

# Experiences of care in the last three months of life: *findings from a nationally representative post-bereavement survey in England and Wales*

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## Background

Post-bereavement surveys are a validated method for understanding care and support experienced by people approaching the end of life.

**Aim:** To describe use and experiences of care in the last three months of life among people who died in England and Wales

## Methods

**Design:** Cross-sectional post-bereavement survey using a nationally representative stratified sample of decedents (excluding sudden deaths).

**Participants:** The survey was disseminated to 3000 adults in England and Wales who had registered the death of a family member 6–10 months prior.

**Analysis:** Descriptive statistics and content analysis.

## Results

In total, 1179 surveys were returned (response rate 39.3%).

### Care in the last 3 months of life

- 61.9% of those who died spent most of their last 3 months at home.
- Around half used urgent care services at least once (*Figure 1*). 70.6% of A&E visits led to overnight hospitalisation.
- Only 42.5% had a care coordinator, most commonly those in care homes.
- Overall, 45.1% received specialist palliative care, with large variation across causes of death and age.

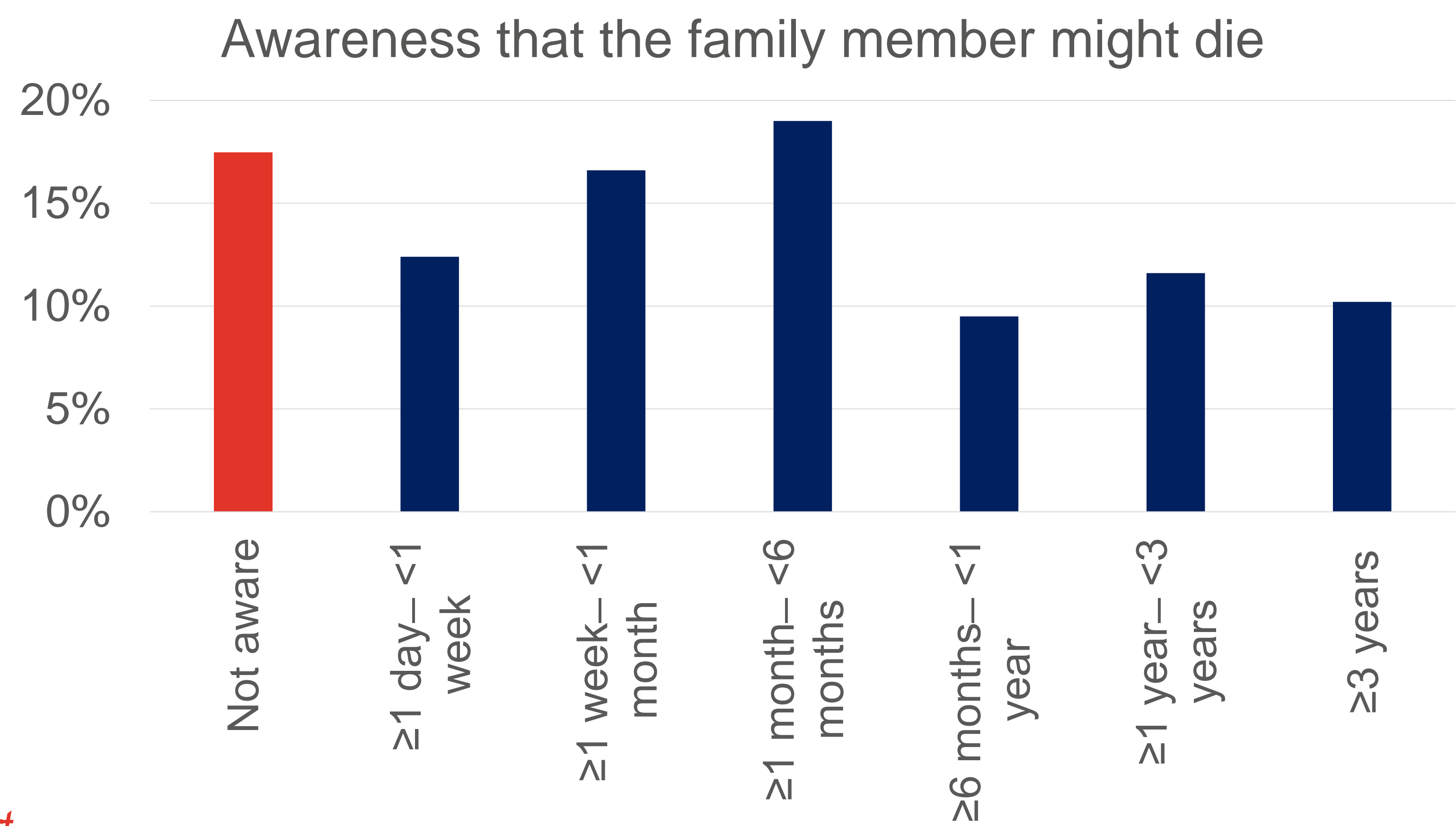
### Experiences of family carers

- 36.7% of respondents had been unable or struggled to access care services, causing stress and worry.
- 17.9% had been unaware that their relative was dying (*Figure 2*).
- 29.6% reported that health care professionals had **not** discussed dying or death with them.
- 74.7% had provided care for their family member in the last 3 months of life, often with help from additional family or friends.

