Date: 10/02/2021

Time: 17:00

Location: Dorset county hospital, private office.

Participant Role: Healthcare assistant

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| Interviewer | Right, Brilliant. I’m [anonymised name] and we already know each other because we work together at the hospital at home service at the [anonymised hospital] but today we’re meeting in a different role; I’m here to get information from you about your time working for the service. Try to forget that I work for the service, and give me your best and most honest answers even if they’re bad or good. And the answers you give will be used to help improve the service in the future; so that’s why we’re doing this. You do not have to answer all the questions if you do not want to. We can stop at any time and I will check that you’re happy to go on to the next section at each point. Umm..It usually takes about 30 to 60 minutes. Is that okay with you? |
| Healthcare professional | Yes. |
| interviewer | And do you remember reading the participant information sheet and signing the consent form? |
| Healthcare professional | I do, yes. |
| interviewer | Okay, great. So this interview is being recorded as well. We have it recording on a laptop and a phone. Umm…and after it's recorded the…umm…the recording to be typed up onto a Word document. |
| Healthcare professional | Okay. |
| Interviewer | First part of the interview, then, is about roles and responsibilities. So It’s about you and your role and the service as a whole. Happy with that topic and happy to start? |
| Healthcare professional | Yep |
| Interviewer | Brilliant! So the first thing we want to know is, what's your role in the service? So, what do you do for the service users? And is there anything else you do for them beyond the tasks you're expected to do? |
| Healthcare professional | Okay. So, I'm a healthcare assistant - stroke - therapy assistant. So I assist the nurses on their visits to see the patients. So, basically, making sure all the equipment we require for our days visits are packed in the car, and we've got everything. Umm…maintenance of the vehicle, before we go out. Umm…make sure I've logged into the vital pack ready so that when I get to the patient, I'm ready to go. And just have a brief with the nurse in the car before we get to each patient so we know what we're doing with each patient. And we have a handover in the morning anyway, for the patients were visiting so we know what run we're doing and what order. |
| Interviewer | So what *do* you do for the patients once you've got to the house? What do you do? |
| Healthcare professional | Once I get there, while the nurse is preparing the treatment that the patient is having, I get the patient's consent, and I'll do the observations. I'm now qualified and doing venepuncture so I can go along and take bloods for the nurse from the patient, whilst the nurse is busy doing the antibiotics and easy pump whatever the patient's having, and just reassure patients and having chat to them and make sure that that happy and that they consent to our treatment that we're doing for that visit. |
| Interviewer | Lovely. You mentioned, an easy pump? Can you explain more about what that is? |
| Healthcare professional | So an easy pump is umm… what we use to when we see a patient over every 24 hours, the antibiotics that they've been given is the nurse will make up into a pump and it's like a little pump that sits on their waist and is connected through a picc line. And that runs for 24 hours until the next time we see them, and then it gets renewed. |
| Interviewer | Oh ok! So is that a typical treatment for the service? What sort of other things could you do? |
| Healthcare professional | Umm… so we could do, umm…depending on what the treatment is, we could do three visits a day, but sometimes Easy, easy pump is easier for the patient and for the team, especially if the location of where the patient lives is quite a fair distance. So we might not have time to do three visits a day to that patient so that's why the pump would be more beneficial for both sides. |
| interviewer | Okay, so that's interesting. So the easy pump means umm…the nurse, or you as a team, you only go once a day instead of three?. |
| Healthcare professional | Yeah, yeah |
| Interviewer | What do you think…what do you think the patients think about that? |
| Healthcare professional | I think some quite enjoy the fact that they only see us once a day, each every day while they're having the treatment. It's less of a burden for them, it means that they can, well not do everything normally because obviously they've got the easy pump attached, but they've got more freedom. And they're not so time specific as that we're going to be there by nine o'clock in the morning. There's a little bit of leeway. So, I think the patients prefer that way. Because there is a bit of more freedom, I suppose rather than waiting for us three times a day to come around |
| Interviewer | Okay, so, more freedom…typically do you know this sort of thing they'd be doing with that time they freed up? |
| Healthcare professional | Taking their dogs for a walk, going shopping. Because they can still go and do all those sorts of things. |
| Interviewer | So, typically, the patients are quite able then? |
| Healthcare professional | Yeah. most of [pauses] most of them are able they can still go out and do things and going, you know, in the garden and do stuff, and they got a bit of freedom. And they're not just sat there for half an hour while we do drips and stuff with them. |
| Interviewer | Right, I see. Umm… So moving on slightly to the next question, in the same area, whilst you're there, perhaps if you're there for half an hour as you said, Is there anything else you do for them beyond the medical task you're there to do? |
| Healthcare professional | Yeah, so sometimes umm… making a cup of tea, you know, if they're on their own, just reassure them. Some just like the company more than anything, so they like to have a good chat, because a lot of them do live on their own. Umm… some of the patients may have umm… carers coming in so we can offer equipment, sometimes we might have to take equipment out and set it up. If the need for that side is well, yeah, just reassure them. |
| Interviewer | Okay, so that's interesting then. So I'm just going to jump forward a little bit I wanted to ask you about your understanding of the involvement of other people that are around the around the patient during the treatment. So, what do people… so you said about carers and family and stuff like that, or some live on their own? What do those people do for the patients? what do the patients need from those people? |
