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Optimum Hospice at Home Services for End of Life Care (OPEL H@H): Results of survey data from hospice at home services in England

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 a statistical analysis combined with iterative consensus work with the project team including Patient and Public Involvement.

Results of survey data from hospice at home services in England

Care Provision

Table 1. Size & Setting of H@H Services

<table>
<thead>
<tr>
<th>Setting</th>
<th>AVERAGE [4]</th>
<th>Standard Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual referrals</td>
<td>462 (62)</td>
<td>18 (11)</td>
</tr>
<tr>
<td>Population served</td>
<td>82448 (706)</td>
<td>6944 (92)</td>
</tr>
<tr>
<td>Referrals as % of population</td>
<td>8.35% (0.82)</td>
<td>0.82%</td>
</tr>
<tr>
<td>Geographical area</td>
<td>Rural</td>
<td>71.97%</td>
</tr>
<tr>
<td></td>
<td>Urban</td>
<td>28.03%</td>
</tr>
<tr>
<td></td>
<td>Mixed</td>
<td>10%</td>
</tr>
<tr>
<td>Geographical area</td>
<td>Inpatient</td>
<td>67.79%</td>
</tr>
<tr>
<td></td>
<td>Outpatient</td>
<td>32.21%</td>
</tr>
<tr>
<td></td>
<td>Mixed</td>
<td>10%</td>
</tr>
</tbody>
</table>

Table 2. Number of Annual Referrals per Staff

<table>
<thead>
<tr>
<th>Staffing</th>
<th>Average</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Assistant</td>
<td>17 (5)</td>
<td>5-25</td>
<td></td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>10 (5)</td>
<td>5-20</td>
<td></td>
</tr>
<tr>
<td>Confirmed HCA &amp; RHN</td>
<td>10 (5)</td>
<td>5-20</td>
<td></td>
</tr>
<tr>
<td>Clinicians</td>
<td>3 (1)</td>
<td>1-10</td>
<td></td>
</tr>
</tbody>
</table>

Table 3. Availability & Range of Care Provided

<table>
<thead>
<tr>
<th>Funding</th>
<th>H@H services:</th>
</tr>
</thead>
</table>
| | - 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 (weekdays 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

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

Key Messages

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

Figure 2. Ratio of Care-Providing Staff

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

Figure 4. Types of Service Funding

Insider summary.pdf

References