Figure 1



Figure 2



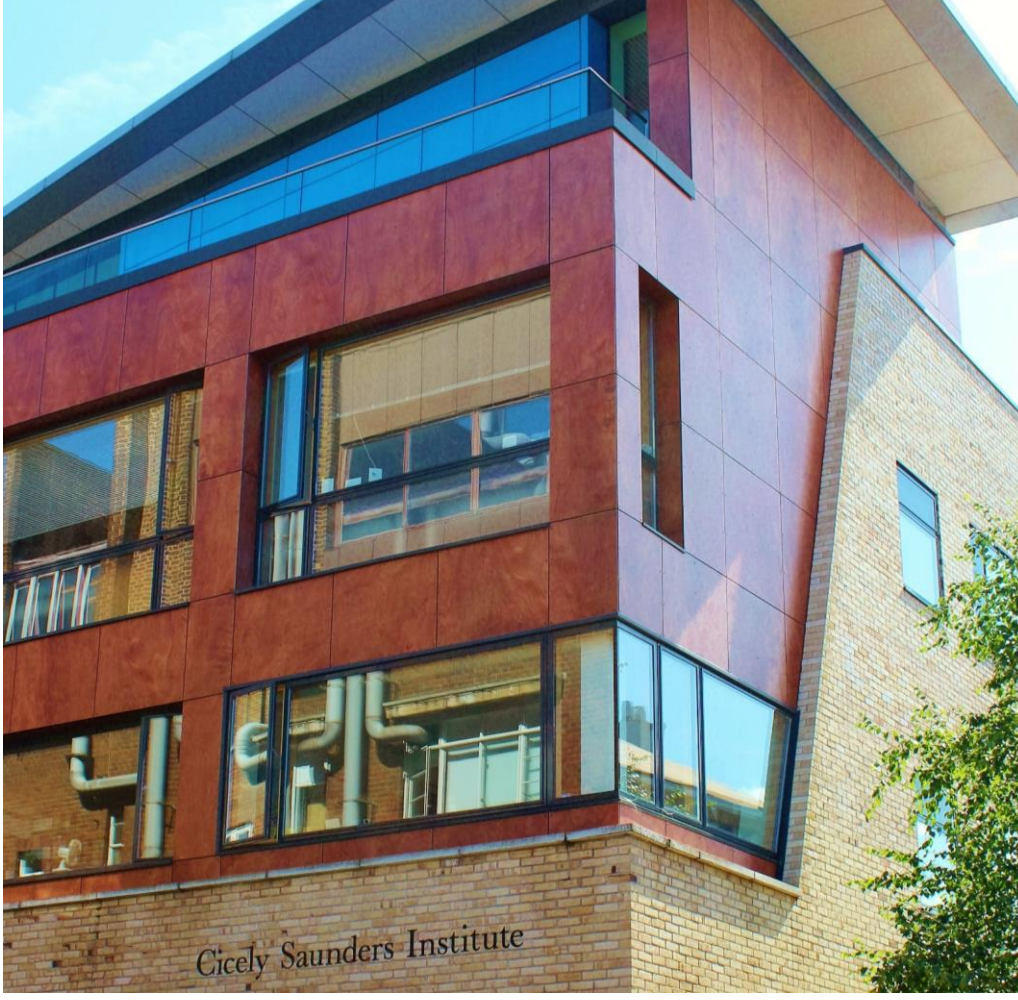
Scan for full survey findings in the *Better End of Life 2024 Report*

## Conclusions and implications

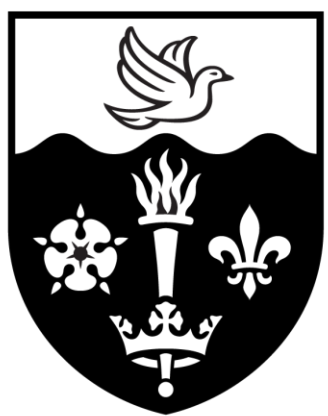
The survey findings provide the first nationally representative snapshot of end-of-life care experiences in England and Wales for almost a decade.

Palliative and end-of-life care provision was patchy and inconsistent, with many reporting difficulty accessing care and support. Overstretched services, inadequate communication and poor coordination result in high levels of unmet care needs and add stress and care burden for families.

To improve services, health and social care professionals must have sufficient time, skills, and resources to provide end-of-life care across settings. Proactive end-of-life discussions and early identification of patients' and family carers' support needs are essential to better prepare people for caring for a dying family member.



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