

Supplemental material

How does palliative care fit into national health spending? A secondary analysis of trends in long-term healthcare expenditure in the UK

Appendix 1: Structure of UK Health Accounts and Inclusion Decisions

Expenditure data is organised by three categories in the UK Health Accounts – financing scheme, provider organisation and healthcare function. [1-3] This appendix expands the categorisation of healthcare expenditure found in these accounts and explains in more detail the inclusion decisions for variables used in our analysis.

Healthcare function:

The UK Health Accounts include seven categories of healthcare function:

- Curative care
- Rehabilitative care
- Health-related long-term care (also referred to as Long-Term Care (Health))
- Ancillary services (including ambulance and patient transport)
- Medical goods (including pharmaceuticals, durable and non-durable goods and therapeutic appliances)
- Preventive care
- Governance, health system financing and administration

We selected health-related long-term care as our variable of interest given our objectives of measuring trends in health-related long-term care, and because this variable includes (but is not limited to) expenditure related to palliative care services.

Financing scheme:

The UK Health Accounts dataset categorises expenditure according to funding source, also termed financing scheme:

- Government
- Non-profit institutions serving households (charities)
- Voluntary insurance schemes (voluntary insurance claims from private medical insurance and employer self-insurance schemes)
- Enterprise (provision or purchase of healthcare services by companies for employees)
- Out-of-pocket payments (direct consumer spending on healthcare goods and services, such as prescription charges and direct payments for private healthcare services).

We considered only government-financed (public) spending on health-related long-term care in our analysis. This includes (but is not limited to) spending on NHS-commissioned specialist palliative care services. It excludes government grants to hospice charities and charitably funded specialist palliative care provided in hospices.

Provider organisation:

Expenditure is categorised by provider organisation in the UK Health Accounts:

- Hospitals
- Residential long-term care facilities (nursing homes, residential homes and hospices)
- Providers of ambulatory care (offices of general medical practitioners, dental practices, providers of home healthcare services, and other ambulatory care providers such as community health services)
- Ambulatory care providers (ambulance services)
- Retailers of medical goods
- Providers of preventive care
- Providers of healthcare system administration and financing
- Rest of the economy (households receiving Carer's Allowance benefits, and secondary providers of healthcare such as schools and policing services)

We identified providers of health-related long-term care services who provide services including (but not limited to) palliative care using UK Health Accounts methodological guidance, with further information provided by the UK Health Accounts Team. We included hospitals and long-term care facilities providing inpatient care, offices of general medical practitioners and hospitals providing outpatient care, and home healthcare agencies and community nursing teams providing home-based care in our analysis (see *Supplementary Table 1*).

Modes of provision:

In the UK Health Accounts, health-related long-term care can be further categorised by the type of service provided – whether it is inpatient, outpatient, day or home-based care.

- **Day care:** refers to planned formal admissions to hospitals with the intention to discharge patients home the same day. As palliative care services *in hospitals* tend to operate outpatient clinic services rather than day case services in secondary care, this data was excluded from our analysis. Palliative day services in hospices are not explicitly included in this dataset.
- **Inpatient care:** refers to formal admissions to care facilities expected to involve an overnight stay. Includes care provided by hospitals and long-term care facilities (residential and nursing homes, and NHS-commissioned hospice services). This included local authority spending on packages of care which primarily provided support with basic activities of daily living required due to a health condition. It also included NHS Continuing Healthcare funding, which is NHS-funded social care required due to a primary health need.
- **Home-based care:** refers to care provided in a patient's home with a healthcare provider present. This includes NHS and local-authority funded home healthcare providers, such as home care agencies. Similar to long-term care facilities, this refers to spending on packages of care which primarily provide support with basic activities of daily living required due to an underlying health condition, and NHS Continuing Healthcare funding. It also includes home-based care provided by 'other ambulatory providers', which refers to NHS community health services such as district nursing and community specialist palliative care nursing teams. We excluded government expenditure on Carer's Allowance, a means-tested benefit provided to informal carers, as this data was unlikely to include expenditure directly related to palliative care.

