Date: 18/02/2021

Time: 12:00

Location: Dorset county hospital, private office.

Participant Role: Staff nurse

START

|  |  |
| --- | --- |
| interviewer | Hi [anonymised participant. I'm [anonymised interviewer], you already know me because we work together at Hospital at Home. Umm…So we've already met. But today we're meeting in a different role. I want to get information from you about your time working with the service and how you think the service works and things like that.  If you can just give me your best and most honest answers, whether they're good things or bad things you think about it. It doesn't matter if they're bad things. It's all anonymized, and so on. All the answers you'll give us a negative or positive might help improve services. And we'll know more about it and stuff. So we can use that in the future.  You don’t have to answer all the questions if you don't want to, you can just say ‘I don't want to answer’ and we'll skip and then each section. I will ask for… I'll ask if you're happy to carry on and go on to the next bit. So, we can pause and have a break and stuff if you want. Is that all alright? |
| Healthcare professional | yeah, sounds good. |
| interviewer | And then you’ve read the information leaflet, I gave you a while back, and you signed the consent form? |
| Healthcare professional | Yeah, I have |
| Interviewer | And, you know this is being recorded, and then transcribed word for word. |
| Healthcare professional | Yeah, that’s all fine |
| Interviewer | Cool, and then shared with people in the research team.  Brilliant. So first bit we'll talking about is quite straightforward. It’s about you and your role in the service, how the service works… So let's start with that... What's your role? |
| Healthcare professional | so my role within the service is, I’m a staff nurse so my job role is to visit the patients in their homes and deliver treatment to them. Umm…come back speak with the MDT…Err go from there really. |
| Interviewer | So what sort of treatments typically? |
| Healthcare professional | So typically, intravenous antibiotics. Lots of leg dressings, surgical dressings. We can get steroids Umm...what else do we do? Lots of things |
| Interviewer | Yeah that’s ok, that’s cool. And then the MDT who's in that? |
| Healthcare professional | Umm so, sorry [interviewer’s name] like it was before? |
| Interviewer | Like what was before? |
| Healthcare professional | Like when we had the doctor? |
| interviewer | Just say whatever you think. |
| Healthcare professional | Yeah, so we had… we've got doctors, nurses, occupational therapists, physios umm.. and we've got the health care assistance. We can liaise with the dieticians. I think that’s it!  They can, we can speak to other members of the MDT as well. So if we needed to, like tissue viability and things like that. |
| Interviewer | Right, and you say, you said you see them in their own home? Umm do they all see them in their own home? |
| Healthcare professional | Not all of them. Only if we were to refer the patient to them, if we might, if we visited them, we thought it was necessary that they needed to see that specific person |
| Interviewer | Mhmm |
| Healthcare professional | say, for instance, the SALT team, or someone had a swallow problem, then we would come back speak about what we found, like the problems, and then we would liaise with someone. Then they would possibly go and see them or get involved with their care. |
| Interviewer | Right. So they don't always go and see them? |
| Healthcare professional | No not all the time. |
| Interviewer | So they rely on you if you do the referral? So as the nurse… |
| Healthcare professional | Yeah, we can do the referrals. |
| Interviewer | So it sounds like you're quite central. |
| Healthcare professional | yeah |
| Interviewer | to them… |
| Healthcare professional | Yeah, definitely. I think we’re, we're the ones see that in their homes, then we're the ones coming back. How we find them you know, explain them [to the team] what we found. Yeah, the centre of it, I guess |
| Interviewer | Okay. So they rely you to refer to the other services. So, do they ever self-refer for these things or...? |
| Healthcare professional | I don’t think so |
| Interviewer | Do they ever…do people take... So they rely on you? Or do they suggest things ever? Do they take responsibility for their own care and things? I guess that's what I'm trying to ask. |
| Healthcare professional | In the sense that if they need to…if they think they need to speak to someone? |
| Interviewer | Yeah |
| Healthcare professional | I guess we would. I guess they know if they…ya know. If we're exploring that there's, there's an issue…they would also know if there was that problem, and they would maybe… I think we would initiate it though. |
| Interviewer | That's good. That's interesting thing you do then. So then, I guess what I want to know [healthcare professional interrputs]  Oh, go on.. |
| Healthcare professional | so they wouldn't necessarily know about the services then we would have to explain that. |
| Interviewer | Right. So they know about their problem..? |
| Healthcare professional | They would know that that's in place for them to… |
| Interviewer | Right. So that’s it again. They’re relying on you to find the resources for them? |
| Healthcare professional | Yeah. |
| Interviewer | Umm..so. Anything else you do for them? So imagining beyond the task, you're there to go in for them, so you said you do like dressings and IV antibiotics quite a lot. So, say you're going in to see someone for an IV antibiotic. Is there anything else you might do whilst you were there for them? |
| Healthcare professional | Anything at all? |
| Interviewer | Yeah anything. |
| Healthcare professional | I would. I mean, when I go into a patient, I'd be happy to, ya know, help them do anything. If I saw that they were struggling and needed help. And I would help them. So I guess… we were like, quite holistic in that way. We do. Not more than just nurses because that is our role.  Yeah, we're not we're not task driven. |
