

Optimum models of hospice at home services for end-of-life care in England: a realist-informed mixed-methods evaluation

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Plain English summary

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Plain English summary

Hospice at home services have been developed to support people to live at home for as long as possible, and to die at home if that is their preference.

A survey of 70 hospice at home services across England found considerable variation in how services were set up, funded and run. We selected 12 hospice at home services that represent the range of services and recruited 339 patients and their informal carers at home. We interviewed hospice at home staff, local commissioners and bereaved carers. Using a research method called realist evaluation, we used all of the data to understand the key factors that need to come together in each hospice at home service to provide the best possible care. The findings were then presented to a range of people at workshops to confirm them.

We found that hospice at home services support most of their patients to achieve a 'good death' and to die in their preferred place. What people most valued about hospice at home care in the last days of life was the time given to provide hands-on care and develop relationships in the home, by staff experienced in death and dying. Earlier contact from a hospice at home service also had a positive impact on outcomes, and another important factor for success was support for the family carer in the home.

Hospice at home services could be improved by considering their integration with wider local health services and their role in terms of medical/clinical versus hands-on care at different stages. They could look at using volunteers more flexibly and offering bereavement care aligned to what bereaved carers wanted, which was support from staff who were directly involved in the care. Commissioners could facilitate patient preference and reduce the number of hospital deaths by working with hospice at home services to secure their financial position and increase the numbers and range of patients admitted to hospice at home services, without compromising on key features of hospice at home that benefit patients and their family carers.

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