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Hospital at Home (HAH) for palliative care: an evaluation

Submission date	Recruitment status	[_] Prospectively registered
23/01/2004	No longer recruiting	[_] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
23/01/2004	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
21/12/2009	Other	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
PSI10-19

Study information

Scientific Title

Study objectives
To evaluate a Hospital at Home (HAH) service for palliative care. Research questions:
1. Compared to standard care
1.1. Was quality of care better under HAH care?
1.2. Were patients more likely to die at home under HAH care?
1.3. Was pattern of other NHS service use different for patients under HAH care?
2. What were health professionals¿ views of HAH?
3. Did the characteristics and care pathways of HAH patients differ from that of other patients?
4. What were the support needs of patients with lung and colorectal cancer who were likely to become eligible for HAH support?
HAH is a service which offers up to 24 hour hands on nursing care in the home, under the medical supervision of the GP, for up to two weeks for adult terminal patients of all diagnoses. It also offers respite care for patients with cancer, MND and AIDS. Factors of interest were place of death, assessment of patient benefits and quality of care under HAH, characteristics and care pathways of patients referred to HAH.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Not provided at time of registration

Study design
Randomised controlled trial

Primary study design
Interventional

Study type(s)
Not Specified

Health condition(s) or problem(s) studied
Symptoms and general pathology: Pain

Interventions
1. Individual Randomised Controlled Trial (RCT) of HAH care versus standard care
2. Survey of health professionals¿ views of HAH, based on pilot study semi-structured interviews
3. Record linkage of electronic data from Cancer Registry, primary and secondary care databases to assess:
3.1. Service use under HAH care versus standard care (incorporated into RCT)
3.2. The characteristics and care pathways of patients referred to HAH versus those not referred
4. Prospective, longitudinal study of colorectal and lung cancer patients eligible for HAH care, and their family carers, beginning when patient care switched from curative to palliative according to hospital

Intervention Type
Other

Phase
Not Specified

Primary outcome(s)
1. Randomised controlled trial: place of death, rated symptom severity and adequacy of care, GP visits, care input from NHS primary and secondary care services during the last two weeks of life
2. Survey: ratings of the importance, benefits and disadvantages of HAH
3. Record linkage: demographic and clinical variables (age, sex, socio-economic status, survival, diagnosis, cause of death), service input variables (contact with oncology services, amount and start date of primary and secondary care NHS input in the last year of life)
4. Longitudinal study: prospective and retrospective expressed need and satisfaction with care, activities of daily living, contacts with health professionals, standard measures of health and quality of life (SF-36, EORTC QLQ-C30), and carer strain (CADI)

Key secondary outcome(s))
Not provided at time of registration

Completion date
31/12/1999

Eligibility

Key inclusion criteria
1. 186 palliative care patients allocated to HAH and 43 palliative control patients. Comparison between HAH and standard care including both primary and secondary NHS input
2. Survey: 78 community nurses, 136 GPs. Assessment of community care only
3. Record linkage: 121 cancer patients referred to HAH, 206 cancer patients not referred to HAH. Both primary and secondary NHS input included
4. Longitudinal study: 54 lung cancer patients, 46 colorectal cancer patients. Both primary and secondary NHS input included.

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Other

Sex
All

Key exclusion criteria
Does not match inclusion criteria

Date of first enrolment
01/04/1995

Date of final enrolment
31/12/1999

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
HSRG, General practice and Primary Care Research Unit
Cambridge
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Sponsor information

Organisation
Record Provided by the NHS R&D 'Time-Limited' National Programme Register - Department of Health (UK)

Funder(s)

Funder type
Government

Funder Name
NHS Primary and Secondary Care Interface National Research and Development Programme (UK)

Results and Publications

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?
Results article	results	04/12/1999		Yes	No