| Interviewer | Right… |
| Healthcare professional | So when I go into someone, I, I look at like, the bigger picture, I guess, and see if they need help with other things. |
| interviewer | What sort of things? |
| Healthcare professional | Again, a cup of tea, making sure they're comfortable. |
| Interviewer | Uh huh… |
| Healthcare professional | Making sure that like… they’re socially okay. They've got support around them. |
| Interviewer | Right |
| Healthcare professional | Umm...that they’re coping ok at home |
| Interviewer | How'd you find that sort of stuff out? |
| Healthcare professional | Just talking to them. Looking around their home, you can get a good idea. Yeah, how they're keeping their environment they live in, Family members, friends, or previous knowledge if they come from the wards. You’ll know maybe a bit about their social background, you can sort of work out what… |
| Interviewer | Yeah, yeah, sure. Yeah that’s interesting. Fine.  Can you give me any examples? You think…without putting on the spot too much. |
| Healthcare professional | Umm…trying to think of someone… |
| interviewer | There's no rush, take your time…no? It doesn’t matter.  You said you might need to make a cup of tea or something like that? |
| Healthcare professional | Yeah if…so…yeah just, yeah make a cup of tea. If I know that, maybe I'm back to the leg dressings. Or they can’t easily mobilise to the kitchen. I could see they need a drink and do have anyone around them… just make them a cup of tea, it's gonna make them feel more comfortable with us coming in to see them as well. |
| Interviewer | If *you* weren’t…if you weren't there doing that for them at that point, is that someone else that would be doing it or…? |
| Healthcare professional | Not necessarily. Not all of them. They don’t all have family support. They can live independently. |
| Interviewer | so some people have to do all their tasks on their own? |
| Healthcare professional | Yeah definitely |
| Interviewer | And then others have got family with them, you said? |
| Healthcare professional | Yeah, it's just a real mixture. So some people are young. Ya know, independent, living with husbands or wives with a family. Then other patients are elderly, living alone needing more support than others do. |
| Interviewer | Okay. |
| Healthcare professional | I guess it's about going in and working out who those people are |
| Interviewer | Yeah. You might have covered it before but [healthcare professional starts talking]…oh go on.. |
| Healthcare professional | You sort of gauge what they want from you as well. |
| Interviewer | Right… |
| Healthcare professional | I wouldn't necessarily go into a house where I know they're independent and offer them a cup of tea. It's just not appropriate. But like an elderly, elderly gentleman say you'd probably offer a bit more help |
| Interviewer | Yeah. You just figure that out? |
| Healthcare professional | Yeah. I think you just…you just know. |
| Interviewer | mmm. That’s nice [laughs] |
| Healthcare professional | [laughs] |
| Interviewer | Okay. Umm… just…touching, then, on something you said that's really interested, about the mixture of patients you have. |
| Healthcare professional | Yeah. A real mixture. |
| Interviewer | So yeah. Can you build on that a little bit? |
| Healthcare professional | So yeah, we can take any person over the age of 18. That just needs short course of antibiotics to a… yeah like an elderly gentleman that maybe at their end of life and the different types of care that we give as well. Treatment we have to give is so variable it’s good. |
| Interviewer | So then. Touching on what you said about umm…someone who's young and independent you wouldn’t go and make them a cup of tea.. Would you then, would you say… your relationships are different with the varying types of patients you have? |
| Healthcare Professional | I think so. Definitely. Yeah. You talk about different things wouldn’t you? Something you talk to a young person, you wouldn't necessarily use that for someone older, you build different rapport, I think, with different age groups. |
| Interviewer | “Use that”, What do you mean “use that”? Said you ‘wouldn't use that when you talk to the young person’ |
| Healthcare professional | Umm…yeah like communication |
| Interviewer | What you “use” it for though? What do you mean “use that”? |
| Healthcare professional | What did I say, sorry? |
| Interviewer | You said you wouldn’t umm “use” the things you talk to a young person about, you wouldn't “use that” with an older person… |
| Healthcare professional | To get that rapport with them. I wouldn't talk about the same things that I would to a young person, necessarily with an older person |
| Interviewer | U-huh… |
| Healthcare professional | I don't think I'd be able to get the same communication back from that elderly person. |
| Interviewer | the topic of conversation? |
| Healthcare professional | yeah |
| Interviewer | Right, got ya! |
| Healthcare professional | …if that makes sense? |
| Interviewer | Yeah. That’s interesting So you relationships are different in that way with younger people and older people. Anything else that's different between patient groups or anything? |
| Healthcare professional | I guess everything's different really. |
| Interviewer | Examples to unpick it. Give me an example.. |
| Healthcare professional | Medically? |
| Interviewer | Anything! Yeah medically, let’s start with that. So you were talking about the age difference |
| Healthcare professional | yeah |
| Interviewer | You’ve highlighted about the age difference so far |
| Healthcare professional | So the younger it would be. you'd go in and you'd identify what you're there for. There wouldn't necessarily be load for the capabilities for that person, because they are younger. So might not have as much, much to do with them…So you wouldn't, you'd only be going there for that treatment |