| Healthcare professional | So some of them have got carers because they're unable to maybe have a wash or assist with dressing because of their illness, or maybe because they're slightly older and are unable to carry some tasks out. So, the carer comes in and helps with them and maybe do meal prep with them. And the families come and help with that as well. Umm…Sometimes, the patients require equipment, so they might have physios or OTs that come around to do assessments to see what their needs are. And sometimes this incorporates in our visit, as well. So we might be there and they might be…or the other team might be leaving. |
| Interviewer | So, you mentioned occupational therapists and things, are they part of the team or they a different service altogether? |
| Healthcare professional | So, we've got occupational therapists on our team on the pathway one side, but they could also be occupational therapists within the community, depending on who the patient's under, because they may be under us for the medical side of the hospital, but they may be a different agency dealing with them on the therapy side. |
| Interviewer | I see. Okay, and and umm…do they have any involvement with the hospital home? Is there involvement between the two teams? Do they link Well? |
| Healthcare professional | Yes, they do. Sometimes, me, it's a health care assistant, I could be seeing the patient on a medical side with the nurse one day, then the next day I might be going in on the therapy side of things; so I can help with the washing, dressing and the meal prep. |
| Interviewer | I see. So what you said earlier about some people going out and walking the dog and go shopping and stuff. But then, also, there's some patients who need lots of support in addition to their medical need. So it sounds like there is quite a broad spectrum of patients? |
| Healthcare professional | Yeah, we get various ages. |
| Interviewer | Yeah. Can you give me any examples of….? |
| Healthcare professional | So we've had some patients that are very independent that you just go in, do their observations, do what you need to do, attach that pump to them, and off they go. Some people still go to work, with their easy pump attached to them. Quite happily; and we just go in at a time when they're home; And then we've got other patients that may be a lot older, less able, that require our needs because of the treatment they’re having; And also they may require physios and carers to help with their personal needs, and help around their homes. |
| Interviewer | Okay, that's really interesting. In the circumstance where people need lots of support and other types of support, Is the relationship with the hospital at home staff different to the circumstances when they don't need much support? Typically? |
| Healthcare professional | [pauses] hmm. On the medical side? |
| Interviewer | Yeah. So, perhaps if someone needed lots of support with their personal needs, in addition to their medical needs, but the hospital at home nurse just goes in for their medical need...Is that relationship different compared to someone who just has medical needs? or not? |
| Healthcare professional | Yes, it would. It would be because we can arrange for the extra help. If it's needed |
| Interviewer | Okay… |
| Healthcare professional | If our team is able to take that patient on the therapy side of things, we'll look to do that. Or we'd refer to another team that may be able to. |
| Interviewer | Yeah, that makes sense. That's brilliant! So, the next question I wanted to ask was; as you progress with the patient, through their time with Hospital at Home, is your relationship with them different at the start as it is to the end? |
| Healthcare professional | Yes, because you've got to know the patient and some patients we see, we could see for a few weeks. So you've got that rapport with them, you know, what they like to talk about, you know. You know their family life, really. You get to know them really well. So you can have a laugh with them. And, you know, check out how the family are doing or what their dogs have been up to. And some of them really love, you know, when we go around, they have a good a chat about what the dogs have been doing, or what they've been doing what the grandkids been doing. So yeah, you do pick up a nice, nice rapport with your patient, especially when we see them for a few weeks at a time. |
| Interviewer | So does that vary then? the length of time people are..? |
| Healthcare professional | yeah, so we could have a patient just for the weekend. Umm…or we can have one for a week. And we have had patients where we've had them, you know, a couple of months, sometimes longer |
| Interviewer | Mhmm [encouraging] |
| Healthcare professional | And you'll see in some of these patients, once a day, twice a day, or three times a day, depending on the treatment. So yeah, you do get a good relationship with them, really. |
| Interviewer | That's really interesting. Thank you. So I think that's probably the end of the section there on roles and responsibilities. I'm just checking I've covered everything.  Is there anything else you think you need to you wanted to say about… about the service or anything as a whole? |
| Healthcare professional | Nope. |
| interviewer | No? that’s great.  So you're happy to carry on to the next section? |
| Healthcare professional | Yeah |
| Interviewer | Brilliant! So this is more about the service users’ experience. Some of it, we might have covered already because we discussed quite a lot in the last section. But it's going to ask you about the experiences of the patients.  So generally, how do you feel the service works for the patient? Or…how do you think…how do you think it is for the patient? |
| Healthcare professional | I think that patients are very grateful for our service, because umm… if we were unable to treat them, they'd have to stay in hospital. So it means that they're at home, in their own environment where they…where they know we're going to treat them. |
| Interviewer | Okay, so people are generally happy to be at home? |
| Healthcare professional | Yeah whilst recovering at home. |
| Interviewer | Even if they’re unwell and needing treatment? |
| Healthcare professional | Even if they’re unwell, Yeah. |
| Interviewer | Okay, so how when they're home how do they do they manage things? |
