Healthcare Assistants in Out-of-hours Adult Community Palliative Care

Dr Felicity Hasson, Senior Lecturer, Ulster University

Email: f.hasson@ulster.ac.uk (@Felicity_Hasson)

Professor Sheila Payne, Emeritus Professor, International Observatory on End-of-life Care, Lancaster University

Email: s.a.payne@ulster.ac.uk (@SheilaPayne1)

What do we mean by Out-of-Hours (OOH) care in the community?

- Variable provision (18.30-08.00 on weekdays, weekends and public holidays).
- Represents 63% of the week when normal in-hour primary care services are not available.
- Key research and policy priority both in UK and Ireland.

Role of the HCA

Increasing reliance on the evolving role of the HCA.

No universal standard to licensing/ regulation.

No consensus on title, remit or preparation.

Evidence suggests they play an integral role in community palliative care.

Project

Marie Curie funded exploring the role, contribution and impact of the HCA in out-of-hours community based palliative care services.

- Phase 1: Scoping Review
- Phase 2: Survey
- Phase 3: Case Studies
- Phase 4: Deliberative panels

Phase 1: International scoping review

- To identify the roles, responsibilities and contributions of healthcare assistants in out-of-hours community palliative care.
- Five bibliographic databases (CINAHL, MEDLINE, EMBASE, PsycINFO and Scopus) and grey literature were searched.
- Conducted in accordance with the PRISMA – ScR statement.
- From 2854 hits, 6 related to the HCA role in the OOH period.

Review findings

- Dearth of evidence surrounding the role and contribution of HCAs in OOH care.

- Role was centered on patient care: patient practical and psychological care. Also, family support – building relationships with families was a vital part of the role. HCAs were more frequently present than other healthcare practitioners and this was key.

- Challenges included incompatibility between HCAs training and patient need; emotional attachment; being asked to undertake tasks beyond their remit.

Phase 2: National online census of UK Hospices

- Invited 150 UK adult hospices to participate, 81 responded (57%).
- The survey was disseminated between Oct 2020- Nov 2020.
- Survey completed by managers of adult hospices who provided out-of-hours community palliative care services.
- Fifteen questions specifically related to the impact of Covid-19.

Findings

- Responding managers (*n*=57) provided the following types of support:
  - telephone advice 72% (*n*=41);
  - care at home 70% (*n*=40);
  - rapid response 35% (*n*=20)

- Widespread variations regarding referral mechanisms, availability and workforce.

- Differences were noted in pay scales (banding) and training of HCAs. Similarities with range of care activities provided (symptom monitoring, carer support, emotional support, liaison with other HCPs).

- Covid-19 led to reconfiguration of OOH services, staffing and resources.

Phase 3: Organisational Case Studies (n=6)

- Six adult hospices delivering OOH services included Multi visiting (n=1), Planned Variable (n=1), Rapid Response (n=1) and Hospice at Home (n=3).
- Data collection used multiple methods (interviews and documentary analysis) from multiple perspectives (carers, managers, specialist nurses, and health care assistants n=59).

Phase 3: Participant characteristics

Case characteristics	Case one	Case two	Case three	Case four	Case five	Case six
Region	N. Ireland	N. Ireland	N. Ireland	N. Ireland	England	Wales
OOH service provided	Multi visiting service (8am-11pm)	Planned variable (night sitting service)	Rapid response	Hospice at home	Hospice at home	Hospice at home
Other services provided	Inpatient unit (n=14-18 beds) home palliative care team, home nursing, day services.	Inpatient unit (n=14-18 beds), home palliative care team, home nursing, day services.	Inpatient unit (n=14-18 beds) Home PC Team Home nursing, day services.	Inpatient unit (n= 17 beds) Hospice hub Community services	Inpatient unit (n=23 beds), palliative care Hospice hub call line.	Clinical nurse specialist services across community settings and access to medical consultant.
No. of participants	17	8	8	10	10	6

Unpredictability

- Increasing demand with complex cases in the community.
- Managing unpredictability of environment, resources and patients' complexity.
- Key differences in role and availability between specialist and HCA staff in OOH period.

