Using Palliative Care Needs Rounds in the UK for care home staff and residents: an implementation science study

Liz Forbat,1* Aisha Macgregor,1 Karen Spilsbury,2 Brendan McCormack,3,4,5 Alasdair Rutherford,1 Barbara Hanratty,6 Jo Hockley,7 Lisa Davison,1 Margaret Ogden,8 Irene Soulsby8 and Maisie McKenzie8

1Faculty of Social Science, University of Stirling, Stirling, UK
2School of Healthcare, University of Leeds, Leeds, UK
3Susan Wakil School of Nursing and Midwifery, The University of Sydney, Sydney, NSW, Australia
4Queen Margaret University Edinburgh, Scotland, UK
5Østfold University College, Norway
6Faculty of Medical Sciences, University of Newcastle, England, UK
7College of Medicine and Veterinary Science, University of Edinburgh, UK
8Patient and Public Involvement and Engagement, Faculty of Social Science, University of Stirling, UK

*Corresponding author elizabeth.forbat1@stir.ac.uk

Published July 2024
DOI 10.3310/KRWQ5829

Plain language summary

Using Palliative Care Needs Rounds in the UK for care home staff and residents: an implementation science study

Health and Social Care Delivery Research 2024; Vol. 12: No. 19
DOI: 10.3310/KRWQ5829

NIHR Journals Library www.journalslibrary.nihr.ac.uk
Plain language summary

Care home residents often lack access to end-of-life care from hospice teams and so may experience distressing symptoms at end of life if care home staff cannot fully meet their needs.

We examined how an approach which worked well in Australia called ‘Palliative Care Needs Rounds’ (or ‘Needs Rounds’) could be used in the United Kingdom. We interviewed 28 people (care home staff, hospice staff and other National Health Service/social care professionals in the community) about their understanding of the United Kingdom setting, what might help trigger change and what results they would want. We discussed these interviews at online workshops with 43 people, where we started to develop a theory of ‘what would work, for whom, under what circumstances’ and determine what United Kingdom Needs Rounds would look like.

Six specialist palliative care services, each partnered with three to six local care homes, used Needs Rounds for a year. We collected information on care home residents, staff experiences of using Needs Rounds, relatives’ perceptions of care quality, staff views of residents’ quality of death, and on their ability to provide a palliative approach to residents.

We found that Needs Rounds can provide care home staff and specialist palliative care staff the opportunity to work together during a protected time, to plan for residents’ last months of life. Needs Rounds build care home staff confidence and can strengthen relationships and trust, while using each services’ expertise. Needs Rounds strengthen understandings of dying, symptom management, advance/anticipatory care planning and communication between care home staff, families, specialist palliative care staff and primary care. This improves the quality of resident care, enabling residents to be cared for and die in their preferred place, and also benefits relatives by increasing their confidence in care quality.
Criteria for inclusion in the Health and Social Care Delivery Research journal

Manuscripts are published in Health and Social Care Delivery Research (HSDR) if (1) they have resulted from work for the HSDR programme, and (2) they are of a sufficiently high scientific quality as assessed by the reviewers and editors.

HSDR programme

The HSDR programme funds research to produce evidence to impact on the quality, accessibility and organisation of health and social care services. This includes evaluations of how the NHS and social care might improve delivery of services.

For more information about the HSDR programme please visit the website at https://www.nihr.ac.uk/explore-nihr/funding-programmes/health-and-social-care-delivery-research.htm

This article

The research reported in this issue of the journal was funded by the HSDR programme or one of its preceding programmes as award number NIHR128799. The contractual start date was in October 2020. The draft manuscript began editorial review in February 2023 and was accepted for publication in September 2023. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HSDR editors and production house have tried to ensure the accuracy of the authors' manuscript and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this article.

This article presents independent research funded by the National Institute for Health and Care Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the HSDR programme or the Department of Health and Social Care.

This article was published based on current knowledge at the time and date of publication. NIHR is committed to being inclusive and will continually monitor best practice and guidance in relation to terminology and language to ensure that we remain relevant to our stakeholders.

Copyright © 2024 Forbat et al. This work was produced by Forbat et al. under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This is an Open Access publication distributed under the terms of the Creative Commons Attribution CC BY 4.0 licence, which permits unrestricted use, distribution, reproduction and adaptation in any medium and for any purpose provided that it is properly attributed. See: https://creativecommons.org/licenses/by/4.0/. For attribution the title, original author(s), the publication source – NIHR Journals Library, and the DOI of the publication must be cited.

Published by the NIHR Journals Library (www.journalslibrary.nihr.ac.uk), produced by Newgen Digitalworks Pvt Ltd, Chennai, India (www.newgen.co).