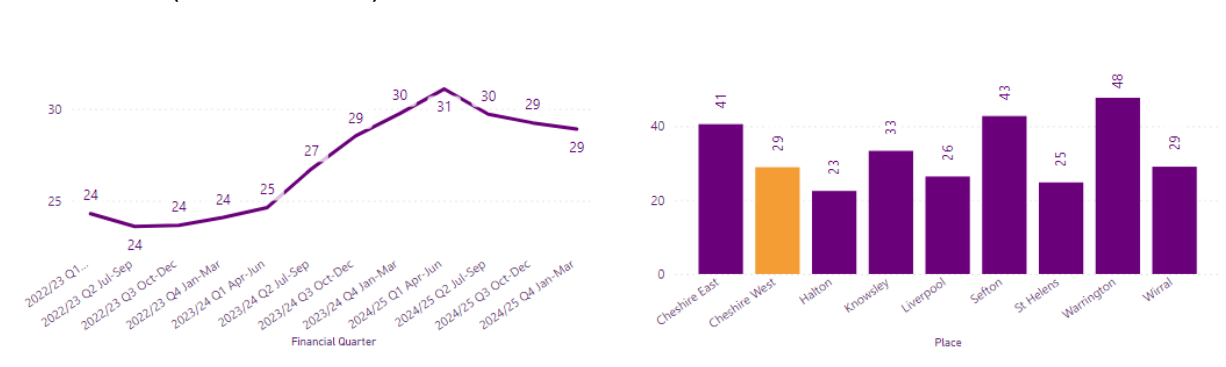
## 5 General Practice PEOLC Care Registers

### 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%)



Cheshire West & Chester Trend

[Open in Power BI](#)

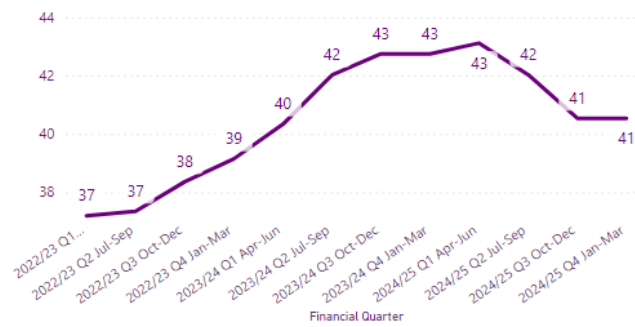
Place by Place Comparison (Jan-March 2025)

### 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%)

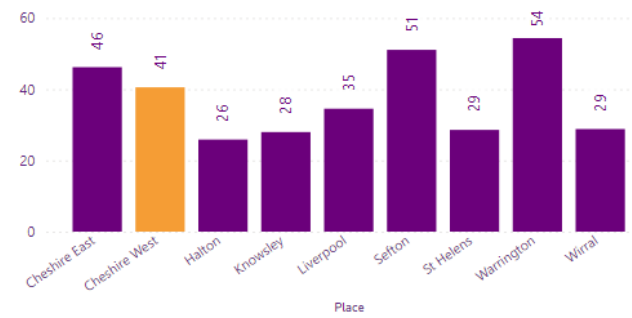
Cheshire West - Deceased Patients



Cheshire West & Chester Trend

[Open in Power BI](#)

Cheshire & Mersey Metrics - Deceased Patients (La...

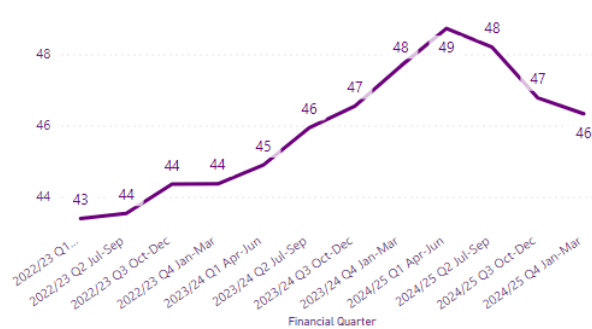


Place by place Comparison (Jan-March 2025)

