Introduction
• Anecdotal evidence suggested that respite provision at St Catherine’s Hospice was dominated by patients with neurological or non-cancer diagnoses, and that a small number of patients had a disproportionately large number of respite admissions compared to those with a cancer diagnosis.
• A service review was undertaken to investigate whether the provision of respite was equitable across all patient groups.

Method
• A retrospective review of notes identified patients referred for a respite admission within a 12 month period.
• The individual patient files were scrutinised to obtain relevant data for analysis, including the level of specialist palliative care received prior to admission.

Results
• Respite provision attracted a fairly equal number of referrals across both cancer (19 patients) and non-cancer groups (16 patients).
• Non-cancer patients were more likely to access multiple episodes of respite.
• Of the non-cancer groups, those with a neurological condition represented the highest proportion of patients accessing respite.

Discussion
• It is likely that the higher demand for respite from patients with a neurological condition reflects the higher burden for carers.
• However, examination of the care needs of this group of patients suggests that a specialist palliative care centre is not necessarily required for respite.

Recommendations
• Alternative models of respite care are explored for these patients such as nursing home or increase in home care packages.
• St Catherine’s Hospice should continue to support local nursing home providers to facilitate the provision of high quality respite care within the local community.
• During a patient’s first respite admission, an assessment is undertaken to determine the most suitable place for ongoing respite care.
• Respite guidelines within St Catherine’s should be adjusted to reflect a specified number of admissions per year.

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