| Interviewer | Right? |
| Healthcare professional | Whereas an elderly person, they could have lots of comorbidities. So you can be giving their treatment, but actually, at the same time, they're losing weight. So therefore they need dieticians input, things like that. I’d say, like socially, they would have input from carers maybe. Just like lots of different things. |
| Interviewer | Yeah, that makes sense.  Umm…you just said. Yeah, so younger people.. |
| Healthcare professional | Yeah not all the time, I would say younger people have…they need less input, less..not less support. I guess it is less support, in a way. |
| Interviewer | Yeah? Support with things like…? |
| Healthcare professional | Yeah, like, set the social, the… the cups of tea [laughs] |
| Interviewer | [laughs] the ‘cups of tea’. Right |
| Healthcare professional | The holistic side of it I guess…all the other things…trying to explain what I mean… |
| Interviewer | No, I understand what you mean. I’m just trying to pick it out for the purpose of the interview. So they look after themselves better? With the other aspects of life |
| Healthcare professional | Yeah |
| Interviewer | Is that what you’re trying to say? |
| Healthcare professional | Yeah they’re independent. They’re young. They’ve got that on their side, so… |
| Interviewer | Okay. And then what about the varying medical ‘conditions’? So we talked about varying ages, you said there was a mixture of patient conditions as well. So…are there some conditions that are more typically more reliant than others? Or does that vary as well? |
| Healthcare professional | I mean, things like cellulitis, and that's more in the elderly, you would see that, but it can happen in younger people as well. So typically, I would say it’s elderly. And obviously, these things, they've also got the comorbidities that go with it. Whereas the younger people, probably wouldn't they got youth on their side, they’ve got their health. |
| Interviewer | What if you had…so…the same age person, but they had a different condition? That you said. So one, one person aged 85, had condition A… And one person, 85, condition B. Does the conditions themselves become a factor? Taking age out of it? |
| Healthcare professional | What do you mean? |
| Interviewer | Do I make sense? So one person's got a respiratory problem and the other one person's got an orthopaedic problem… Do you find typically, one of them.. one of them is in more need of your support than the other? |
| Healthcare professional | I think it's very individual. Not all the time. |
| Interviewer | So you've said [healthcare professional interrupts]. Go on… |
| Healthcare professional | I would say it's more…generally, it's more age. Than, yeah. |
| Interviewer | Yeah. Yeah. You think that's really the defining factor of those who need you for other things? |
| Healthcare professional | I think so yeah, but not all the time. But a lot of the time yeah. |
| Interviewer | That's good. That's interesting. explored a lot in that question then. That's really good.  Your thoughts on the service as a whole so the next question I want to ask. So the strengths and weakness of it. Let’s start with the strengths, the real strengths of the service |
| Healthcare professional | I mean, I think it's a brilliant service, the fact that, ya know, we can get early discharges from the hospital and treat these people at home. I mean, it cuts down bed numbers for the hospital  But being cared for in your own home is much better than being looked after in hospital when you can have the same treatment I’d say. |
| Interviewer | Okay, why do you think it's better? |
| Healthcare professional | They're around people all the time, around people to see.  You feel more relaxed at home, don’t you? always feel better. I don’t think anyone wants to be in hospital.  Umm, If they are younger, they could possibly still work. So it wouldn't affect that side of it. Socially, obviously still see their family have that support.  I guess there's the other other side. If they are on their own, maybe that might be a downfall |
| Interviewer | Okay… |
| Healthcare professional | Very occasionally, you get people that like being in hospital because it means they've got people around them. But that, I would say that's quite rare. |
| Interviewer | Yeah |
| Healthcare professional | Umm…what’s the question again? |
| Interviewer | That's interesting. I'll touch on something you've said just about… just to clarify about, you said that early discharge from hospital…? |
| Healthcare professional | So they're still, they're still an inpatient |
| Interviewer | Right |
| Healthcare professional | So they're still, they're still an inpatient. Right? They're classed as an inpatient, but we're classed as a virtual ward. So… they can be cared for at home. But obviously, it's still under the care of the doctors and us nurses in the hospital |
| Interviewer | So they would…So it’s considered that they’re discharged ‘early’? |
| Healthcare professional | To a virtual ward |
| Interviewer | So would they normally… without you, would they stay in hospital? Is that the point? |
| Healthcare professional | Yeah. |
| Interviewer | Right, so it gives people the opportunity to leave the hospital setting to go home? |
| Healthcare professional | Hospital. Yeah. To their home. Their normal home setting. |
| Interviewer | Okay. Good.  And then we touched on family support. you said that one of the benefits was a bit of the family support, what sort of thing like the family support with? |
| Healthcare professional | Diet, food, just general emotional support. They might be their main carer, they might look after them, that person knows everything about them. I guess. Umm…I think it's just better for someone to be in their own home in a routine that they know. I think that's going to have… you know, beneficial for their health in the long run, than being in a hospital where they could decondition  At home they can carry on a normal, normal routine… |