| Healthcare professional | So that would be some, I mean, sometimes they've got their wives or husbands that live at home, and that's fine because the family look after the patient. And on a patient that's probably quite poorly, but well enough to be home, a care package might get put in place, whether it's from our team, or from one of the teams that we work alongside in the community, would go in and help the patient. Whilst we’re treating them |
| interviewer | Do have any impression whether the patients find it umm…a good or a bad thing, that they've got lots of different services going together? Because it sounds like from what you said, that the hospital home staff don't do the ‘care’ as well as the medical need. |
| Healthcare professional | No [Hospital at home do not do care as well as the medical need]. ;  I think some patients take it really… take it really well and can cope with lots of different people. And then obviously, you got your patients that don't cope. I think it's all down to the individual's personality, whether they're quite happy, but there are various people going in throughout the day. So not, no, not everybody's happy with having that kind of treatment. And some would probably prefer to stay in hospital where they know that they're in the same place all the time with the same sort of people rather than groups of different people. |
| Interviewer | So…so how do you know that how what do people say? |
| Healthcare professional | Just some of the patients will say they get fed up with so many people coming in and because we're I suppose we're intruding in this personal space aren't we? we're always going through the front door. Some of them do express that they are fed up with us coming in and out. |
| Interviewer | I want to know any more positives or negatives that patients might experience? Can you think of any other typical, specifically positive things that patients say or what they think about the service? |
| Healthcare professional | Yeah, so the positives are that patients are extremely grateful that they're home and that we We're able to go in and treat them in that it's a brilliant service. And umm…we think that, you know, they like all the staff that go in and help them. |
| Interviewer | Okay |
| Healthcare professional | and some of them find that they feel like they recover quicker because they are in their home environment. |
| Interviewer | Okay. So you said they're happy.. what typically is it at home that they like being there? |
| Healthcare professional | Well, their safe place isn’t it? You know, the TV, their comfortable bed, their own food, their own environment. Probably because they've got a… you know, their family lives there with them, or they've got pets and the cheer them up. So they're just happier that they’re…they're there at home. |
| Interviewer | Lovely! And you said “they recover quicker”. What do you think makes that the case? |
| Healthcare professional | I think because they're in their own environment. Whereas when you're in hospital, I suppose it's more routine, isn't it? you're set by a bed space and unless you go for a wander around hospital, and obviously, the current situation is patients can't refill wandering around hospital. So at home, at least they’ve got their own home. And we find that they tend to perk up quicker because they can go out and the gardens, you know, when the weather's nice out and garden.  They’ve got partners with them. And I think because they're not lonely, they're just at home, and they're in their own happy environment and got their TVs that they like watching. |
| Interviewer | They feel less lonely when they’re at home? |
| Healthcare professional | Yeah, especially if it's a patient that has got their husband or wife that lives with them. But some of our older patients that live on their own, enjoy our visits, because it's company again. So again, it depends on the patient's personality, really. Some people enjoy having loads of people coming around to them, and some don't. |
| Interviewer | Okay. Just quickly then, to touch on something quickly you said about them. You said “the current situation”. Just clarify what the “current situation” meant? |
| Healthcare professional | Oh the coronavirus. |
| Interviewer | Yes, I thought that was what you meant but thought I better check (laughs) |
| Healthcare professional | (laughs) |
| Interviewer | Okay, and I just want to touch on what you mentioned about the family. Having the family around them? What do you think the family do? What's the value of having family members around you? Because you said “they/people benefit being at home, and the reasons they recover quicker is because they've got their family around them”? |
| Healthcare professional | Yeah, it's a support network, and that having a husband or wife that can help you do things and the fact that people can help you. I suppose you've got the attention, you've got more attention being… being at home because you're with your partner. You're not waiting for someone that's already busy to come and help you do something. |
| Interviewer | Yeah… |
| Healthcare professional | Because you're sharing that member of staff with lots of other people |
| Interviewer | When you’re in hospital? |
| Healthcare Professional | When you’re in hospital; whereas when you’re at home you've got your husband or wife at home, they're there to help you. |
| Interviewer | Right…With regards to tasks patients might need to do at home? |
| Healthcare professional | Yeah. Right. |
| Interviewer | Okay. Do they help… Do the family help with health tasks, as well as sort of household things? |
| Healthcare professional | Yes. Sometimes if umm… there’s a family member is able to they're quite happy to help with the showering and dressing. And any of those sort of needs that again, their partner's unable to manage them, we'll look at getting a care package to help with those harder tasks with the personal care and everything. |
| Interviewer | Okay. Interesting. And what about any of the medical side of things? Do they get involved with any of that? |
| Healthcare professional | Sometimes families do but the medications. Because obviously they go home with their bags of medication might be a blister pack, or it might be packets, and sometimes you'll find that the family members in charge of the times that they take their medication and run through that with them…so. |
