



Kent Academic Repository

Rees-Roberts, Melanie, Mikelyte, Rasa, Hayes, Cathy, Hashem, Ferhana, Brigden, Charlotte L., Gage, Heather, Williams, Peter, Greene, Kay, Wee, B, Barclay, Stephen and others (2017) *Optimum Hospice at Home Services for End of Life Care (OPEL H@H): Results of survey data from hospice at home services in England*. In: National Association for Hospice at Home Annual Conference 2017, 5-6 October 2017, Milton Keynes, UK. (Unpublished)

Downloaded from

<https://kar.kent.ac.uk/70496/> The University of Kent's Academic Repository KAR

The version of record is available from

This document version

Publisher pdf

DOI for this version

Licence for this version

UNSPECIFIED

Additional information

Versions of research works

Versions of Record

If this version is the version of record, it is the same as the published version available on the publisher's web site. Cite as the published version.

Author Accepted Manuscripts

If this document is identified as the Author Accepted Manuscript it is the version after peer review but before type setting, copy editing or publisher branding. Cite as Surname, Initial. (Year) 'Title of article'. To be published in *Title of Journal*, Volume and issue numbers [peer-reviewed accepted version]. Available at: DOI or URL (Accessed: date).

Enquiries

If you have questions about this document contact ResearchSupport@kent.ac.uk. Please include the URL of the record in KAR. If you believe that your, or a third party's rights have been compromised through this document please see our [Take Down policy](https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies) (available from <https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies>).

Why are we doing this study?

Hospice at Home (H@H) services provide patients with choice about where they receive their care at the end of life, which is central to UK policy [1]. The number of people expressing a wish to die at home is increasing [2-4]. At present health and social care services are ill equipped to meet this demand [5].

There is wide variation across the country in H@H service provision. Services that have been evaluated often demonstrate positive benefits for patients [6-8]. It is unclear what elements of these services deliver which outcomes and what role other primary care and community services play.

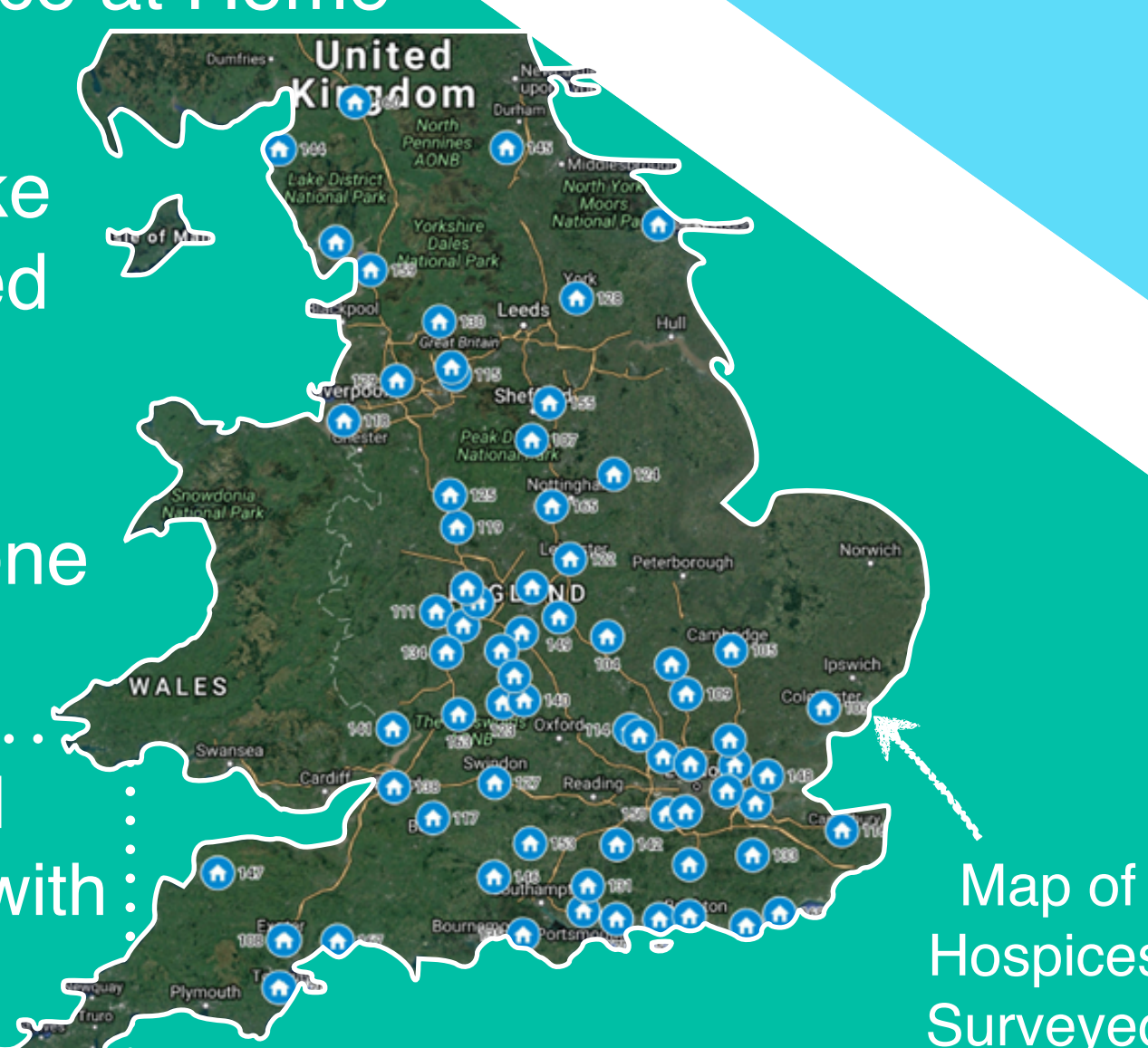
This project has produced a comprehensive map of the range and variation of H@H services in England.