| Interviewer | Mhmm… |
| Healthcare professional | …As much as they can while they're being treated. I think you're gonna see a faster…faster improvement in their health. You can help them. |
| Interviewer | Yeah. Yeah, agreed. Good. And then…? but then you can…? |
| Healthcare professional | I’m not very good at explaining what I mean, Sorry [laughs]. |
| Interviewer | No, it's good. It's really good. We could do examples of umm…what the family might do. |
| Healthcare professional | yeah |
| Interviewer | So, So yeah, really. So perhaps just think of some a patient who's got… or some patients who have got a good, some good family support. What did that good family support provide? |
| Healthcare professional | So…We had one patient umm…I think he was early stage dementia, and he had a swallowing problem. We were treating him with antibiotics but the wife was his main carer. She was supporting him and acted obviously as his wife and his carer. She was helping him with his meals, helping him with toileting. Helping with…yeah.  She was like the…I guess she was like the advocate. She would tell us, ya know, how it been that day. And then obviously we could include him in that that but she would be… She would know the main of what was going on with him. |
| Interviewer | That's really interesting. So then there's a lot of umm..so ‘advocating’ is what you said. she advocated to you? What was going on with him? |
| Healthcare professional | He lost quite a lot of weight. And without her telling us what he was eating in the day, we might not necessarily find out as quick as we did |
| Interviewer | So why why can't you find that out yourself? |
| Healthcare professional | obviously we're not there all the time |
| Interviewer | How often are you there? |
| Healthcare professional | For him. It was once a day for about an hour. |
| Interviewer | Right. So, then there’s a big gap in the day. Where you don't know what's going on with that patient? |
| Healthcare professional | Yeah. Although he could tell us. Not necessarily it would be as accurate as she would explain it to us. Yeah. She almost kept like a food diary as such. |
| Interviewer | So…umm… how would you describe… Could you describe that relationship? So it sounds like you had a relationship with the wife? |
| Healthcare professional | Yeah. |
| Interviewer | Right. So how could you describe that little…that relationship with the wife? With his wife. |
| Healthcare professional | Us with the wife? |
| Interviewer | Yeah…Explain it in any way? How did it feel? What was it like? |
| Healthcare professional | I guess, is it again, it's about going in and building a rapport. Identify that actually that she is now his main carer. And that she's probably the one that we need to build… build the relationship. Equally as important as it is with him, but also with her so that we can get the information so that we can care for him in the best possible way. Umm..Yeah, just, I think…going in having a chat with her, seeing how she is and then just asking about how their day’s been… is it things like that?. |
| Interviewer | Yeah, that's brilliant. So you just said ‘see how she is’…? |
| Healthcare professional | Yeah, I think that's really important, actually. Because she's the one that's… she is the one with the patient all the all the time. |
| Interviewer | Yeah. |
| Healthcare professional | obviously, it's her husband to her but to us it’s a patient and umm..we need to be able to trust her in a way and she needs to be able to trust us |
| Interviewer | Right. |
| Healthcare professional | I think it's really important to build rapport with family members, as well as the patient themselves. Because you’re gonna get…because they’re the ones with them so you’re gonna get the best knowledge. |
| Interview | Yeah. That’s a lovely point. Is that common? |
| Healthcare professional | Yeah. Not all the time. |
| Interviewer | It’s a really good example you used. Is it something that comes up time again? Or? |
| Healthcare professional | In certain circumstances, their families aren't as supportive so you can't build that rapport with them. So, you have to rely on the information that you're getting from the patient. But majority of the time, I'd say, yeah, you can, you can get that rapport and relation… relationship with family members. And they are wanting to obviously to support their family member...They want the best for them as well. |
| Interviewer | So yeah, very true. So then you also said that it's a downfall if there's no support? |
| Healthcare professional | Yeah. |
| Interviewer | So how does it…? |
| Healthcare professional | I guess it makes it a bit harder |
| Interviewer | For who? |
| Healthcare professional | I guess for the nurse. I’s like sort of detective work in a way. You have to really explore what's wrong with them…how all the other sides that, say like, if they're being supported by anyone else, how they're managing with the diet and fluids, how they get into the toilet…Yeah, just everyday, everyday things, how they get on with it |
| Interviewer | Yeah, see the value. We talked about the gap between the patient, you gave the example of the patient you see once a day for about an hour. That gives you, like, a 23 hour gap. Would that still work for those without support? |
| Healthcare professional | Umm, how d’ya mean, sorry? |
| Interviewer | So you've got once a day visit, you said… |
| Healthcare professional | yeah |
| Interviewer | …of an hour. That that patient had a really supportive wife who is a good source of information for you as a team. But then on the occasions where there's no family support |
| Healthcare professional | yeah |
| Interviewer | what would happen then? |
| Healthcare professional | If we could we put more…do you mean if we could put more visits in? |
| Interviewer | I don’t know. You tell me |