| Interviewer | Okay. Umm… So thinking about that, and then moving on to the negatives of the service. So we've talked about the positives of umm...being home. And I think I understand it is sort of having a family around is a big positive and having home comforts and things. |
| Healthcare professional | Yeah. |
| Interviewer | Any challenges for the patients and what…what difficulties and negatives might the patients experience from being at home instead of in hospital? |
| Healthcare professional | umm the negatives would be, I suppose the different str str…well, we're not strangers, but to them we’re strangers, different people coming in, so they might be anxious about who's coming in today and how many members of staff and what time and because obviously we can't be time specific as such. So that might be a negative to some people because they like to be particular with times. Yeah… lots of people coming in.  Some people may prefer just to stay in hospital but have been discharged because they’re well enough to be at home and that they can be treated. And they might not respond quite so well to us. They may be negative about the fact that they're home because… they may want…because you do get some patients that would rather stay where they are, not get moved. |
| Interviewer | Oh okay. Do they have a say in that matter? |
| Healthcare professional | I think with the Coronavirus, and I think if you're fit enough to go home, you're going home. |
| Interviewer | Right, Okay. That’s interesting.  So you said…umm…Do you think that the fact that there's lots of different staff is not a negative to being able to build relationships? |
| Healthcare professional | If we’ve got them for short periods I think it could be because sometimes if we've only got a patient a few days in, and then that few days, they might see three sets of staff. I think it might be hard to build a relationship. But when they're with us for a long time, they get to know us all by our names. And even though we've got our masks on, they still recognise us straight away because they used to us. So yeah, I think we've only got a patient for a short amount of time, the amount of different people going in. I mean, not a day shift that would normally be the same nurse, and health care assistant. And then if they’re on a Twilight, you've got another team again. So that's four people throughout that day that are visiting. |
| Interviewer | So you have a day shift and a twilight shift? |
| Healthcare professional | So we have the day shift that are 7:30 to 7:30 in the day, and then twilight crew take over at seven o'clock until midnight. Obviously we don't see patients at midnight, but we're there if the if they need us. |
| Interviewer | Mhmm… So then you said about how the patient see lots of different nurses. So does that mean the nurses, you don't allocate patients to nurses as such? |
| Healthcare professional | No. so it’s a ‘run’…’Runs’ are colour coded. Right, so we’ve go two runs. Each is normally on location…so you could have, say, people who lived, I don’t know, 20 miles from [anonymised hospital] so you’re trying to keep all those patients together [on one run]. And the other run would be all your more local patients. So one nurse would go out and that nurse may be on their own, and then on the other run there would be a nurse and a healthcare assistant. But sometimes it might just be the nurses if we’re short on healthcare assistants. |
| Interviewer | Okay. So the patients that each nurse see varies from day to day? |
| Healthcare professional | Yeah. And therefore, the nurse that the patient sees varies from day to day. Depending on what run they’re on. |
| Interviewer | Okay. You mentioned just a moment ago about umm…how someone could be 20 miles away from [town]. Is that sort of typically how far you go? Or…? |
| Healthcare professional | Yeah. So we… we go out, we can go out to 30 miles from our area, from [anonymised town], to see a patient and it's it depends on what catchment area, I think the hospital classes to where we would go out. There's we've got a map in it tells us our boundaries, things, postcodes maybe. |
| Interviewer | Okay. Is there a… Is there any advantage or disadvantage of being further away? Or…? |
| Healthcare professional | Well, that would be when we would only visit them once a day, because they're so far out, we wouldn't have the capacity to see them. Umm, I suppose the disadvantages for them as if they've got coming to the hospital for their appointments? Because they've got a trek to come in |
| Interviewer | Okay. So do you think being further away from the hospital is a negative thing for patients? |
| Healthcare professional | If they're an older patient Maybe I think, yeah. If they're able to drive themselves and mobilise themselves around things, it's not an issue, but an older patient that maybe needs more help, I think being further from hospital might be a negative. |
| Interviewer | Okay. Let's tap into that a little bit. So, you said that if they are a little bit further away then you, as a service, you can only you don't get to see people once a day if they were further away? And earlier, we talked about how, once a day visits can be a good thing or a bad thing for patients. |
| Healthcare professional | Yeah. |
| Interviewer | So is that the same again? Can we explore that again? If they only get to see the nurse once a day, how that affects the relationship with the service, particularly if they're far away. |
| Healthcare professional | what and especially if they're an older? |
| Interviewer | Yeah. Okay. Any… |
| Healthcare professional | So I think the relationship with the nurse wouldn't change really, because they're still seeing us every day. But it just be the lonely factor, I suppose. So maybe they need, probably, input a package. So they get another visit with a different team just to make sure they're coping. That would be the only negative; if the patient’s not coping. |
| Interviewer | So, Okay, maybe I should have said ‘What about the relationship with the service?’ If they’re further away. Is their relationship with the service different if they’re not in [anonymised local town]? |
| Healthcare professional | No, no, no. All treated exactly the same. It’s just that we might only be able to see them once a day, because of the distance. But they’d still get the same service as if they live in [anonymised local town]. |
| Interviewer | Okay. That’s really interesting. So let's move on now then slightly. So we considered the pros and cons there…or quite a lot of them. What do you think to be done to improve the service or umm… deal with any of those negatives that we talked about? |
