



### **OPEL H@H study – PHASE 1 SURVEY**

Date of completion:

Hospice at home service (title):

Verbal consent confirmed and survey completed by:

.....(researcher)

In discussion with

.....(name).....(job title) from the service.

#### Geography/demographics

Location of service	(town (s), county):
Type of geographical area	Urban/ rural/ mixed
Levels of deprivation in the area?	Predominantly deprived/mixed/predominantly affluent
Total population served (if known)	number

#### Other services operating in the area

Are there other hospice at home services operating in the same area?	Yes/no
District nursing services in the area	24h/<24h
Community specialist palliative care service(s)	Yes/no
Marie Curie service	Yes/no

#### Inpatient palliative care beds

Do patients living in the area covered by your service have access to inpatient palliative care beds? Yes/No .  
If Yes:-

	number
In hospice	
In hospital (designated palliative care beds/unit)	
In community hospitals	
In care/nursing homes	

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Understanding your HAH service

What are the referral criteria for your HAH service *based on prognosis*?

<i>Service criteria –</i>	<i>Tick all which apply</i>
<i>Actively dying – within hours/days</i>	
<i>last 2 weeks of life</i>	
<i>last month of life</i>	
<i>last 3 months of life</i>	
<i>last 6 months of life</i>	
<i>last year of life</i>	
<i>Known to have life limiting illness, anticipated life expectancy greater than 12 months</i>	
<i>Other specify</i>	

Does your HAH service provide a “rapid response”?

If an urgent referral is received at say 11pm (2300) on a Friday evening, what is the response time for a visit from the service?	<ul style="list-style-type: none"> <li>* within 4 hours</li> <li>* within 24 hours</li> <li>* next working day Mon-Fri</li> </ul>
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What type of services does your HAH service provide?

<i>Service categories</i>	<i>Tick all which apply</i>	<i>When is this element of the service available?</i>
<i>Personal hands on care</i>		<ul style="list-style-type: none"> <li>* 24/7</li> <li>* 8am-8pm, 7 days a week</li> <li>* 9am-5pm, 7 days a week</li> <li>* 9am-5pm, Mon-Fri</li> </ul>
<i>Symptom assessment and management – Physical</i>		<ul style="list-style-type: none"> <li>* 24/7</li> <li>* 8am-8pm, 7 days a week</li> <li>* 9am-5pm, 7 days a week</li> <li>* 9am-5pm, Mon-Fri</li> </ul>

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<i>Psychosocial support for Patient and/or family carers</i>		* 24/7 * 8am-8pm, 7 days a week * 9am-5pm, 7 days a week * 9am-5pm, Mon-Fri
<i>Respite care visits -</i>		<i>Day</i> <i>Night</i> <i>Both</i>
<i>Practical support for family carers (different to personal care e.g. housework)</i>		* 24/7 * 8am-8pm, 7 days a week * 9am-5pm, 7 days a week * 9am-5pm, Mon-Fri
<i>Other – please specify</i>		

#### HAH service clinical activity data

Over **the past calendar year (or financial year)** can you estimate the following information?

The number of referrals to the service	number
The duration of service use for most of your patients-	* <1 week * 1 week – 2 months * > 2 months
The intensity of service use for most of your patients	* < 3h care/week * between 3h care/day – 3h care/week * > 3h care/day * a roughly even split of the above

#### HAH service Staffing

How many staff members in each of the following categories do you have **dedicated entirely to the HAH service?**

<u>Category</u>	<u>Number of staff</u>	<u>Whole time equivalent (WTE) if category is NOT all full-time staff</u>	<u>Any comments</u>
Healthcare assistants			
Registered nurses			

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Medical Consultants			
Other doctors			
Physiotherapist			
Occupational therapist			
Counselling staff			
Social work staff			
Chaplaincy staff			
Volunteers			
Administrative staff			
Management			
Other – please specify _____			

#### Enablers and barriers to providing the defined HAH service

To what extent do each of these factors SUPPORT you in running the service you aim to provide?

FACTOR	EXTENT:	NOT AT ALL	SOMEWHAT	SUBSTANTIALLY
Support from local commissioners (clinical commissioning group)				
Support from Board of Trustees of charity				
Relationship with local hospice				
Relationship with local generic community nursing services				
Relationship with local GPs				
Relationship with other local service – please SPECIFY				
Manageable number of referrals				
Referrals are suitable/appropriate for the service				
adequate funding				

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ability to recruit and retain suitable staff			
Other services (e.g. social services, continuing healthcare funded services) provide care in a timely fashion			
Ability to provide services out of hours			
Ability to access necessary clinical equipment in a timely fashion			
Ability to access anticipatory ("just in case") medications by injection in a timely fashion			
Ability to provide administration of anticipatory ("just in case") medications by injection when needed			
Geography of your area (e.g. distances, parking, traffic, safety)			

To what extent do each of these factors MAKE IT DIFFICULT to run the service you aim to provide?

FACTOR	EXTENT:	NOT AT ALL	SOMEWHAT	SUBSTANTIALLY
Lack of support from local commissioners (clinical commissioning group)				
Lack of support from Board of Trustees of charity				
Relationship with local hospice				
Relationship with local generic community nursing services				
Relationship with local GPs				
Relationship with other local service – please SPECIFY _____				
Too many referrals				
Unsuitable/inappropriate referrals				
Inadequate funding				
Inability to recruit and retain suitable staff				
Difficulty getting other services (e.g. social services, continuing healthcare funded services) to provide care in a timely fashion				

Difficulty providing services out of hours			
Difficulty accessing necessary clinical equipment in a timely fashion			
Difficulty accessing anticipatory ("just in case") medications by injection in a timely fashion			
Delays in administration of anticipatory ("just in case") medications by injection when needed			
Geography of your area (e.g. distances, parking, traffic, safety)			

### Funding

How is the HAH service funded?

Main source of income	NHS OR charitable OR donations OR other – please SPECIFY _____
Other sources of income (tick all that apply)	* NHS * charitable * donations * other – please SPECIFY _____

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