| Healthcare professional | I guess we can…we can liaise with the care side of it. |
| Interviewer | Right, Yeah… |
| Healthcare professional | so it's called pathway one. So if we… if I was going to someone, and I saw they, you know, they were struggling on their own there is members of the multidisciplinary team that we can liaise with and maybe get an extra support. So pathway one is like the care side. So they go in and support with washing and dressing, meal preparation, prompt with their medications. And then that can give, they can go in three or four times a day…We just have to identify how often it’s needed. So there are other services that we can we can refer to. |
| Interviewer | Does it work well, when there's other services working with your service? |
| Healthcare professional | Yeah, definitely. Because we can sort of get it sorted quite quickly, more efficiently, I think. |
| Interviewer | Is there a reason why you don't do it yourselves as a team? |
| Healthcare professional | Umm, Just solely because we're medical based. So we’re, we’re nurses, giving the treatment for their diagnosis instead of care, as such |
| Interviewer | So, as a service, you don't provide care as such. |
| Healthcare professional | No. |
| Interviewer | The hospital at home service doesn't? |
| Healthcare professional | No.no |
| Interviewer | Yep, got it. So then, to sum up, sounds like suppose if you find people that are struggling or not coping or need care support, you refer to an alternative service? |
| Healthcare professional | Yep, we can refer to someone else |
| Interviewer | Okay. Brilliant.  And then another thing I thought was interesting that you said was about some of the younger patients, they might carry on working, if they're at home? |
| Healthcare professional | We try not to… see… as much as possible, we would, I guess, we encourage them to carry on with their normal tasks as much as possible. Obviously, if their medical condition stopped them, we wouldn't advise it. But no, as long as…as long as it's safe to do so and it benefits them. It's putting them in that…routine, just carrying on. |
| Interviewer | And that’s beneficial? |
| Healthcare professional | Yeah. |
| Interviewer | Okay, so some people who are they'd normally be in hospital at this point where they, but they're well enough to get to work |
| Healthcare professional | Yeah but they need the treatment. Sorry I unterrupted you |
| Interviewer | No, No you didn’t. that’s quite an interesting patient isn’t it? It’s a niche sort of patient? |
| Healthcare professional | Yeah. Yes it seems quite unique. They need the treatment but it’s not the…that the condition isn’t…how do I explain it…the condition isn’t so bad that it's stopping them from doing they're… carrying on with the daily lives |
| Interviewer | Right… |
| Healthcare professional | The acute hospital home service enables them to do that. Whereas if they were in hospital, they would be…not ‘stuck’ there but they would be in hospital and they wouldn't be able to do that and that could have consequences on their family, they wouldn’t be able to support them, money wise. |
| Interviewer | Oh, right…’carry on working’. What…so then, what are the things you said, “getting on with their daily lives”? What other things might they be doing then? That they wouldn't be able to do other than working? |
| Healthcare professional | Seeing friends and family having that support from them, Going out exercising, everything you normally do at home I guess…Walking the dog… |
| Interviewer | Right. |
| Healthcare professional | Just, yeah, just, yeah we enable them to carry on with their everyday lives. |
| Interviewer | I think we probably touched on it earlier, but just in case something else crops up; What, what's the benefit of being …what do you think's the benefit of being able to do those sorts of things compared to being in a hospital ward for example? |
| Healthcare professional | I think it's good for the mental health. |
| Interviewer | Yeah… |
| Healthcare professional | Umm..Physically as well. Like, if you were in hospital you could get deconditioned quite quick. But if they were at home they’re keeping up with their exercises, they’re stimulating their minds and needs. They’re just carrying on as normal I guess. |
| Interviewer | Yeah, ok. Really good! Loads of good information there. I'm going to move on then unless you think there's anything else you would say about the strengths of the service? |
| Healthcare professional | I don’t think so |
| Interviewer | Ok. The next section is the weaknesses, then. Some of it we touched on there for that, that group of patients that don’t have any support |
| Healthcare professional | Yeah. Maybe that…there’s not many weaknesses, I wouldn't say. That maybe is…one of the only ones. What else…? Maybe, maybe speed of…if they needed, obviously, umm…if someone was to need a scan, maybe, if they… Yeah, they need to scan on, say their leg, for instance, it might be a bit slower if they're at home. Whereas if they're in hospital, they would have the…someone would be able to do that referral quite quickly and they would probably get seen quicker. Maybe a little bit. But I don't think it's…don’t think it’s that bad. I don’t think it slows down their care as much as we think it does maybe. |
| Interviewer | Thankyou, okay. |
| Healthcare professional | Does it make sense? |
| Interviewer | Yeah it does, I know what you mean. Umm…so they're home. And one member your MDT decides they need some additional treatment…? |
| Healthcare professional | Yeah, then therefore, that would have to be arranged |
| Interviewer | Yeah |
| Healthcare professional | Then we'd have to let the patient know, then we'd have to go maybe the next day, bring the patient back in to hospital just for, just for that scan |
| Interviewer | Who would bring them in? |