| Healthcare professional | Probably more staff runs…but [stops talking] |
| Interviewer | What would that do? |
| Healthcare professional | Just means that if we I suppose if we've got patients further away with maybe an input two visits to them if they need, if it wasn’t just the one. |
| Interviewer | What would you do on that second visit? |
| Healthcare professional | Umm… Well, maybe if they're more of a character that gets lonely, instead of them having a pump visit, they could have a drip. So, they see us this twice a day, so you're with them a little bit longer. So your AM visit and then obviously a PM visit… if they're on their own. |
| Interviewer | Okay… |
| Healthcare professional | if you have the extra staff, of course. Which isn’t always available. |
| Interviewer | Yeah. So it sounds to me, from what you've mentioned, there’s a breadth of patient… where some that like not having much input to some that like more but you cannot provide enough. Is that fair to say? |
| Healthcare professional | Yeah. |
| Interviewer | Right. Okay. So what do you think…those that would benefit from seeing you again in the same day… what would they like from you? in that extra visit? |
| Healthcare professional | What, as well as having their treatment? |
| Interviewer | Yeah… |
| Healthcare professional | Maybe, I don't know making them a sandwich or doing some, something to eat for them, if they've not got anybody to help them. Just the company more than anything |
| Interviewer | Okay. That's interesting. Thankyou. That's brilliant. Any other things you think could improve the service? |
| Healthcare professional | Just more staff [laughs] |
| Interviewer | More staff [laughs] |
| Healthcare professional | Yeah |
| Interviewer | Okay. So lets move on. So okay, so what you know and think about the involvement of people around the patient? So call that their ‘social network’. During their time with the service; the other people that are there, that’re around the patients, who might be family or friends or something. What do they do? What's their involvement with the service, during treatment, or during their admission with hospital at home? |
| Healthcare professional | What, family? |
| Interviewer | Anyone that's involved with the patient. |
| Healthcare professional | So umm…sometimes their involvement may be that they're present on our visits, And they, they, you know, stay in the same room and when we do observations some of the families like to get stuck in with watching the dressings get changed, and they just yeah, they sit and chat to us as well with their partner, also having that treatment.  You don’t tend to see other people unless the carers are coming in doing stuff. Sometimes you've crossed paths with the carer in the middle of doing their lunch or something when we turn up to do their antibiotics and stuff. |
| Interviewer | Right.. You said you might chat with the… |
| Healthcare professional | Chat with the families! |
| Interviewer | What might you chat about? |
| Healthcare professional | Oh anything really. You kind of… a dog might live in the house so you start...Normally the pets tend to be the good especially they've got pets and to be the good topic. “Whats the dog called? what's it like and how old?” and then it comes on to “have you got a dog?” and then you've chat about dogs and… |
| Interviewer | About your dog? [points to healthcare professional participant”] |
| Healthcare professional | Yeah, the patient's dog, the nurses dog, all of us you know, because most of us have got pets. So that tends to be what the patients talk about ummm…hobbies what they like doing. And classic one with, especially the older patients is what they like to talk about what they used to do when they were younger with their job wise and stuff. So yes, you can have a little glance around when you're in in the house, and you can see what they liked, you can make conversation from that and I always find that picks a good relationship with the patient, then they feel comfortable then. When you start chatting about the things that they enjoy doing |
| Interviewer | Mhmm [encourages] |
| Healthcare professional | I think they look forward to the next visit. When you're chatty with them, they enjoy that and normally the wife or husband, you know, there's been patients we've been to where they sit and watch the telly. Like a game show and you have a go at the game show with them. It's quite it's, you know, it's quite nice because you are with them… sometimes, you're with them for nearly an hour, depending on what their treatment is. They interact with you it’s quite nice. |
| Interviewer | Okay. so have you had any examples where there's people other than family and carers? |
| Healthcare professional | Errr… Sometimes well, especially before Coronavirus, you'd have friends that would be visiting. Umm I’ve have been round when friends are visiting. They tend to they do tend to sort of leave when we arrive. But sometimes you'll get the odd one that stay and have a chat with you and see what's going on. |
| Interviewer | That's interesting, so we've covered family and friends and pets quite a bit in the in the support for patients. You can't think of anyone else that helps with… |
| Healthcare professional | And carers! |
| Interviewer | Oh yes. And carers have come up quite a few times. |
| Healthcare professional | sometimes people yeah, and you'll get like the Red Cross or other services that can come in and help do umm shopping tasks for the patient. If they're on their own, they haven't got anybody. If they've got no family network round, they can come around and help them get shopping. So you might come across one of one of those members when we’re visiting. |
| Interviewer | Okay, so my next question is, we.ve covered it quite well, but do some people not have enough support? And what happens in those situations? |
| Halthcare professional | Yeah, so, you do get patients that don't have… there might be a patient that for this family live up in Yorkshire or something, and they've moved down here on their own. And so we're trying to get a network of support for them, whether it be a care package with a service, referring them to things like the Red Cross for like a buddy system where somebody comes around his buddies up with them, and just visits them and chats with them, and somebody can do the shopping and just general things just to support them that they are unable to do on their own. |
