Table 1. Living at home and dying in hospital versus dying at home - Univariable binomial regression analysis of trends in Sweden 2013-2019.

Year of death*	N and % of all deaths per year	OR (95% CI)	P-value
2013	30 138 (67.7)	1.00	<0.0001***
2014	29 939 (67.6)	1.00 (0.97-1.02)	0.00019
2015	30 454 (66.7)	0.96 (0.93-0.98)	<0.0001
2016	30 703 (66.1)	0.93 (0.90-0.96)	<0.0001
2017	30 778 (65.8)	0.92 (0.89-0.94)	<0.0001
2018	30 519 (65.3)	0.90 (0.87-0.92)	<0.0001
2019	29 113 (64.3)	0.86 (0.84-0.88)	<0.0001

**Ref. year is 2013*

Swedish health service system. However, still in 2012 only 17.8% of all deaths occurred at home. National clinical practice guidelines and the first national guidance for palliative care on government initiative were launched in 2012. It is essential to follow up the impact of these policy initiatives. Hence, in this study, we aimed to investigate trends in place of death within the adult Swedish population 2013-2019, and to examine potential associations between place of death and individual, geographic, socioeconomic factors, hospital capacity, and health service utilization.

Methods: This population-level longitudinal study includes all deceased individuals 18 years or older in Sweden in 2013-2019 with a registered place of death (n=599 137). Death certificate data was obtained from public registers. To investigate trends in place of death and associations between place of death and independent univariable and multivariable logistic regression analyses were performed.

Results: Between 2013 and 2019 the total number of home deaths in Sweden increased with 1,9%. Among home dwellers, the likelihood of dying in hospital instead of dying at home decreased (table 1). Cross-regional variations were observed.

Conclusions: There seem to be a slight trend towards increase of home deaths in Sweden. Whether this is the result of policy implementation remains to be investigated.

P 10.002 Palliative Care for Lung Cancer: Using Big Data to Describe Changing Needs and Geographical Variation in National Indicators of Need and Quality

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Background/aims: 26,935 people died from lung lancer (2020) in England. Despite new therapies, 1 year survival remains low, so palliative care needs to be integrated early alongside treatment for lung cancer patients.

Aims: To use national linked Office for National Statistics mortality and hospital episode statistics (ONS-HES) to describe variation in geographical need and opportunities for improving palliative care (PC) for lung cancer patients.

Methods: A sub-set of an ONS-HES linked mortality-hospital episodes dataset for England of people who died with lung cancer as the underlying cause (ICD-10 C33-34) was analysed for: age at death, gender, need for early PC (1-year survival), and proxy indicators of quality: place of death, >3 emergency admissions in last 90 days (3+EAs), seen by Palliative Care Team (PCT) in final admission. Variation across Local Health Administrations (LHAs) was described.

Results: Provisional results. 51% of people dying from lung cancer in 2020 were aged >75 years and 47% female. Both age at death and % females have increased significantly over the past 2 decades. One year survival (2019) varied across LHAs from 40.2-57.7%. The % of lung cancer patients dying at home in England jumped from 33.3% (2019) to 44.0% (2020), home becoming the commonest place for the first time. However, this varied 31.6-57.2% across LHAs. 3+EAs dropped from 12.6% (2019) to 10.5% (2020) but significant variation persistent across NHS Regions 9.5-12.0%. The % seen by (PCT) in final hospital episode increased from 33.2% (2012) to 45.5% (2019), varying 21.3-62.1% across LHAs.

Conclusions: Analysis of big-data enables changing needs of patients for palliative care to be described e.g. more older and female patients likely to have different needs and geographical variation in this. It also enables trends and variation in Key Performance Indicators of Care e.g. Place of death, 3+ EA and seen by PCT in last admission to described to national and LHA policy makers. These analyses will drive improvements in PC.

P 10.003 Did We Change for the Better? Changes in Coding Place of Death in Czechia, Estonia, Finland, Luxemburg and Portugal (2012-2021)

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Background/aims: Introducing changes in how we classify place of death (PoD) in death registrations is important if this improves the quality of the data and their usefulness. We aimed to examine changes in coding PoD globally, comparing pre- and post-change data.

Methods: We sought national PoD data from vital registries of 47 countries varied in UN Regions and Quality of Death Index. We asked whether PoD coding changed from 2012 to 2021 and if so how. We describe changes and compare pre-post change PoD data.

Results: Of 22 responding countries, PoD was recoded in Czechia (in 2013), Estonia (2019), Finland (2016), Luxemburg (annually) and Portugal (2014). Most notable changes were: Czechia: sub-categorisation of "medical institution" as "inpatient" vs. "other" and introduction of "not identified" PoD; Estonia: added "nursing home" and "workplace"; Finland: added "social care unit"; Portugal: sub-categorisation of "health institution" into "primary care centers" and "hospitals" (and within: "inpatient ward", "intensive care unit", "emergency department" or "other"). Luxemburg generated every year 10-18 sub-categories that emerged from free-text of the "other" category, the most frequent being "home of a family member" (0.2% in 2021). Data on 2.8 million deceased across the 5 countries (2012-2021) showed changes had minimal impact on existing categories (≤5% change) except in "health care facility" in Estonia (-6%) in favor of "nursing home" (12% in 2021) and in "other" in Finland (-13%) in favor of "social care unit" (23% in 2020).

Conclusions: 5 EU countries refined PoD data and unveiled key trends. This shows it is possible to change PoD coding for the better. Luxembourg's inductive coding of the category "other" represents added work but also value. The findings are informing the development of a pioneering international classification of dying places.

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