| Healthcare professional | We could or we could arrange transport or their families. Yeah I think it just needs slightly more delayed but also…it could actually be quicker because we’re doing it there and then whereas if they're in hospital, they might get put on a list…. I think Yeah, just depends really. That’s a tricky one |
| Interviewer | Anything else? Any other weaknesses you can think of? |
| Healthcare professional | Of the service? |
| Interviewer | Yeah. |
| Healthcare professional | When maybe…the distance I guess. Where patients live, you might not be able to visit as many patients as we possibly could because of…geographically where they are in the county. |
| Interviewer | Right |
| Healthcare professional | Erm…am I allowed to name places? |
| Interviewer | Yeah you can and it’ll get anonymised on there. |
| Healthcare professional | Yeah if someone was in [town 20 mins in one direction from hospital] and the other was on [a different town 10 miles in the opposite direction from hospital] you wouldn't be able to then take someone the side of the county. |
| Interviewer | Right… |
| Healthcare professional | So, that’s a weakness. Yeah I guess that’s a weakness |
| Interviewer | Yeah so *why* is that a weakness…*why* is it a weakness? |
| Healthcare professional | Because we wouldn’t be able to take as many patients in the service |
| Interviewer | Because you’ve got a large catchment area? |
| Healthcare professional | yeah |
| Interviewer | You spend a lot of time… |
| Healthcare professional | Travelling, yeah |
| Interviewer | Umm okay, so lets talk about distance for a second. So how big an area is that you cover? |
| Healthcare professional | We cover…in miles? |
| Interviewer | Yeah, or minutes… |
| Healthcare professional | So it could take us over an hour to get to… probably an hour I’d say, you know, the furthest we travelled to someone's house. But we wouldn't necessarily turn the service down to them their lives a little bit further, just depends if we've got other patients on the service at that time, and where they live as well. So there's quite a lot of juggling around. |
| Interviewer | What's the experience like for those that are… So they could be an hour away from your hospital… |
| Healthcare professional | From our hospital, yeah. |
| Interviewer | is the service different? do you think they experience a different service if they're an hour away compared to tell five minutes away? |
| Healthcare professional | No, don't think so. No, not at all. I think…Yeah. I think the only thing is that they’re geographically further away. |
| Interviewer | Okay. |
| Healthcare professional | But no, they still still get the same treatment. Still the same service |
| Interviewer | Okey dokey.  Those that are far away and close still have the access that… they still have access to the other sort of teams you talked about liaising with? |
| Healthcare professional | Yeah, we can still refer to those people. And they see those teams, and they would possibly go and see them or give us the information that we could then forward to the patient. Yeah, no, that's not a problem. |
| Interviewer | Okay, any more weaknesses? |
| Healthcare professional | Umm… |
| Interviewer | I’m trying to think what we what we've said. we've said that if they've got no support at home, they're far away. Was there another one in the middle? of anything else? |
| Healthcare professional | No. don’t think so. |
| Interviewer | If there is, it's recorded; it's in there somewhere. That's cool. All right.  So let me move on slightly to the next question. Again, it's something we might have covered bits of it but doesn't hurt to explore it again.  Do you think there are challenges to treating patients at home compared to hospital? So perhaps maybe a bit more about the environment you're working in… |
| Healthcare professional | I guess we don't necessarily have the resources so readily to hand as they would in the hospital. So like…things like…yeah blood tests and things like that. Like the diagnostic things we don't necessarily have in the community when we're visiting the patient, whereas they might in the hospital. |
| Interviewer | Right…? Yeah…so you’re at home… |
| Healthcare professional | If I needed to visit someone, I noticed…I thought maybe their their blood level, their HB level was low. And I wanted to do a test, I could do that I could do the test, then it might be a bit slower, because I'd have to get back to the hospital, then take it to the lab. So it might be slightly delayed on the length of time that we get the result back |
| Interviewer | Because of the distance? |
| Healthcare professional | The distance yeah. Just the travel time really.  Sorry, what’s the question? |
| Interviewer | The questions was ‘what do you think, are the challenges to treating patients at home compared to the hospital?’ But we're thinking more about the like, the environment you're working in, Or…Or Yeah, like things you said, the disadvantage of being away from the hospital or an advantage or whatever. |
| Healthcare professional | Umm…I guess…yeah I guess mainly what you have around you. It’s not a clinical setting so you won’t have the things around you that you have in hospital. |
| Interviewer | Okay, so you go to |
| Healthcare professional | [interrupts] or like a medication you'd have to come back, speak to doctor, get them to prescribe that medication. And we'd have to get it from the pharmacy, and then maybe take it out later that day, or the next visit. Yeah, that could be slightly delayed |
| Interviewer | So, so that sounds like that…so you said you've got to a patient just now and you decided you want to do a blood test. And then also when you got to patients about their medication…that sort of explained they were like…like unplanned changes or something? |
| Healthcare professional | I guess it's something that I identified. Whereas in the hospital that might, might be picked up sooner, or dealt with sooner. Because of the resources around that readily available in the hospital.  But I don't think… it doesn't...I think them being at being a home doesn't mean they're not getting that treatment. It's just maybe, maybe a little bit, maybe a little bit slower. |
