

# Comprehensive geriatric assessment in a HAH setting

<b>Submission date</b> 03/10/2014	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 03/10/2014	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 20/04/2021	<b>Condition category</b> Other	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Hospital at home is a service that is provided in some parts of the U.K, but we do not know how this service compares to being admitted to hospital. The aim of this study is to find out if providing healthcare in hospital at home (sometimes called healthcare in the home), instead of hospital, helps older people to recover from a deterioration in their health. We also aim to find out how much this type of healthcare costs, compared to hospital care, and how people experience healthcare in the home and in hospital.

### Who can participate?

Older people who experienced a change in their health, and for whom healthcare in hospital was considered, were invited to participate in this research from nine locations across the UK

### What does the study involve?

We collected data on various aspects of their health that included possible confusion, ability to move around and look after themselves and where they were living at six and twelve months after the study had started. We also collected data on resources used, so we could calculate the cost of this type of healthcare.

### What are the possible benefits and risks of participating?

None

### Where is the study run from?

Nuffield Department of Population Health, University of Oxford (UK)

### When is the study starting and how long is it expected to run for?

November 2014 to January 2020 (updated 10/07/2020, previously: July 2019)

### Who is funding the study?

National Institute for Health Research (NIHR) (UK)

### Who is the main contact?

Prof. Sasha Shepperd, [sasha.shepperd@ndph.ox.ac.uk](mailto:sasha.shepperd@ndph.ox.ac.uk)

**Study website**

<https://www.hahstudy.org>

## Contact information

**Type(s)**

Scientific

**Contact name**

Prof Sasha Shepperd

**Contact details**

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

**Secondary identifying numbers**

17311; HS&DR 12/209/66

## Study information

**Scientific Title**

A multi-centre randomised controlled trial to compare the effectiveness of admission avoidance hospital at home with comprehensive geriatric assessment vs. inpatient comprehensive geriatric assessment on the number of frail older people living at home

**Acronym**

RCT of Comprehensive Geriatric Assessment in a HAH setting v 1.0

**Study objectives**

The aim of this study is to test the cost-effectiveness of admission avoidance HaH with CGA compared with hospital admission with CGA and investigate the generalizability and cost-effectiveness of CGA in settings where health and social care provision vary.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Wales REC 4, 06/08/2014, ref: 14/WA/1081

**Study design**

Randomised; Interventional; Design type: Process of Care, Treatment

**Primary study design**

Interventional

**Secondary study design**

Randomised controlled trial

**Study setting(s)**

Hospital

**Study type(s)**

Treatment

**Participant information sheet**

Not available in web format, please use the contact details to request a patient information sheet

**Health condition(s) or problem(s) studied**

Topic: Primary Care, Ageing; Subtopic: Other Primary Care, Ageing, Ageing; Disease: All Ageing

**Interventions**

CGA in hospital at home: Admission avoidance HaH with CGA is a specialist led service providing assessment and a tailored management plan, multidisciplinary management and coordinated care in the patients own home. If this service was not available then the patient would be admitted to an acute ward. Usual care will be hospital-based inpatient CGA. CGA is specialist led co-ordinated care involving simultaneous multi-level assessment by a multidisciplinary team to ensure that problems are identified, quantified and managed; Follow Up Length: 12 month(s); Study Entry : Single Randomisation only

**Intervention Type**

Other

**Phase**

Not Applicable

**Primary outcome measure**

Living at home; Timepoint(s): 6 and 12 months

**Secondary outcome measures**

1. Activities of daily living; Timepoint(s): 6 and 12 months
2. Cognitive impairment; Timepoint(s): 6 and 12 months
3. Delirium; Timepoint(s): 3 and 5 days, 1 month
4. Mortality; Timepoint(s): 6 and 12 months
5. New long-term residential care; Timepoint(s): 6 and 12 months

- 6. Quality of life; Timepoint(s): 6 and 12 months
- 7. Resource use; Timepoint(s): 6 and 12 months
- 8. Transfer to hospital; Timepoint(s): 6 and 12 months

**Overall study start date**

30/11/2014

**Completion date**

31/01/2020

## Eligibility

**Key inclusion criteria**

Older patients with frailty who are aged >65 years and who have been referred to the admission avoidance HaH service with CGA and who would otherwise require admission to hospital for an acute medical event. This will include patients presenting with delirium, functional decline, dependence, falls, immobility or a background of dementia presenting with physical disease

**Participant type(s)**

Patient

**Age group**

Senior

**Sex**

Both

**Target number of participants**

1055

**Total final enrolment**

1055

**Key exclusion criteria**

1. Patient with acute coronary syndrome
2. Patients needing acute surgical assessment
3. Patients presenting with a suspected stroke
4. Patients who are receiving end of life care as part of a palliative care pathway
5. Patients who refuse the HaH service
6. Patients considered by the clinical staff to be too high risk for home based care, for example those who are physiologically unstable, who are at risk to themselves or if the carer reports HaH care would not be acceptable (in keeping with existing clinical practices for HaH)
7. The presence of a carer will not be a requirement for enrolment and will depend on the individual circumstances of the patient; this will be at the discretion of the clinician responsible for the patient (as is current clinical practice in each centre)

**Date of first enrolment**

30/11/2014

**Date of final enrolment**

31/07/2018

## **Locations**

### **Countries of recruitment**

England

United Kingdom

### **Study participating centre**

#### **University of Oxford**

Nuffield Department of Population Health

Old Road Headington

Oxford

United Kingdom

OX3 7LF

## **Sponsor information**

### **Organisation**

University of Oxford

### **Sponsor details**

Old Road Campus

Roosevelt Drive Headington

Oxford

England

United Kingdom

OX3 7DQ

### **Sponsor type**

University/education

### **ROR**

<https://ror.org/052gg0110>

## **Funder(s)**

### **Funder type**

Government

### **Funder Name**

## Results and Publications

### Publication and dissemination plan

Current publication and dissemination plan as of 02/06/2020:

We have published the findings for the process evaluation that was embedded in the trial, submitted a manuscript with the main trial findings for consideration and are drafting a manuscript of the findings from the cost-effectiveness analysis

Previous publication and dissemination plan:

Not provided at time of registration

### Intention to publish date

31/12/2020

### Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>	protocol	01/12/2017	12/05/2020	Yes	No
<a href="#">Results article</a>		01/07/2021	20/04/2021	Yes	No
<a href="#">HRA research summary</a>			26/07/2023	No	No