### DNACPR

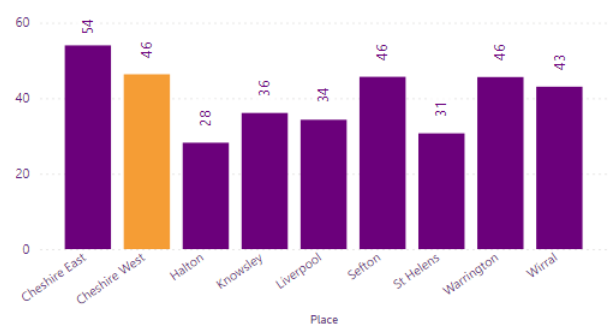
A DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decision is important because it allows individuals, along with their healthcare team, to make informed decisions about an important part of their end-of-life care and ensures their wishes are respected. It provides guidance to healthcare professionals 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



Cheshire West & Chester Trend

[Open in Power BI](#)



Place by place Comparison (Jan-March 2025)

*We are concerned to see a dip in local performance against these measures over the last 12 months and are keen to improve on our position as a locality. There does appear to be a significant drop between patients who have had a CPR discussion and those who have ACP discussions or those on identified as likely to be in their last 12 months of life and placed on the GSF palliative care register.*

*As a locality, we are committed to working to reduce the proportion of people who die in hospital, key to this is the early identification of patients who may be in their last 12 months of life and working with them to develop suitable Advance Care Plans, we are keen to work with colleagues in general practice to understand how we can raise the profile and use of the GSF in all practices across place to provide a consistent approach to coding and identification of EOLC patients.*

PCN	GSF %	ACP %	CPR %	GSF & ACP & CPR %
Chester Central PCN	50.00	63.86	71.23	43.67
Chester East PCN	6.97	18.03	20.49	4.10
Chester South PCN	10.59	31.36	23.31	6.78
Frodsham & Helsby PCN	18.64	35.25	50.51	14.58
Neston & Willaston PCN	24.64	40.76	37.44	20.85
Northwich PCN	36.42	40.66	51.13	25.03
One Ellesmere Port PCN	21.73	34.95	38.62	15.12
Rural Alliance PCN	19.43	37.14	42.00	15.71
Winsford PCN	35.10	36.28	43.36	20.65

(C&M EOL Dashboard Jan-Mar 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.

<b>Cheshire Assessment</b> (Cheshire Devolution footprint)	
Total population of Cheshire East, Cheshire West and Chester, and Warrington.	1,041,658
<b>PC beds</b>	
East Cheshire Hospice	15
Hospice of The Good Shepherd	10
St Luke's Hospice	10
St Rocco's Hospice	10
Claire House	5
<b>Total</b>	<b>50</b>
Recommended number of beds for total population	83-104
Deficit of SPC beds for the Cheshire Devolution area	33-54

