



2017 Joint Scientific Meeting

Partnerships for Health

Thursday 9th & Friday 10th March 2017, Castletroy Park Hotel,
Limerick

The INSPIRE Study (INvestigating Social and Practical supportS at End of life): The story so far...with an ending in General Practice?

Introduction: Most people want to be cared for and die at home. However people at end of life can experience isolation and feel distanced from their communities. Social isolation and loneliness is detrimental to health and wellbeing especially at the end of life. Internationally, models of community-led social and practical support for people living with palliative care needs at home are emerging. Such models seek to mobilise informal support networks. The first such model in Ireland - a hospice volunteer-led Good Neighbour Partnership (GNP) intervention is the focus of the INSPIRE study.

Methods: The INSPIRE study comprises of three phases aligned to the MRC Framework for Complex Interventions and includes: (1) a scoping study to determine the practical needs of people at end of life and associated assessment tools; (2) a systematic review to assess the effectiveness of community-led interventions; (3) focus groups and interviews with hospice staff (n=14), primary care staff (n=6), patients (n=5) and caregivers (n=5); (4) development and implementation of a volunteer-led intervention (GNP); (5) development and testing of a screening tool to assess practical need and social network; (6) a feasibility RCT (n=80) to assess the impact of the intervention across a range of outcomes.

Results: The literature reveals a lack of robust evidence regarding the practical needs of people at end of life and the effectiveness of volunteer-led interventions. The GNP intervention developed within INSPIRE is considered feasible and acceptable. The new screening tool (LIFESPANS) is potentially useful to assess social and practical need together with network of support. The training programme for volunteers (n=23) resulted in significantly improved knowledge and confidence amongst participants, improved death self-efficacy and reduced fear of death. The restrictive nature of the referral criteria imposed by the hospice limited recruitment to the RCT (n=23), however, the INSPIRE study has revealed

a high level of need in primary care settings for those living with chronic conditions who may not necessarily be in their last year of life.

Conclusions: The GNP is feasible and acceptable, however further research is required to determine it's effectiveness. A GP/Primary Care led approach should be examined.