

## What do we do in Hospital @ Home?

**Evidence-based, patient-centred acute care at home.**

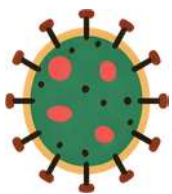


NHS Lothian Hospital at Home offers consultant-led, multidisciplinary acute care for patients – usually older adults – who need hospital-level treatment but can be safely managed at home (or in a care home). The service provides investigations, IV therapies, observation, and daily clinical review, supported by diagnostics and escalation pathways.

The MDT also provides rehabilitation within their own environment. Referral criteria are intentionally broad to support admission avoidance and early supported discharge.

Hospital at Home is not for everyone. Some patients may require specialist input as an inpatient, more intensive inpatient rehabilitation or urgent care may not be available. Other patients may be too unwell and require treatments Hospital at Home can provide. We are happy to discuss referrals on an individual basis.

## Key proven benefits



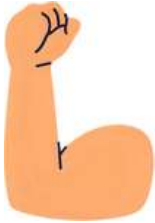
### Reduced hospital-acquired infections

Avoiding hospital environments significantly cuts rates of hospital-acquired infections – consistent with UK data showing markedly fewer infection-related complications.



### Reduced delirium and cognitive decline

Older adults who experience delirium in hospital demonstrate significantly worse long term clinical outcomes compared to those who do not – these include higher rates of cognitive and functional decline, readmission and mortality. An NIHR multicentre RCT showed that rates of delirium at 1 month – 1.7% (HaH) vs 4.4% (hospital); RR  $\approx$  0.39 ( $p = 0.006$ ).



### Faster Recovery and Reduced Length of Stay

Patients under HaH typically spend 5–6 days receiving acute-level care compared to 10 days when admitted to acute hospital (even longer if ongoing inpatient rehab required). This supports faster recovery.



### Greater Functional Independence








HaH patients were less likely to enter residential care at 6 months (5.7% vs 8.7%), preserving independence.



### Improved Satisfaction and Experience

Consistent reports of high patient and carer satisfaction, reflecting safety, comfort and personalised care.

## System-Level Impact in Scotland 2024–25

 15,470 admissions avoided through H@H	 Delirium: 1.7% vs 4.4% – ~60% reduction
 > £50 million saved	 Residential care after illness: 5.7% vs 8.7%
 Estimated 129,000–220,000 bed-days saved nationally.	 Hospital-at-Home capacity increased 58% (314 → 495 beds) in 24-25
 Shorter length of stay ≈ 2–3 days less	

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