



HOSPICE AT HOME TOOLKIT:

Resources to optimise end of life care



Short Read

Summary

The Hospice at Home toolkit is a free-to-use online resource for Hospice at Home providers, members of the public, health and social care commissioners, and wider palliative care workers.

For many people, dying at home is an important priority and services called Hospice at Home (HAH) or similar have been developed across England to support people to achieve this. HAH services aim to offer the quality and ethos of hospice care at home. They support dying patients to have a 'good death' and to provide them and their family or friend carers with a choice about where they receive care at the end of life.

A recent national evaluation of Hospices at Home in England (the <u>OPEL Study</u>, 2021) provided evidence on the key factors which need to come together so the best possible care can be provided. Our Hospice at Home toolkit is based on this research evidence.

The toolkit website provides a range of tools and resources including: a service assessment, onepage summaries of research evidence for different audiences and videos on a variety of topics. Whoever you are, if you are seeking information about hospice care at home, we have something to offer you!

The toolkit was co-developed and pilot-implemented with service providers, members of the public and commissioners. Individuals involved in pilot-implementation found the toolkit useful, easy to use and applicable to their role or situation. The piloting process also allowed us to further refine the toolkit based on findings from participant observations, interviews and surveys.









Applied Research Collaboration Kent, Surrey and Sussex



What does the toolkit offer?

Content for HAH providers, the public, service commissioners and wider workforce An interactive
Service
Assessment
with a list of
ideas from
other HAH
services on how
they optimised

A series of videos on topics such as what to expect if you or someone close to you wish to die at home

One-page
evidence
summaries for
a variety of
audiences, top
tips for and top
tensions of
service delivery

Public and Community Involvement

Patient and Community engagement is both central to and extensive within this project.

We have benefitted enormously from a **lay co-applicant** within the project team, who has led on all public engagement activities, including piloting the toolkit and associated interviews with members of the public.

Four members (or a third) of the project **steering group** are members of the pubic and have greatly influenced the project.

Toolkit development was heavily influenced by the public, too. 12 members of the public have taken part in the toolkit **co-design** event along with other stakeholders, 15 took part in a **consultation** event on the demo version of the toolkit and 8 provided **in-depth review** of the demo version.

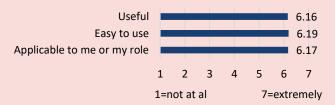
Lastly, 9 members of the public **piloted** the toolkit, of whom 2 took part in the Service Assessment pilot together with Hospice at Home teams, while 7 focussed on content aimed at the public and participated in evaluation interviews with our lay coapplicant.

Public involvement has been pivotal in refining the toolkit and ensuring its applicability as well as accessibility for diverse audiences.

Impact and Implementation

We pilot-implemented the toolkit with 10 Hospice at Home teams in England and one in Canada. We found the toolkit to be helpful to charity-sector as well as NHS-run hospice at home teams. It benefitted not only established organisations, but also ones who wished to start a new service.

Fig 1. How would you rate the toolkit on the following aspects? (N=69)



90% of respondents within piloting teams said the toolkit gave them ideas on how to further optimise the HAH service.

"It is a powerful and useful tool" (S1P03, Head of Nursing at a hospice)

"[The toolkit] will be beneficial to improve and expand hospice at home services" (S4P08, HAH team leader)

"[The toolkit is] concise, succinct and signposts you to other areas so you can pick what is relevant to you if want to know more" (PPIO2, member of the public)

This research was funded by the National Institute for Health and Care Research (NIHR) Applied Research Collaboration Kent, Surrey and Sussex. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care. For further information, please contact R.Mikelyte@kent.ac.uk