| Interviewer | Okay, that's really interesting. And do the staff, the hospital home staff, ever end up filling gaps in roles that aren't filled by friends and families? Or do you tend to just do that you've mentioned… so referals to different services and care services and stuff? |
| Healthcare professional | Sometimes we've gone in and done the care whilst we're there. |
| Interviewer | Right… |
| Healthcare professional | And when we're in the middle of doing… so, for example, the nurse could be mixing up the antibiotics and we could go and help them have a wash and get dressed and stuff while that's happening. Or go make them some breakfast a cup of tea or, you know, I have been round and I've cooked someone's dinner for them while we wait for the drip to go through because you know, the extra support because they're on their own.  So yeah, we do if we've got the capacity and the time, because everything’s time isn't it? If we're not maybe as busy then…then we would have a little bit longer to fill the gap. and help them with something like that. But we will tend to get somebody else to come in to help if we…if we can't help. |
| Interviewer | So is that why things like that aren’t routinely done by Hospital at Home? Because of time? |
| Healthcare professional | Because the amount of patients that we may have, and because obviously we travel to each home, places, some places they live, like I said earlier, they can live quite a few miles away. So obviously travel time, you've got to take into consideration as well as the patient you visit. |
| Interviewer | Right. Okay. Okay that’s interesting. So let's just quickly discuss that then and some of the… if you've had to travel quite far to people's homes, typically, what are the homes… Is there a typical home or does that vary as well? |
| Healthcare professional | Yeah, the homes vary. So if you go to a home that where a patient lives in it's got everything that they require and if it's in an order, it's tidy. And then you could go to a home that's very cluttered and the patient can't find anything. Or we've got to go in and move that furniture out of the way so they don't trip…rugs and…yeah, some houses, each house is typically different. |
| Interviewer | Do you anticipate that? Or is that just an unexpected thing, you just find out when you arrive, or…? |
| Healthcare professional | Yeah, you can sometimes gauge when you see the patient on the ward, how they might, what you think they might be like, at home, but it's normally… obviously, this is the first time you're going into their home, so you don't know what you're going into until you've gone in to the property. |
| Interviewer | so you… you mentioned seeing them on the ward. Have you often met them before you see them at home then? |
| Healthcare professional | Some of the *nurses* may have done. But for me, as a member of staff it’s  its normally my first visits when I meet them at home. But sometimes the nurse may have chatted through with them…especially our sister…she’d go meet them and run through the treatment plan and if they're happy for the treatment plans to go home. And then gives them, she gives them a talk, sorry, about our service and what we do. And then that's it, and then we'll meet them in their home. So for some of us, it could be the first time meeting the patient. |
| Interviewer | Do you think that effects how that first visit goes if it’s… |
| Healthcare professional | maybe if the patient's a bit anxious, because obviously we're strangers that they've not met, they know that we're the team that come into treat them, but I would be the same to have strangers come into my house I've never met because you're going into their personal space, that's their, their home where they live. |
| Interviewer | Uh-huh… |
| Healthcare professional | And we've just suddenly come in and made ourselves at home, as such, to give the patient treatment. So, maybe on first is it they're a little bit anxious, but once they’ve met us, that's when you start getting your relationship with them. And that's when you know whether the patients that are going to enjoy the visits or not like the visits [laughter]. |
| Interviewer | Actually, going back a step then to when you talk about umm…different types of homes; Is there a typical place? Are they always in towns or…? |
| Healthcare professional | No. Vary. So we can get houses in town, literally bang, Town Centre. Or we can have real rural farms in the middle of nowhere, where you're going to country lanes, you know, no houses for miles, and then their little houses on their own in the corner. So yeah, completely varies. Like today, for example, I've been out in the countryside to see a patient, and then I've been in the town today. So… |
| Interview | Does that change anything from the service’s point of view? |
| Healthcare professional | Only the weather, maybe. |
| Interviewer | What do you mean? |
| Healthcare professional | If the weather is bad, I mean, we've got 4x4 vehicles now to cope with the weather but if the weather's, you know, it could be a bit trickier getting to the patient or we might be a bit later. |
| Interviewer | Give me some examples of that. Explain a bit more about how the weather affects things? |
| Healthcare professional | So snow, if we were to get snow, right, it might cause a problem getting out to the patients that live in a more rural place where the roads aren't clear quite as much as the towns and built up areas. Well, some of the places we can get to their public main roads. And we know that the roads are going to be clear, but some of the places that we've been to so rural there might not have been a gritter going through so that that may cause a problem getting to that patient. |
| Interviewer | And you said you have got 4X4s now? |
| Healthcare professional | Yeah we’ve got all 4X4s now. So yeah, they would help. |
| Interviewer | Would do you think would happen…or has there ever been a situation where you haven't been to get to a patient? |
| Healthcare professional | not on the medical side, but I have on my therapy side. We had a windstorm couple years ago and a tree fell down and I couldn’t get to my patient. |
| Interviewer | Right.. |
| Healthcare professional | So I had to go back to them later then I could get through…I let them know |
| Interviewer | So you have to find a way? |
| Healthcare professional | Yeah |
| Interviewer | What would happen, do you think, with the Hospital at Home patient if it was somewhere rural and they couldn’t…the nurse or yourself couldn’t get to them? What do you think would happen? |