Methods

A national telephone survey of H@H adult services listed in the 'Hospice UK' and National Association for Hospice at Home directories within England was conducted. 128 H@H services were approached via post to take part in the survey. Survey telephone calls were conducted by an experienced palliative care nurse who was able to understand details of service configuration and operation. Services were contacted a maximum of three times to arrange a telephone survey. Between February 2017 and June 2017:

- 70 surveys completed
- 22 H@H services opted out
- 36 non-responders

Analysis: The interpretation of the survey findings involved statistical analysis combined with iterative consensus work with the project team including Patient and Public Involvement.



Setting

Table 1. Size & Setting of H@H Services

| | AVERAGE (n) {min-max} |
|------------------------------|-------------------------|
| Annual referrals | 452 (62) {62-2222} |
| Population served | 323488 (70) {5k-1.2mil} |
| Referrals as % of population | 0.25% (62) |
| | n (%) |
| Geographical area: | |
| Rural | 11 (15.7%) |
| Urban | 7 (10.0%) |
| Mixed | 52 (74.3%) |
| Geographical area: | |
| Deprived | 5 (7.1%) |
| Affluent | 11 (15.7%) |
| Mixed | 54 (77.1%) |

Staffing

Figure 1. Number of Hospices with dedicated H@H staff disciplines

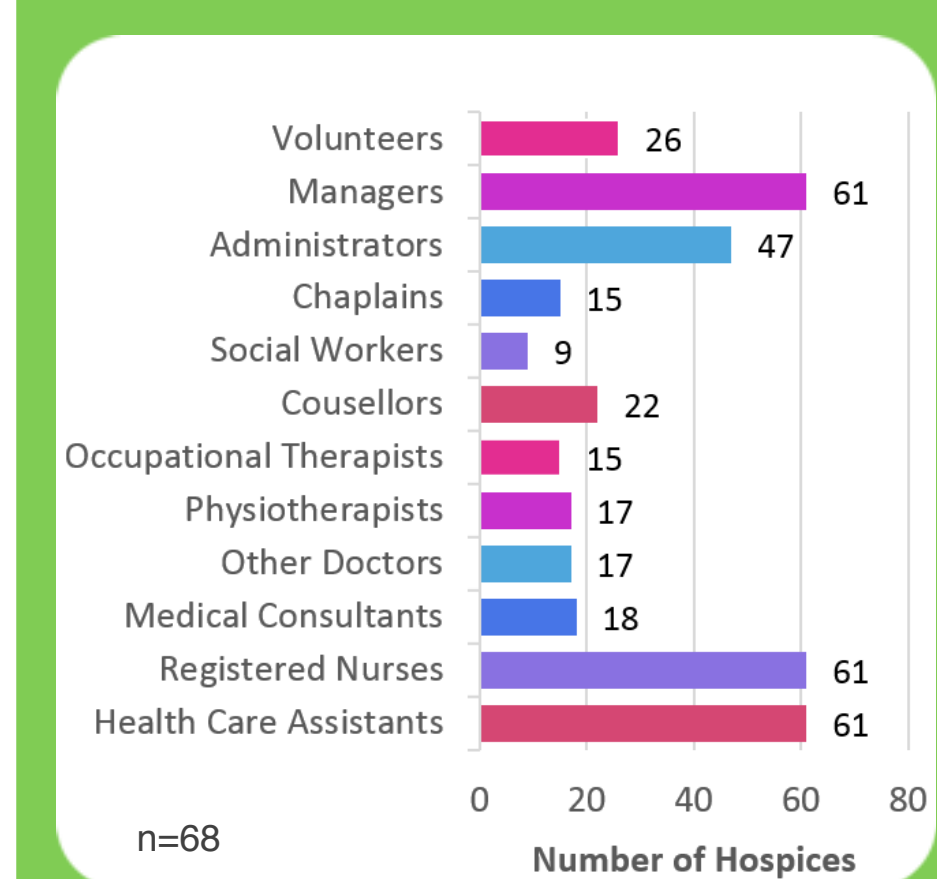


Figure 2. Ratio of Care-Providing Staff

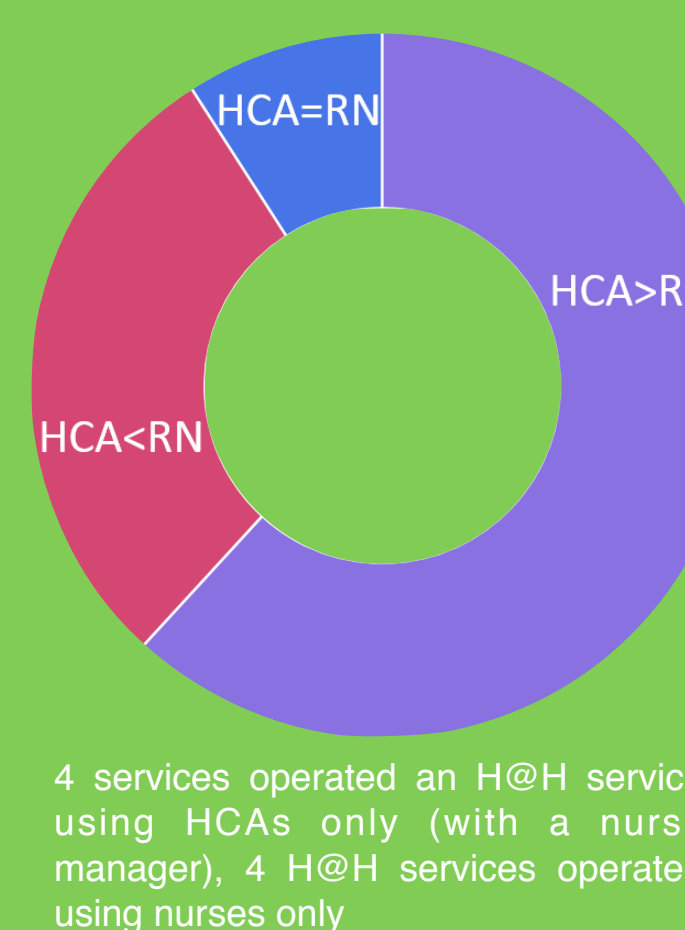
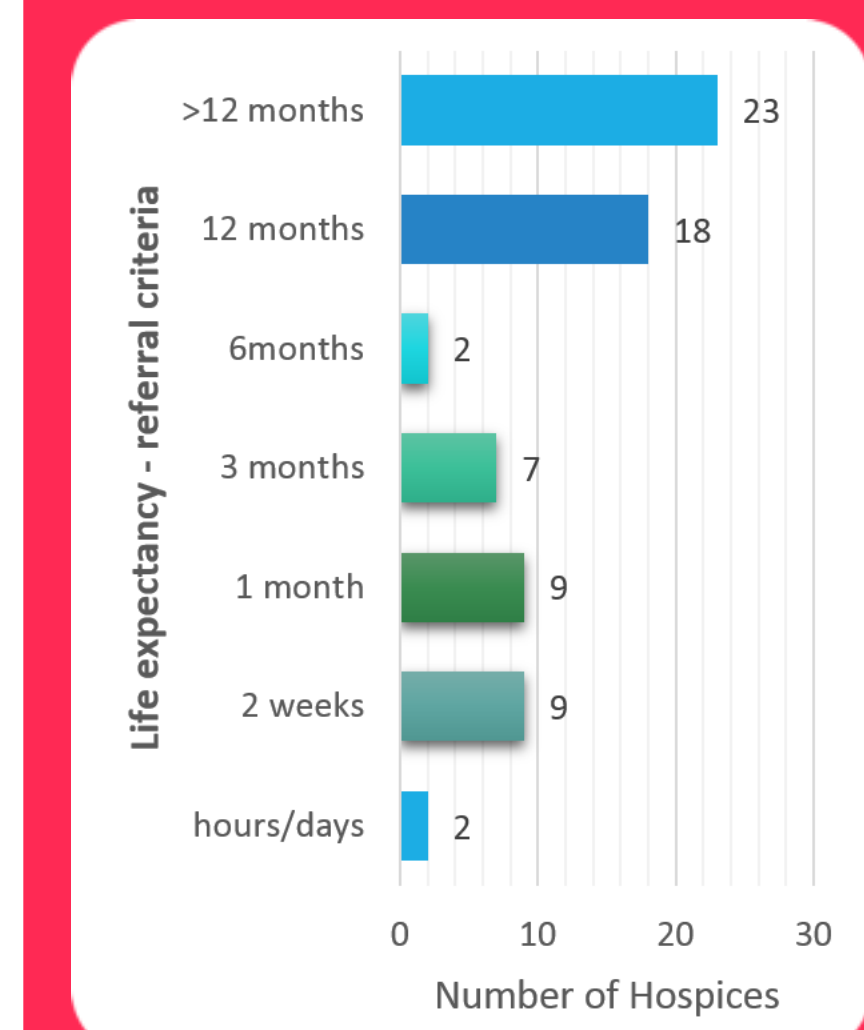