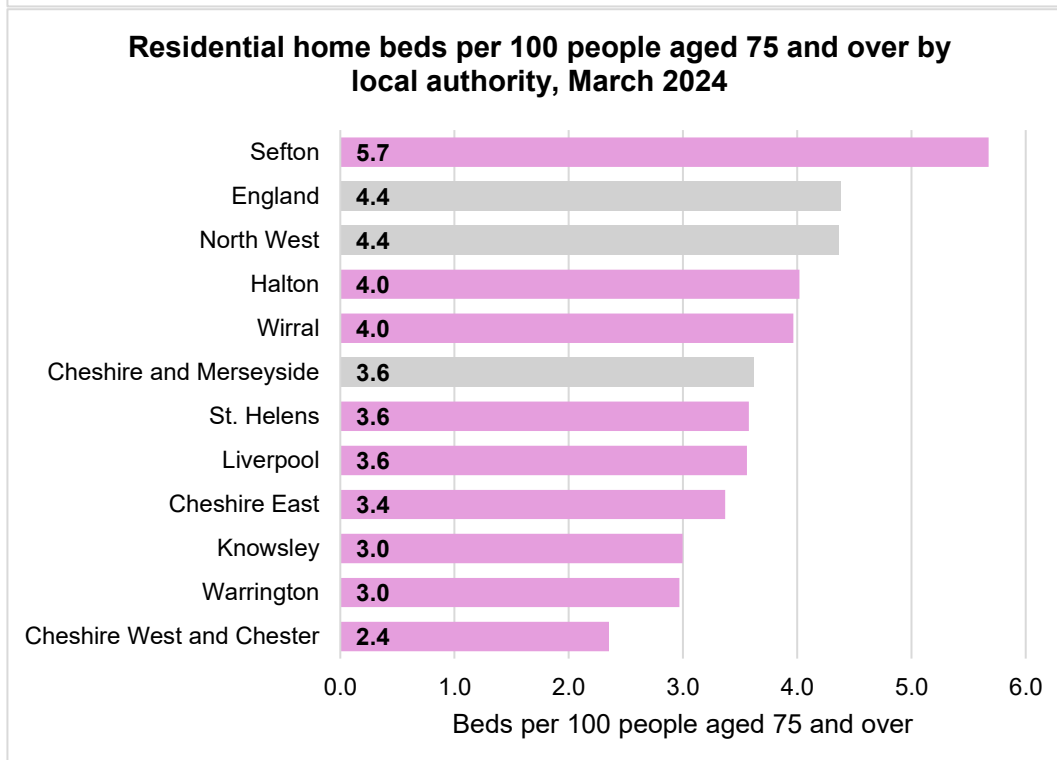
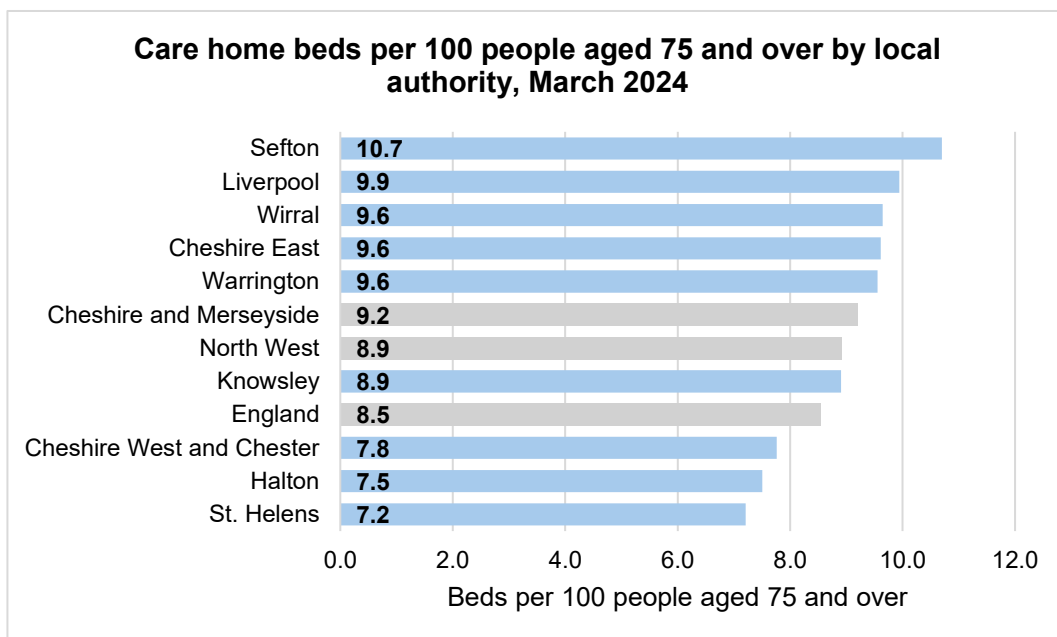
*The need for additional palliative care beds is clear in the work we do and is confirmed in these figures. As a system we need better access to palliative care beds - so more beds with better availability to access them outside of normal hours such as early in the evening or at weekends to support patients who are end of life.*