| Healthcare professional | Well, if they need their medication, I don't know whether another hospital might be contacted. That's a bit closer to help. I don't…I wouldn't know how that would be something that my boss would sort out. I mean, obviously, we would ring back to our hospital to say ‘we can't get to this patient’. ‘Have we've got a plan forward to deal with this situation?’ |
| Interviewer | Okay. So it needs to be sorted? |
| Healthcare professional | That needs to be something…It needs a back up plan! |
| Interviewer | You don’t know of one? |
| Healthcare professional | I don’t know of one [laughs]. So I don’t, no. |
| Interviewer | Okay. That’s brilliant. Umm…okay, that’s good. So, you said earlier that the hospital at home staff like yourself might help with umm…perhaps making some food or washing or something similar. |
| Healthcare professional | Yeah |
| Interviewer | What would happen when the hospital at home service ends if you were doing those things for someone? |
| Healthcare professional | So, umm…This is when we would get another service to take over. On the medical side, if they’re well enough to be discharged, then they would either be referred to the community nurses if it’s an ongoing thing. If it was to do with the care side of life we would have to look at whether the patient is able to accommodate and pay for private package of care or whether their entired to social package of care. So, we’d make sure all that is in place before we discharge a patient. We don’t just leave them, a plan is put in place. |
| Interviewer | Okay. |
| Healthcare professional | They’ve all got end of treatment dates, roughly. So we know the date the patient is going to be discharged from us so if they don’t need any ongoing care that’s ok; they get discharged and off they go. They’re better! But some do need to have another package of care or whatever put in place but that all gets sorted before they get discharged. |
| Interviewer | Okay. Is there anything else that you think might happen after the Hospital at Home ends regarding the patients ability to cope? Do you ever…When you’re leaving the patient for the last time do you ever have any thoughts about how the patient is going to cope, how they’re going to feel going forward? |
| Healthcare professional | Yes. We discuss that with the patients most of the time to see how they feel about us finishing and sometimes they’ll highlight to us if they feel they need help in something. Umm...but we also give them a survey to fill in and a lot of them put down how they feel could be better or what they enjoyed about the service and you can pick up then if we feel we may need to put plans in place for people. But we discuss it with the patient if they need an ongoing plan. |
| Interviewer | Right, so you a sort of discharge plan? |
| Healthcare professional | Yeah a discharge summary and a copy of that goes to the local GP so the local doctor knows what’s happened. |
| Interviewer | Oh okay, right. So again, It’s more about hospital at home service referring to different things at the end? |
| Healthcare professional | Yeah. If its required, yeah. |
| Interviewer | Do you think…regarding what you said earlier about some patients being only for a few days and some for a few months, do you think the discharge experience varies depending on that? Whether they have been a ‘short’ or a ‘long’ patient? |
| Healthcare professional | Depends on their treatment and how they’ve recovered depending on what illness they’ve had. |
| Interviewer | Right… |
| Healthcare professional | So sometimes we might only have people a week but sometimes we might do a blood test and find that we have to keep them a bit longer and their drugs might get ‘upped’ or have to go on a bit longer. Or get changed! So ends up being with us longer than they first planned |
| Interviewer | Right. If a patient has been with the service a long time, do they feel differently about a discharge compared to someone who’s been with the service a short time? |
| Healthcare professional | Oh yeah, sorry. Yeah they do because they’ve got used to us coming round. You will find patients don’t like it on our last day; they feel sad. They’ve got so used to us coming round having a laugh with them and also that’s going to stop and they’re not going to see us so you do get some patients that get a little bit upset. Not upset…but upset because they’re not going to see us. You do get that sort of relationship with them. And knowing they’re going to have someone coming round each day. Especially the ones that are on their own, I think they enjoy…it’s just the company again, knowing they’re going to have someone to talk to. |
| Interviewer | So they’re going to miss the company of the Hospital at Home staff? |
| Healthcare professional | Yeah, especially The people that live on their own. |
| Interviewer | Right… |
| Healthcare professional | I think they find it harder than the one’s who have got somebody with them. |
| Interviewer | And what about umm…the support with their health? Because we have covered that they, the hospital at home team, would refer for help with any ongoing care and practical support but they also would miss the staff from a company point of view but what about the health point of view? Is there anything they’d miss about that? |
| Healthcare professional | I think it’s reassuring having their obs checked every day so they know what their blood pressure is and things. So maybe they’ll miss that because we’re doing that everyday so we’re keeping check of their health by taking their bloods and observations and when we finish that isn’t going to happen so they may be little anxious about that side of things because it isn’t being monitored every day. |
| Interviewer | Okay… |
| Healthcare professional | Again, it depends on the patient because you’ve got people who are more sensitive and get more used to something happening. So they know theyr’e going to get their temperature checked today, their blood pressure. So, it makes them feel at ease. Then you’ve got other patients who aren’t really bothered, they don’t worry about their health do they? So again, it depends on your patients personality because some are more anxious and need more reassurance everyday and some that are more happy to “yeah thanks very much see you tomorrow” and go on with their day don’t they? So I think it does depend on your patient’s needs because some people thrive on reassurance. |
