

Supporting the supporters: a national study of family carers' contributions to end-of-life cancer care.

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SUPPORTING PATIENT CHOICE



Picture credit Joshua Bright 'a good death'

Patients want to die at home¹.

The Government wants this too².

Family are essential in helping this to happen...

... but ..

...this costs and consequences for the carer can be profound 3,4.

Dimbleby making life better for people living with cancer care

Background



The scale of family members' contributions are often overlooked in discussions of end of life caring.

Carers' time and out-of-pocket costs are consistently excluded from calculations^{5,6}.

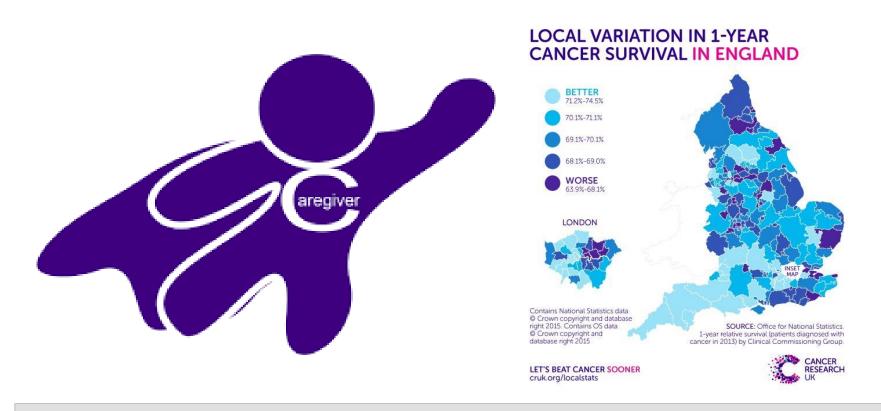




Or, where cost is estimated: It's based on secondary data, limited by level of detail, and/or small, unrepresentative samples⁷⁻⁹.

AIMS

NHS National Institute for Health Research



To provide POPULATION LEVEL information on the EXTENT OF cancer related CARING and its ECONOMIC contribution to end of life care.

Methods



Post-bereavement, national survey

This included:

- Discussing content and formatting with a lay research advisory group,
- Cognitive-debriefing interviews (n=5), and



METHODS





MANCHESTER 1824 The University of Manche 1f you would like to	ster receive this information you would like interpret
FNAME SNAME ADDRESS1 ADDRESS2 ADDRESS3 ADDRESS4 ADDRESS6 ADDRESS6 ADDRESS6 ADDRESS7	
Dear FNAME We are writ We unders	SNAME <u>Valuing family and friends</u> ging to you as you recently family to you as you recently family that this might be a different that the more about 1

available for families at this time. available for ratifices at unis united. UK to take part in a survey. We realise that it may be t We realise that it may be I about taking bart. Before you de I it will involve. Please take time to wish. If you do not think you you feel would be hear able to you feel would be hear ab you feel would be best able to

We know that families and frie Me would like to know more about

If you would like to he

- Complete the enclosed sur Complete the survey onlin
- Complete the survey over

If you decide that y no sta

4	How much time did you spend? Please do not count any activity twice	(please write in - your t	w much time did this take <u>in a typical week?</u> (please write in - your best guess is fine) Write '0' if you did not do this task	
HOL	JSEHOLD TASKS	HOURS	MINUTES	
а	Preparing food and drink? (includes special diets, cooking)			
b	Doing any cleaning? (includes emptying bins, washing-up, washing and ironing clothes, sewing)			
С	Doing maintenance or 'odd' jobs? (e.g. gardening, hanging a picture)			
d	Shopping for groceries or your relative's personal items?			
e	Doing general administration for them? (e.g. paying bills, making phone calls, writing letters (do <u>not</u> include hospital appointments here))			
f	Travelling outside the house with them? (e.g. walking, car, public transport, helping with wheelchair)			
PER	SONAL CARE	HOURS	MINUTES	
g	Helping your relative look after themselves? (e.g. eating and drinking, dressing, washing, usin the toilet, etc.)	g		
HEA	ALTH CARE AND MEDICINE	HOURS	MINUTES	
h	Organising / attending health care appointments: (e.g. arranging appointments, working with care teams, organising help, etc.)			
i	Helping with symptoms? (e.g. help with taking medicines, monitoring symptoms, making them comfortable, etc.)			
SOC	CIAL & EMOTIONAL CARE	HOURS	MINUTES	
j	Providing social and emotional support? (e.g. providing companionship or reassurance/ support, 'see how they are doing', sitting with them, trips to see family or friends with them, etc.	, 🗆 🗆 🗆		
OTH	<u>IER</u>	HOURS	MINUTES	
k	Was there anything else that you did for them? (Please write in)			





Results

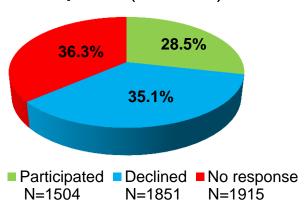


Frequency (%)

60.4 (12.28)

Carer population

Response (n=5270)





44.5% (n=669) were the spouse/partner



50.6% (n=761) lived together



Median (min-max) 60 (21-94) Gender Male 517 (34.4) Female 966 (64.2) Ethnicity White 1439 (95.7) Mixed/ Multiple ethnic group 7 (0.5) Asian/ British Asian 16 (1.1) Black / African-Caribbean/ Black 7 (0.5) British Other ethnic group 6 (0.4) Missing 29 (1.9) Educational level 226 (15.0 Exams at 16 years/equivalent 405 (26.9) 'A' / 'AS' Levels/ college/ equivalent 334 (22.2) University degree 381 (25.3) 51 (3.4) 107 (7.1) Missing

Age (years) (Missing n= 24(1.6%))

Mean (SD),

33.7% (n=507) within 30 mins

FINDINGS N=1504 / 5270 (28.5%) responded



In last three months of life:





CONCLUSIONS

NHS National Institute for Health Research

- For the first time we can estimate the contribution and expenses based on a UK census sample of bereaved carers.
- Previous research has estimated 15⁶ and 24.5⁷
 hours of care. Therefore value of care is likely to be
 much higher than previous estimates based on our
 finding of 69.30 hours.
- Informal care represents a substantial and vital contribution to society. Economic valuations should be routinely undertaken to ensure those who support those at end-of-life are in turn adequately supported.

FIND UPDATES OF OUR WORK AT http://clahrc-gm.nihr.ac.uk/our-work/end-of-life/dimbleby/



Forthcoming analyses:

Economic estimates of cost to society

Associations between hours of care and carer well-being.



Thank you to:

- those who helped develop the survey
- relatives who responded to the survey
- the funders, Dimbleby Cancer Care and CLAHRC GM



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