| Interviewer | If we’re talking about unplanned situations? |
| Healthcare professional | Yeah. Yeah, unplanned situations. I’m getting really confused [laughs] |
| Interviewer | Well, if you've got to a patients house, let's say they were far away… one of the further away ones you're talking about. |
| Healthcare professional | Yeah. |
| Interviewer | And something… |
| Healthcare professional | Say I noticed they’re in pain and they needed something? |
| Interviewer | Yeah! Good example. So what would happen then? |
| Healthcare professional | So, I would obviously give advice on what they could do to alleviate the pain in the meantime. Umm...If they had paracetamol, could they take that themselves. But If I needed something more, I could possibly call the doctor back at the hospital and get some advice from them. So there's always someone available to speak to. But then I'd have to come back and then get the medication available from the pharmacy. And then obviously take it out later on the next visit. |
| Interviewer | So how would that vary? |
| Healthcare professional | So if they're in hospital, so if they're in hospital, I guess they could be seen by a doctor relatively soon. And then they could get the thing would already have the medication available on the ward. |
| Interviewer | So is it about not having things around, resources around? |
| Healthcare professional | Yeah. |
| Interviewer | Right. So that's one thing from the environment. And where you're working at hospital at home…Okay. So what about the home then, let's think about that next. How's the actual environment? So hospital environment compared to a home environment but you’re doing the same treatment on one another. How does a home one differ? |
| Healthcare professional | So people’s homes are very different. So you could go to one home and it could be very unkempt and unclean. Whereas in a hospital everything is clinical and kept clean. Umm so you have to use your resources and what you’ve got to make area that you’ve got to treat the patient as clean as possible to benefit the outcome of their health I guess. |
| Interviewer | Right |
| Healthcare professional | Umm…whereas in a hospital that wouldn’t probably be an issue because it’s a clean environment. Is that alright? |
| Interviewer | Yeah it’s fine! There’s no right or wrong answers. So, we’ve sort of covered it unless you can think of anything else? Think of a challenging case you’ve had at home from a logistical point of view or…time of day…or, umm, getting there. That sort of thing, any challenges with that sort of thing or not? |
| Healthcare professional | You mean anything like..? weather wise? |
| Interviewer | Yeah go on…that’s interesting |
| Healthcare professional | At night time I guess, could be…yeah different and where they are in the county and we have to visit. Whereas if they were on the ward we would just go and see them |
| Interviewer | Yeah… |
| Healthcare professional | But we have to travel to patients in the dark, in bad weather. That can be a downfall. Yeah, definitely a disadvantage I guess. |
| Interviewer | Yeah |
| Healthcare professional | Yeah thing like that affects us. |
| Interviewer | Do you have a [gets interrupted] |
| Healthcare professional | And the cars I guess. Things could go wrong with the vehicle. Again, it doesn’t happen often but it could for different reasons. |
| Interviewer | Right. And how do you feel about that? Not necessarily about the cars but travelling, bad weathers to a patients house you’ve not been to or something? |
| Healthcare professional | As long as you have to information before you leave. About where they live. But obviously some do live in quite an urban area…a rural area! |
| Interviewer | Which do you mean urban or rural? |
| Healthcare professional | Rural! Rural. So, the addresses aren’t always the easiest to find. Could be on farms or something. Middle of nowhere. |
| Interviewer | Right. |
| Healthcare professional | That’s just gonna, you know, delay that they’re getting of we can’t find their house. |
| Interviewer | Yeah. |
| Healthcare professional | But I. No, I don’t mind going to those houses. We’re always with someone. |
| interviewer | Yeah. Thinking again on the bit about the unkempt houses, and you said you might have to…what would you do? |
| Healthcare professional | Yeah, if we were going to, you know, an unkempt house we would have to sterilise…not ‘sterilise’ but we would have to make the best of the situation we’ve got. So we’ve got asceptic equipment we can use and we just have to make sure the area that we are treating them in is..is clean as possible. Umm…yeah use our…we’ve gor PPE, gloves, aprons that we use if we’re doing a leg dressing for instance. A sterile sheet to cover their leg. |
| Interviewer | Right. |
| Healthcare professional | Just, yeah. Yeah we’ve got the tools. |
| Interviewer | Interesting. Anything else you can think of about the home environment compared to the hospiatal before we move on |
| Healthcare professional | I guess you’ve got the added pets, children things like that. Who…not get in the way as such [laughs] |
| Interviewer | [laughs] yeah? |
| Healthcare professional | Yeah get in the way. You wouldn’t have that in hospital. |
| Interviewer | No |
| Healthcare professional | It would all be, like…can’t think what I mean. |
| Interviewer | It doesn’t matter. How would you manage that then? What do you do…you’re in someone’s own home and someone’s children and pets are there… |
| Healthcare professional | Yeah |
| Interviewer | What do you do there? |
| Healthcare professional | With pets we generally ask them to keep pets out the room. And again with children you could ask because it might ask them…its not appropriate for them to be around medicines and sharp items. So yeah just asking if they could stay out the room as well. It’s not always possible if they’re sole carer and patient. |
