

TOP TENSIONS in optimising Hospice at Home (HAH) services



Challenge yourself and your colleagues about these difficult balancing acts and keep them under review

1 Quality vs Reach

Finding the correct balance between the high(est) quality service and reaching more people in need. However, don't compromise on key elements of time, expertise and relationship that achieve the best outcomes (and therefore add value).

2 Integration vs Independence

Integration with other health and social care providers (e.g. providing joint services with statutory sector colleagues) can help the service increase capacity and reach more patients. However, extensive integration may lead to loss of independence in how the service is run, as well as loss of branding and "specialism", which organisations worry will negatively impact charitable fundraising.

3 Strategic vs Operational

Organisations investing heavily in working with partners in wider service planning and provision at a strategic level may under-invest internally in structure, training and support of HAH staff. Equally, organisations providing excellent internal management and support may miss out on having a seat at the table in planning and provision at a strategic level.

4 Risks vs Benefits of Volunteers in HAH

Volunteers are an essential part of the hospice workforce. We found that it was very rare for volunteers to be involved directly in Hospice at Home (HAH); there were concerns about boundaries, patients very close to death and reputation. Consider a wider range of roles for volunteers and/or relaxing the bureaucracy around some volunteer roles (see Top Tips).

5 Medical vs Social Care Alignment

Some services were medically orientated, others used a social model of care, but many were somewhere in the middle. HAH alignment along the medical-social care continuum offers both advantages and drawbacks. Medically aligned services have a higher proportion of advanced nurses, are able to prescribe and administer medication, but may offer limited personal care. Conversely, social model services provided significantly more hands-on care, employ more (or only) health care assistants, but are reliant on community nursing for medical/pain management.

6 Bereavement care

Shortly after bereavement, the clear preference expressed by carers was for support from the HAH staff who had been part of the story of caring, and not for referral to other elements of service. This impacts, however, on HAH staff time available for patient care.