

The costs and cost-effectiveness of different service models of palliative care, focusing on end of life care: A rapid review

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Background

Palliative or end of life care can be delivered at home, in hospitals or hospice, or a combination of both.

Aim

The aim of this rapid review is **to determine the costs and cost-effectiveness** of the **different types** of palliative or end of life care.

Evidence Base

Studies published between **2003 and 2023**, including:

48
primary
studies

Key Findings

- **Hospital end of life care costs tend to be higher than hospice end of life care.** Home-based palliative care is the least costly model in many studies.
- The evidence suggests that **home-based palliative care should be available to all patients** in a recognisable end of life phase who desire to remain and die at home.
- Healthcare planners should aim to **reduce hospitalisation** at the end of life but only if **access to quality home care at the end of life is guaranteed.**
- Patients **should have a choice** about where they prefer to die **without moving the costs from the healthcare system** to the home caregivers, rendering the costs invisible.

These studies are mostly **conducted from the perspective of the healthcare system**, disregarding costs related to patients'/caregivers' economic burden.

Recommendations for future research

Further UK based research is needed around **evaluating new services** such as Enhanced Care Service (ESC), as well as further research into the **most effective methods for evaluating palliative care models.**



For the full report please visit:

<https://www.medrxiv.org/content/10.1101/2024.03.06.24303850v1.full-text>