

Improving end-of-life care through ‘Hospice at Home’ services

Co-producing and implementing an interactive toolkit to help providers optimise their ‘Hospice at Home’ services in areas such as sustainability, support directed at family carers, integration and coordination, and marketing the service.

Hospice at Home (HAH) services have been developed across the UK to support patients’ wishes to die at home.

A national evaluation of this service (2017-2021) recommended creating an implementation toolkit to guide HAH services to address the variation and poor practice experienced in some areas.

NIHR Applied Research Collaboration Kent, Surrey and Sussex (ARC KSS) funded the co-production of this toolkit, together with stakeholders, looking at the features of HAH services that work best, for whom, and under what circumstances.

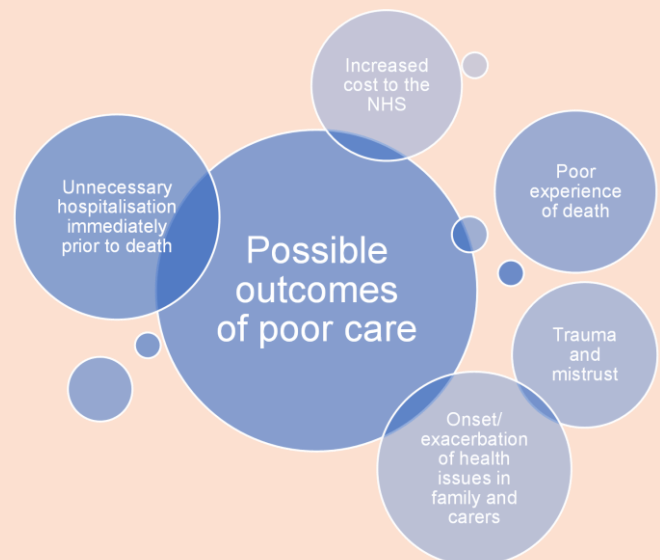
There was a significant level of engagement, across the country, and we were delighted with the responses, from healthcare professionals, family members, and others, including voluntary sector and faith representatives.

This is the overview of the findings, and has informed the creation of the Hospice at Home toolkit, which is now available for pilot testing.



The aim of Palliative End of Life Care (PEOLC) is to improve the quality of life of people who have an incurable illness, up to the point of death.

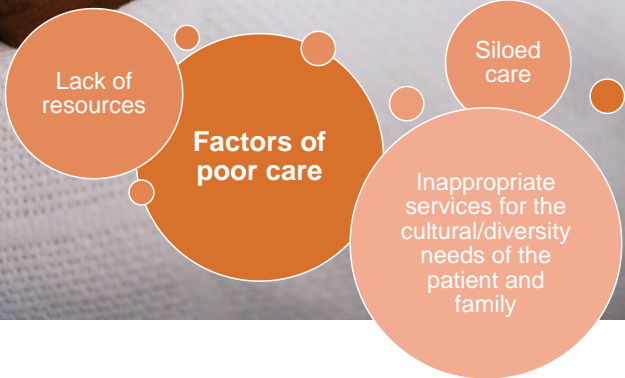
This includes medical, emotional, social, practical, psychological, and spiritual care, as well as addressing the needs of the person’s family and carers.



No one can take away the pain caused by the death of a close relative, but as a society we have a responsibility to ensure that providing the care for a palliative patient in their own home does not involve feelings of helplessness and distress for patients, family and carers.

In addition to the optimisation of services, a good death requires joined-up working by experienced staff, with trained, properly resourced and responsive community services, as well as good standards of social/personal care and support.

Unwarranted variation is also a significant problem for PEOLC in our region, with many factors playing into a bigger picture of poor care.



"I was invited to become involved in research following many years as a carer frequently using hospice at home services.

"The challenges of navigating these services was an area I felt needed improvement and something that my previous carer and career experience could make a contribution towards.

"The toolkit is a user-focused approach, enabling the various parties in any hospice at home service to make best use of the research findings. It gives opportunities to identify improvements and influence other stakeholders.

"Patients and carers will also, using the toolkit, be able to assess whether HAH is right for them and what they will need to think about, ask and prepare for in order to achieve the best outcome for them.

Graham, lay co-applicant

Hospice at Home toolkit

The toolkit offers each HAH service an opportunity to map their strengths, and areas in which they could improve, taking an 'even better if' approach. Key topics included how the service works with volunteers, healthcare professionals inside and outside the team, and with families, and other areas.

Embedded within the toolkit are national exemplars, best practice guides, videos, podcasts, top tips and tensions, all seeking to help the service to optimise what it is offering, to both patients and their family members and carers.

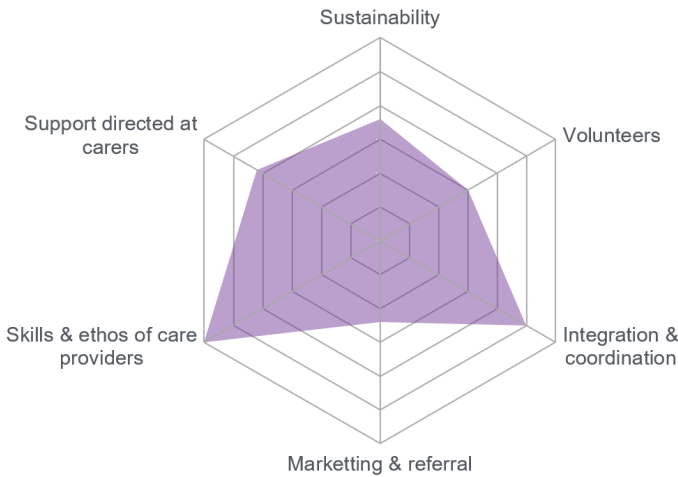
Key to everything is an individualised, personalised offer for each patient, taking into account their own cultural, religious and other needs around equality, diversity and inclusion.

Next steps

ARC KSS is keen to recruit HAH providers who can pilot the toolkit, and will work with them to assess and develop their services, based on robust evidence.

Resources

Watch the videos on [YouTube](#).



An example of how the key areas for optimising Hospice at Home can be mapped.

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