Approaches to delivering palliative care in nursing homes in the UK: a systematic scoping review

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Background
The UK population is ageing with more people living well for longer. However the older age profile also means that there is a growing demand for palliative end of life care. About 20% of the UK population live and die in care homes making these important settings for palliative care interventions. A scoping review was undertaken to map palliative care interventions in nursing homes in the UK.

Aims
The aims of this review were to:
• Review the UK literature around approaches to delivering palliative care in the nursing home setting
• Establish key themes in the literature regarding palliative care interventions in care homes.

Methodology
Six databases were searched from January 2000 to February 2016 using terms such as: (Figure 1)
• palliative care, terminal care, end-of-life
• nursing care home, nursing homes, care homes
• interventions

Seventeen papers were identified for inclusion in the final review.

Results
Key findings emerging from the papers reviewed:

Components of palliative care interventions in care homes
• Most interventions were educational and focused on: Advance care planning, communication, recognising end of life, DNACPR, symptom control and anticipatory prescribing.

Education and training
• Nursing home staff express a desire for education and training in palliative care. However uptake of training is often limited due to resource issues (e.g. backfill costs).

Staffing
• Management support and a key champion within the care home is essential if interventions are to become established.

Sustainability
• Sustainability is rarely assessed. However this needs to be addressed when planning any intervention from the outset.
• Plans to embed learning within the care home need to form part of the intervention, with follow-up evaluation where feasible.

Links between health and social care provision
• Regular external healthcare support, and sharing of resident information via electronic records such as a Key Information Summary is linked with residents experiencing a more proactive response to their needs.
• GP involvement is key.

Conclusions
• There is limited research on palliative care interventions in UK care homes, in particular studies that assess sustainability and studies which focus on resident’s experiences.
• Funding specifically allocated to mixed methods research focused on improving quality of life and palliative care in care homes is required to strengthen the evidence base in this important care setting.