"I suppose going into the unknown, it can be totally different to what you go into for 15 mins during the day, compared to what you go into a single lone worker at night, to a family home as its their territory…. you're making continual assessments; you just don't know what you are facing." *(S1P2, Manager)*

Hidden role

- HCA have greater insight into the patient and family care needs than registered staff.
- Key role in providing care for the dying patient and psychosocial support for wider family.
- First to detect changes in patient conditions, recognising, responding and escalating care.
- Dilemmas around making complex decisions; and the resultant effect on HCAs.

“So, you're making those types of decisions….there’s no nurse there, there's no doctor there, it's just you and the family” (S1P3, HCA)

“…the first time I saw the lady, I knew she was dying, ...but the family were not aware... I rang the out of hours…because you never know when it’s going to be…. But the patient …passed away, even before the out of hours got there’. (S4P7, HCA)

Impact of HCA within OOH care

- Enabled families to cope with exhaustion due to their caring role.
- Support the death of patients at home
- Viewed as the “eyes and ears” of the OOH community palliative care teams.
- Facilities specialist staff to concentrate on other complex caseloads.

“They couldn't really have sustained the patient at home if they hadn't had that bit of support either, physically with someone going in…’ (S1P2, Manager)

“…having an HCA allows the family, the rest and the reassurance that there's somebody there, and for the patient, they feel safer…. the knock-on effect is in bereavement” (S6P1, Manager)

“Well, they [HCA] *are our eyes at night.. The hospice wouldn’t know what happened if the healthcare assistant wasn’t there” (S6, P3 Specialist Nurse)*

Phase 4: Deliberative panels (n=8)

- Eight online facilitated deliberative workshops with key stakeholders to reflect and formulate recommendations.
- In total, 36 participants took part (HCAs (n=8), Specialist’s staff (n=7), Managers (n=8) and active and bereaved carers (n=13).
- Dialogue and deliberation stage.

Key recommendations

CALLS FOR THE HCA ROLE PROFILE TO BE UPDATED, WITH COMPLEXITY OF ROLE ACKNOWLEDGED.

THE VALUE OF HCAS TO BE RECOGNIZED WITHIN AND ACROSS PALLIATIVE CARE.

ENDORSED THE NEED FOR INVESTMENT IN HCA EDUCATION, PROMOTION AND REMUNERATION SCALES.

Thank you!

To all the carers, and staff from the out-of-hours hospice services that participated in the study.

Marie Curie UK, for funding this project.

The research team Professor Sonja McIlfatrick, Dr Tracey McConnell, Professor Sheila Payne, Dr Paul Slater, and Dori-Anne Finlay.

Next steps…. HCA policy Brief

Policy dialogue that engages key stakeholders

Aligned to Chatham House Rules

Publications from this project:

- Hasson F, Slater P, Fee A, McConnell T, Payne S, Finlay DA, McIlfatrick S. The impact of covid-19 on out-of-hours adult hospice care: an online survey. BMC Palliat Care. 2022 Jun 1;21(1):94. doi: 10.1186/s12904-022-00985-6.
- Hasson F, McIlfatrick S, Payne S, Slater P, Fee A, McConnell T, & Finlay DA. Healthcare assistants in out-of-hours community palliative care: multiple qualitative organisational case studies. BMJ Pall Care [under review]
- Fee A, Hasson F, Slater P, Payne S, McConnell T, Finlay DA, McIlfatrick S. Out-of-hours community palliative care: a national survey of hospice providers. Int J Palliat Nurs. 2023 Mar 2;29(3):137-143. doi: 10.12968/ijpn.2023.29.3.137.
- Fee A, Muldrew D, Slater P, Payne S, McIlfatrick S, McConnell T, Finlay DA, Hasson F. The roles, responsibilities and practices of healthcare assistants in out-of-hours community palliative care: A systematic scoping review. Palliat Med. 2020 Sep;34(8):976-988. doi: 10.1177/0269216320929559.