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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

Rees-Roberts M, Mikelyte R, Hayes C, Hashem F, Brigden C, Gage H, Williams P, Greene K, Wee B, Barclay S, Wilson P, Butler C

University of Cambridge · national association for hospice at home · MCH+ · CHSS University of Kent · Pilgrims Hospices · OPEL H@H Optimum 'Hospice at Home' Services for End of Life Care · University of Surrey · NHS Oxford University Hospitals NHS Foundation Trust

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.

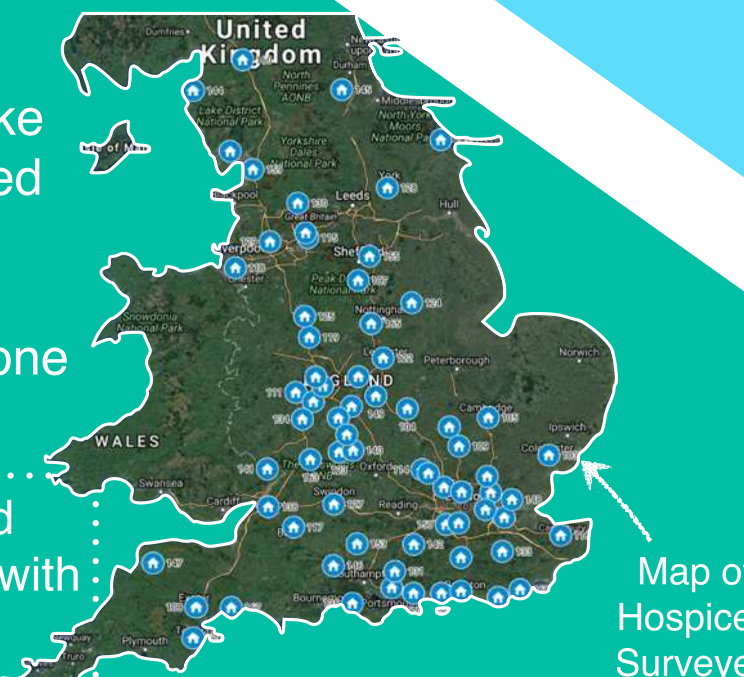
Methods

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.



Map of Hospices Surveyed

Setting

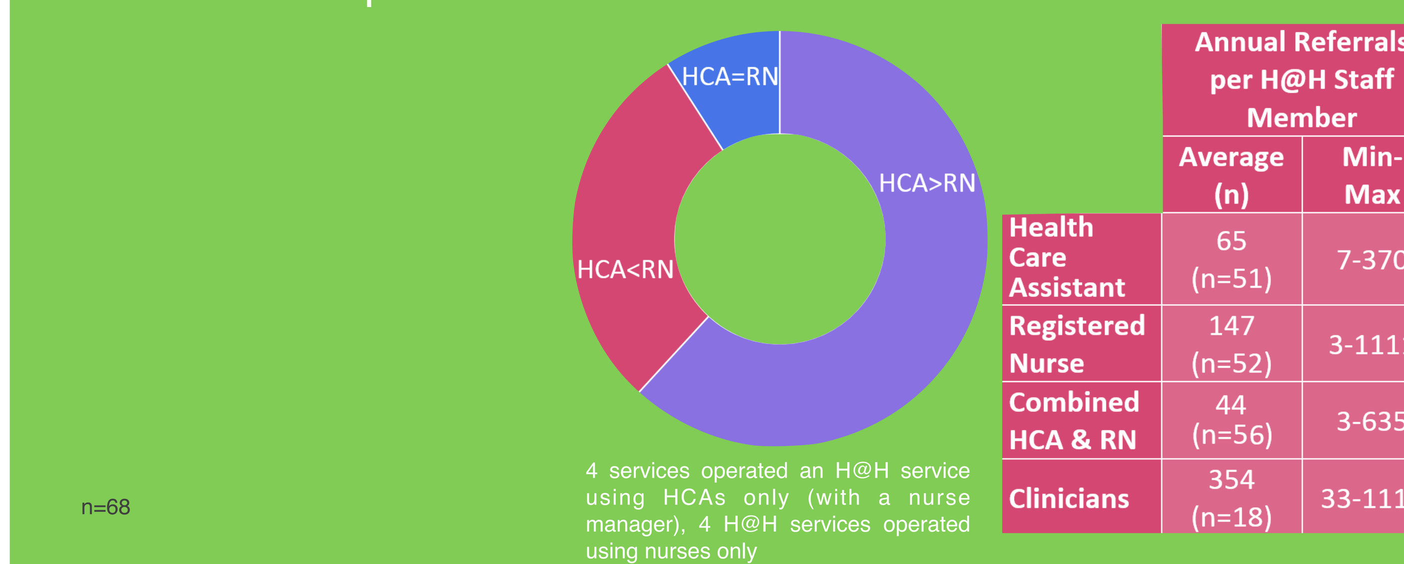
Table 1. Size & Setting of H@H Services

		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



4 services operated an H@H service using HCAs only (with a nurse manager), 4 H@H services operated using nurses only

Table 2. Number of Annual Referrals per Staff

	Annual Referrals per H@H 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%	24/7	21%
8am-8pm, 7 days/wk	13%	13%	9%	7%	Day Only	3%
9am-5pm, 7 days/wk	9%	1%	6%	1%		
9am-5pm, Mon-Fri	3%	4%	10%	6%	Night Only	47%
Other hours	21%	17%	13%	4%	Other Hours	1%
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

Percentage of hospices receiving the above types of 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

Next Steps

We will be choosing case study sites for further in-depth data collection. The aim is to investigate the impact of the delivery of different models of H@H on patient & carer outcomes and experiences of end of life care. Our focus is on: What are the features of H@H models that work, for whom and under what circumstances?

Funded by NIHR

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The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the DOH.*

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