Table 2. Number of Annual Referrals per Staff Member

| | Average (n) | Min-Max |
|-----------------------|-------------|---------|
| Health Care Assistant | 65 (n=51) | 7-370 |
| Registered Nurse | 147 (n=52) | 3-1111 |
| Combined HCA & RN | 44 (n=56) | 3-635 |
| Clinicians | 354 (n=18) | 33-1111 |

Referrals

Figure 3. Patient Life Expectancy - H@H Service Referral Criteria



Care Provision

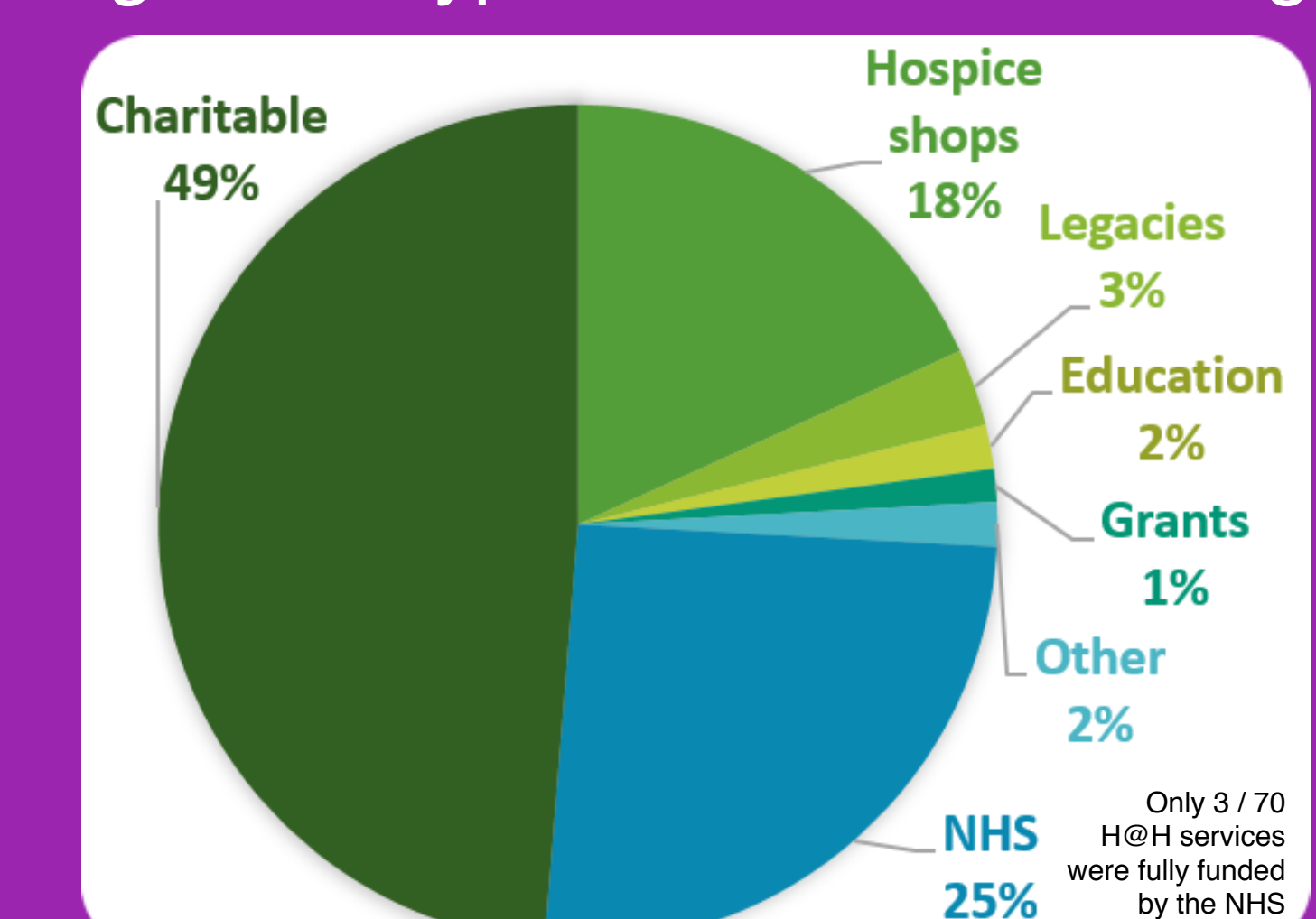
Table 3. Availability & Range of Care Provided