| Interviewer | Yeah. Do you know…Can you anticipate those, can you predict those who are going to be anxious? |
| Healthcare professional | I think, I think, Yeah I think after a few visits with the patient. Especially if they keep asking the same similar questions about their treatment and what their illness could be then you tend to pick it up. Especially if a family member, you often get that a family member, husband or wife is more anxious than the patient. So they ask lots of questions and it’s always the same questions. So I may be on the same run for a couple of days but with a different nurse and I’ll notice they keep asking the same questions but to different nurses because I suppose they just want reassurance that we’re all singing of the same… |
| Interviewer | So, the family get involved. The family that are involved in that persons care also get involved the discharge points? |
| Healthcare professional | Yeah. You’ll find that they’ve written a load of notes down. Questions that they want to ask. So sometimes they’re probably more anxious than the patient. |
| Interviewer | Why do you think that is? |
| Healthcare professional | Probably, again, for the reassurance knowing that their loved one is being treated everyday by a medical professional because obviously we’ve got the doctor as well that can go out and all of a sudden all they’ve got is their GP at the end of the phone who aren’t quite as easy to contact. |
| Interviewer | Right… |
| Healthcare professional | But they can ring us and speak to the nurse, the sister, the physio, the doctor because as a team we’re on the end of the phone. More accessible I suppose. |
| Interviewer | Right, So that’s something the patient and the family can do is it? |
| Healthcare professional | Yeah. We leave…we leave them their folder which has got our contact number in and they can contact us up until midnight if the so wish umm…and that’s what they feel quite reassured about the fact that we’re there behind the scenes and then we’re back again at 7:30 in the morning so there’s only that small window where we’re available where they’d ring the emergence services if they were really that worried. So I think it’s the reassurance more than anything. |
| Interviewer | So, just to build on that a little bit. With the phone, what might someone phone about? So this is outside of their visit I presume? |
| Healthcare professional | Mhmm |
| Interviewer | Then they ring about something. What might they ring about? |
| Healthcare professional | So we may have a COPD or a Bronchiectasis patient that are keeping an eye on their saturation levels and maybe worried because their sats are not rising, and they’ve got their finger probes on and their husband or wife may be monitoring that. We’ll get a phone call saying “their sats aren’t changing. They’re just low” or “my pump hasn’t emptied. You put it on yesterday and it’s still full”. Umm…their picc line might become sore and start bleeding, or their dressing where they’ve had surgery like a hip replacement and we’re treating them for an infection just…Or sometimes just anxious because they just generally don’t feel well and they might be a bit scared so they ring up asking for advice. And sometimes we’ve had to go out and prioritise them just to check their pump’s working and everything or umm…go round and do their observations again because their saturations are low and their worried. |
| Interviewer | Okay. And by ‘Pump’ you mean the Easy Pump that we talked about earlier? |
| Healthcare professional | The easy pump, yeah. They can see that and can see when it’s full and can see when its empty so we might get a phone call because it hasn’t gone down. |
| Interviewer | Okay. So all of those things you just said they’d phone for typically, they’re medical problems they’re experiencing. |
| Healthcare professional | Yeah |
| Interviewer | You don’t…Do they call for anything else? |
| Healthcare professional | Yeah, If we’ve got them on the therapy side they might ring because they might think they might need some equipment that we may not have issued them so we can go in and do an assessment with them. |
| Interviewer | So that’s something that they’re struggling with that might need equipment for? |
| Healthcare professional | Yeah. So it might be getting in and out of the shower. They might need some handrails fitted or might need a frame because they’re finding walking difficult or something. |
| Interviewer | A zimmer frame? |
| Healthcare professional | A zimmer frame, yeah. Just ring up for advice sometimes aswell. |
| Interviewer | Okay. That’s interesting. Okay, great. I think that’s the end of the section covering their experiences and we’ve covered a lot there. Thank-you. Is there anything else you might want to cover regarding patients’ experience and their time and how they might feel at the discharge time? |
| Healthcare professional | No, no |
| Interviewer | Alright, well that’s brilliant. So that’s the main two sections and now we’re reaching the end of the interview. Umm… is there anything else you’d like to add about your role in the service. |
| Healthcare professional | Umm…no. |
| Interviewer | Right, okay. That’s fine. Anything else you want to add about what can be done to improve the service? |
| Healthcare professional | Umm [long pause]. Maybe just more plans for the example of if we can’t get to someone because of the weather. Back up plans maybe. That all the staff know about. I mean, the bosses might know but I don’t know a back up plan. So maybe have all the staff to be aware of more… |
| Interviewer | More plans? |
| Healthcare professional | Yeah more plans for problems. |
| Intrviewer | That’s fine. And I think that’s pretty much it then Thanks so much for taking part. Umm… and as you know I’m involved in a PhD research project and the information you have given is really helpful. And as you’ll probably remember from the participant information sheet umm…there will be another interview in the future. |
| Healthcare professional | Okay. |
| Interviewer | And during this one we’re going to discuss the finding from the interviews with the patients. So we’ll get the patients’ opinions and then we’ll be able to discusss what they think about the service and we’ll be able to discuss them as as a sort of reflective exercise. So if you’re sure you’ve got nothing else to add we’re going to stop the interview there. Thank-you very much |
| Healthcare professional | Thankyou |
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