



One Page Summary for:

Anyone Providing Hands-On Care at Home

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Research into hospice at home services

Hospice at Home services support people towards the end of their life, to live at home for as long as possible and to die at home if that is their preference. We undertook a research project (2017-2020) to understand how to get the best performance from hospice at home (HAH) services in England, to optimise patient care and outcomes. We undertook a national survey and then looked into 12 services around the country in detail. We recruited 339 patients and their family/friend carers and interviewed 85 professionals (frontline staff, managers, senior decision makers in the hospice and commissioners).

What did the research show?

- Hospice at home services provided personal care, psychosocial support and symptom management (not all provided this 24/7).
- Hospice at home services overall provided care that was likely to deliver 'a good death' and 73% of patients died in their preferred place. Patients admitted to hospice at home services were much less likely to die in hospital than the general population (9% vs 46% [2017 data]).
- All hospice at home services offered care which was highly rated by family/friend carers.

Key markers linked with the best outcomes for patients and families were:

1

Time to care & expertise

HAH staff make family/friend carers feel they have 'time to care' and are clearly experienced in and comfortable with dying and death.

2

Caring for the carer

Successful care at home depends heavily on the family/friend care set-up. Services providing assessment, care and support directed at the family carer and taking into account the needs of both patient and carer are highly valued.

3

Hands-on care

Hands-on, person-centred care, developing a relationship with the patient and carer in the home, is particularly valued by carers in the period close to death.

4

Agility

Responsiveness to changing needs, including updated information and 24/7 access to support and advice, gives confidence in the home

5

Marketing & referral

To increase referrals in general, and in particular of those who are underserved in hospice services, hospice at home needs to actively market its service to professionals and the public through clinical and public engagement.

6

Integration & coordination

Formal arrangements for integration and coordination are important, but in addition, much of this works on the ground, as colleagues on the front line work together for the patient.

How will this information affect my practice?

Consider how to improve my care for patients who are dying patients at home. Some of the factors identified in this research (above) may help to guide my practice and training.