| | Percentage of Hospices Providing | | | | |
|--------------------|----------------------------------|---------------------------------|----------------------|-------------------|----------------|
| | Hands on care | Symptom assessment & management | Psychosocial support | Practical support | Respite Care |
| 24/7 | 50% | 56% | 57% | 3% | 21% |
| 8am-8pm, 7 days/wk | 13% | 13% | 9% | 7% | Day Only 3% |
| 9am-5pm, 7 days/wk | 9% | 1% | 6% | 1% | Night Only 47% |
| 9am-5pm, Mon-Fri | 3% | 4% | 10% | 6% | Other Hours 1% |
| Other hours | 21% | 17% | 13% | 4% | |
| None | 4% | 9% | 6% | 77% | None 27% |

64% of H@H services could respond to patients within 4 hours if needed

Funding

Figure 4. Types of Service Funding



Key Messages

H@H services:

- did not fall into clear categories according to type
- are very different across England
- cover mixed populations across diverse areas
- utilise a wide range of staff types
- provide a wide range of care and provide these 24/7
- can respond rapidly to patients
- care for patients with a wide range of life expectancies (hrs/days to >12 months)
- only 25% of services receive NHS funding, only 4% are fully NHS funded
- operate to fill gaps in other local healthcare services

1. Department of Health. End of Life Care Strategy - promoting high quality care for all adults at the end of the 2004 (London: HMSO).
2. Shephard S, Webb B, Strain SE. Hospital at home: home-based end of life care (Cochrane Review) 2012. www.thecochranelibrary.com.
3. Gomes B, Rowland N, Gomes M, Higgs J, Higginson I. Homelessness and changes in preferences for dying at home: a systematic review. BMC Palliative Care 2014; 14: 12.
4. Higginson I, Gomes M, Calcutt A, Strain S, and Gomes B. Dying at home: is it better? A narrative synthesis of the evidence. Palliative Medicine 2013; 27: 618-624.
5. Lendrum C and Gower J. Dying for change. London: Dementia, 2010.
6. Jack B, Gomes K, Bailey C, Gower J, Dwyer J, Whelan A, Wharmsey J. Evaluation of the Queen's court at home: a pilot service. Palliative Medicine, March 2010. www.dh.gov.uk/assets/dh/dh031306.
7. Jack B, Bailey C, Gomes K, Wharmsey J, Whelan A, Wharmsey J. Supporting home care for the dying: an evaluation of healthcare professionals' perspectives of an individually tailored hospital at home service. Journal of Clinical Nursing 2011; 22: 2779-2789.
8. King D, MacIntyre J, Smith H and Clark D. Dying at home: evaluation of a hospice rapid response service. International Journal of Palliative Nursing 2005; 10: 286-297.