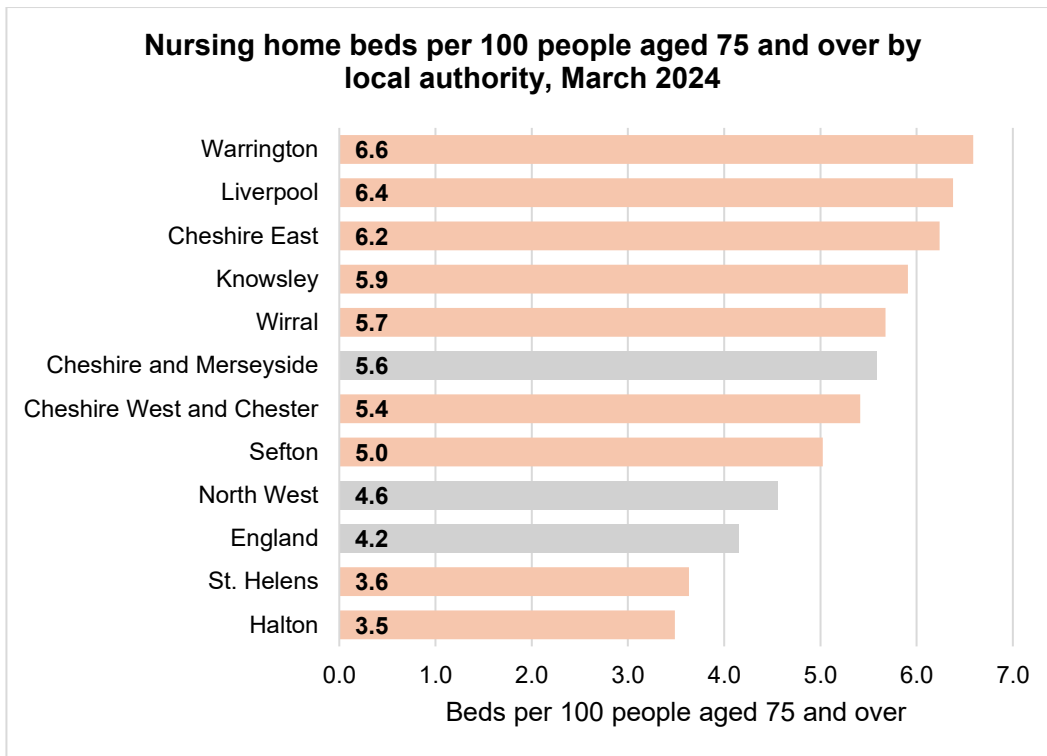
## 7 Care Homes

There are 80 residential care homes in Cheshire West and Chester with 3,051 beds, this includes 35 residential care homes with 924 beds plus 45 nursing homes with 2,127 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 Cheshire West and Chester is below national and Cheshire and Merseyside averages for care home beds, residential care home beds and nursing home beds.





*It is good to see that our locality performs well in terms of the proportion of people who are supported to die in care homes, better than national and regional rates, despite having lower than average residential and nursing home beds for our population. We are aware of plans to build new care homes in the Cheshire West & Chester area and it will be important that the system continues to work with these new homes to ensure they are confident and capable of looking after people who are potentially at the end of life.*

*Brenda mentions a “kind communities” project (possibly from elsewhere, now CW&W?) where CNS work with Care Homes to better equip them / increase their confidence to care for people who are EOL.*

## 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: St Lukes Hospice provides a 24/7 advice line for health and care professionals and patients and carers (at the time of producing this report the HOGS advice line was under review).
- 7/7: Neither the hospital nor community Specialist Palliative Care teams provide 7-day face to face assessments.
- Hospice admissions: St Lukes Hospice allow for admissions out of normal hours for urgent cases, for Hospice of the Good Shepherd this is only in exceptional circumstances.

## 8 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:

	<b>Current no. of pharmacies</b>	<b>Proposed no. of pharmacies</b>	<b>Out of Hours arrangements</b>
<b>Cheshire</b>	33	24	Only 1 pharmacy open from 8am Coverage until 21:00 at 4 pharmacies
<b>Halton</b>	5	5	Only 1 pharmacy open from 8am 2 pharmacies open later than 18:00
<b>Knowsley</b>	5	4	None
<b>Liverpool</b>	22	18	Only one pharmacy open from 8am Majority of pharmacies open past 18:30
<b>Sefton</b>	6	6	Yes
<b>St Helens</b>	9	8	None
<b>Warrington</b>	9	8	No coverage 8-8.45am Coverage in the evenings
<b>Wirral</b>	11	11	None
<b>Total</b>	100	84	

*We note that the data above is for the whole of Cheshire, not just for Cheshire West and Cheshire, we do not know what impact any changes may have locally. 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.*