- **Outpatient care:** refers to care received on a healthcare providers' premises, where the patient is not formally admitted and is not expected to stay overnight. We included outpatient care provided in hospitals in our analysis, as some hospitals run palliative care outpatient clinics. We also included care provided by GP surgeries, which deliver health-related long-term care services including (among other things) patient with life-limiting conditions.

Supplemental Table 1: Summary of inclusion decisions. All expenditure listed here refers to government-funded health-related long-term care. Palliative care refers to both specialist and non-specialist palliative care services. Source: UK Health Accounts [2,4]

Mode of provision		Provider		Inclusion Status	Rationale
HC31	Long-term inpatient care	HP1	Hospitals	Included	Includes specialist and non-specialist palliative care provided in hospitals.
		HP2	Residential long-term care facilities	Included	Includes NHS- and local authority- funded care in residential and nursing homes. This includes NHS-commissioned hospice inpatient services. Also includes NHS Continuing Healthcare funding.
HC32	Long-term day care	HP1	Hospitals	Excluded	Healthcare requiring formal admission but no overnight stay. Unlikely to include expenditure directly related to palliative care.
HC33	Long-term outpatient care	HP1	Hospitals	Included	Some hospital-based secondary palliative care teams provide outpatient clinics.
		HP31	Offices of general medical practitioners	Included	Includes spending on non-specialist palliative care provided by GPs, as well as for other conditions such as dementia and chronic obstructive pulmonary disease.
HC34	Long-term home-based care	HP35	Providers of home healthcare services	Included	Includes spending on home care services, such as those provided by home care agencies, funded by the local authorities and the NHS. An element of this will relate to spending on palliative care. Also includes NHS Continuing Healthcare funding.
		HP3x	Other ambulatory providers	Included	Primarily consists of NHS-funded community services including district and specialist palliative care nursing teams. Includes some long-term disability services provided by the NHS.
		HP81	Households as providers of long-term care	Excluded	Includes government expenditure on Carer's Allowance, a means tested benefit payment which supports informal carers. Excluded as there is no current guidance as to what proportion, if any, of this expenditure is related to palliative care services

Appendix 2: Analysis of long-term care expenditure in the UK – additional tables

Supplemental Table 2: Annual government spending on health-related long-term care services including (but not solely limited to) palliative care. All figures are presented in real terms adjusted to 2023 prices. Figures may not sum due to rounding. Source: UK Health Accounts.

Year	Inpatient care		Outpatient care		Home-based care		Total
	Hospitals	Long-term care facilities	Hospitals	GP surgeries	Home care providers	NHS community services	
	£ billions	£ billions	£ millions	£ millions	£ billions	£ millions	£ billions
2013	1.0	17.9	50.6	162.2	8.6	89.9	27.9
2014	1.1	17.9	51.4	180.3	9.1	93.8	28.4
2015	1.2	18.3	53.2	204.0	9.4	88.1	29.3
2016	1.3	18.6	53.7	168.1	9.6	93.4	29.9
2017	1.3	18.7	45.6	154.0	9.6	99.8	29.9
2018	1.2	19.3	41.3	157.4	9.8	102.0	30.7
2019	1.2	19.4	41.0	155.9	10.0	112.3	30.9
2020	1.3	21.4	44.8	249.0	11.0	118.0	34.1
2021	1.3	21.4	45.5	226.0	11.1	126.3	34.2
2022	1.4	21.2	48.7	211.5	11.3	163.5	34.3

Appendix 3: Analysis of specialist palliative care expenditure - additional figures and tables

Supplemental Table 3: Annual hospice sector charitable expenditure in £ millions adjusted for inflation to 2023 prices. Source: Hospice UK.

Year	Hospice sector charitable expenditure £ millions
2013	1,027.0
2014	1,067.3
2015	1,090.8
2016	1,113.1
2017	1,129.2
2018	1,125.2
2019	1,132.7
2020	1,148.8
2021	1,140.3
2022	1,137.0

REFERENCES

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4. Office for National Statistics. Introduction to health accounts [online]. 2016. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/methodologies/> (accessed 15 January 2025).