| Interviewer | If the patient is the parent? |
| Healthcare professional | Yeah. But I think we do the best we can. |
| Interviewer | How does that go, if you’re asking children to be kept out the way? |
| Healthcare professional | Generally, I suppose they don’t mind because they need the treatment. They get it. It’s hard but others…I’ve had a few times where they don’t want to do it and they haven’t done it. You just have to work around them and keep it as safe as possible. |
| Interviewer | Uh-huh |
| Healthcare professional | But you’ve, obviously, just got to explain the hazards and…yeah. The advantages and disadvantages of… |
| Interviewer | To the parent, the patient? Or the child? |
| Healthcare professional | Yeah the patient I would say |
| Interviewer | Right. |
| Healthcare professional | Yeah. You know, It’s going to take longer, things like that, if your child’s here. If we could, you know, just pop them out of the room. |
| Interviewer | yeah |
| Healthcare professional | It would be a lot quicker, sort of thing. That sounds horrible. |
| interviewer | No, I know what you mean. Alright cool |
| Healthcare professional | I can’t think of anything else. Of anything else you’d have |
| Interviewer | That leads us nicely to the next point really. Talking about children and other family members. Again, we’ve covered quite a lot of if it already but we’ll just explore it again. So, wat’s your understanding of the people around the patient during the Hospital at home? So we we went through the really good example of the wife earlier. |
| Healthcare professional | Yeah. |
| Interviewer | Who helped with the patient. Umm…umm…and we’ve just talked about children being involved and stuff like that. But let’s just, incase there’s something we haven’t covered. What do…what do people do for the patients? Whoever that might be. So yeah, let’s start there. Who might be, if there are other people be involved, who might they be? So we’ve talked about wives and we can talk about them again. And we’ve just mentioned children and you also mentioned pets. |
| Helahtcare professional | Yeah |
| Interviewer | Any other sorts of people who may become involved? |
| Healthcare professional | Carers. I guess. Ummm… |
| Interviewer | What like paid ones, or? |
| Healthcare professional | Yeah paid ones, or like if they’re family members who’s a carer. Umm who else… |
| Interviewer | We were talking about children just now. We were talking about young children weren’t we? But some of the patients we were talking about earlier were 85… |
| Healthcare professional | Yeah their family support too. You could have older children. |
| Interviewer | Uh-huh… |
| Healthcare professional | Yeah. We literally see most groups of people and … |
| Interviewer | Such as? |
| Healthcare professional | Single people |
| Interviewer | Oh patients? You see many types of patients? |
| Healthcare professional | Yeah so different…with different families, different home settings and set ups. |
| interviewer | So the single person? As in marital status single? |
| Healthcare professional | Yeah… |
| Interviewer | And they have no children |
| Healthcare professional | No children |
| Interviewer | So who might help them? Or no-one? |
| Healthcare professional | Not necessarily any one. If they’re younger they support themselves. But obviously they’re more able to go out and socialise with other friends and family |
| interviewer | Friends and family? Right… |
| Healthcare professional | But then then equally those who can’t get out will most likely have friends that help. |
| Interviwer | Right. And what might they…how…what might they do? |
| Healthcare professional | Some want to do more than other’s. Umm…not interfering that’s not the right word. but I guess some friends are trying to do the best for the patient but actually they might be getting too involved |
| Interviewer | With what sort of thing? |
| Healthcare professional | With their care. I think that may be draws them back a bit. I don’t know what I mean. I think I’ve gone off on a tangent. |
| Interviewer | It’s alright. There are no tangents. It goes wherever it goes.  Umm….said family, sorry a friend comes in…we were talking about an elderly person’s friends… |
| Healthcare profession | I think, literally, we have just got every scenario you can think of. Because we’re in the community…yeah we have, we see every walks of life sort of thing. If that makes sense? |
| Interviewer | Yeah so.. |
| Healthcare professional | Every age group… |
| Interviewer | Of patient we’re talking about now? |
| Healthcare professional | Yeah and they’ve got obviously different lives haven’t they. You’ve got single ones who have lots of friends who want to pop in and help them. Then you’ve go the families who’ve got husbands and children. Older children. Just really varied. |
| Interviewer | Yeah. What about the…so a bit more about friends because we’ve covered family quite a bit. What do they do in the absence of family members of the person? |
| Healthcare professional | I guess they…they’re still caring for the patient but they don’t have the knowledge as the family might. As much knowledge. |
| Interviewer | Right |
| Healthcare professional | But they might think they do, if that makes sense. Umm… |
| Interviewer | With regards to what? Their health?…or? |
| Healthcare professional | Let me think of an example…like…if we visit someone…I can’t think of an example now. No scrap that [laughs] |
| Interviewer | Let’s go back to the start of it then. Someone on their own, doesn’t have family but they have support from their friends… |
| Healthcare professional | I guess I mean they don’t have the…if you’re family are involved then they can make decisions for you if needed and know what’s best for you. But if it’s a friend they might not know as much about you, your medical conditions. |
| Interviewer | Right |
| Healthcare professional | They would still want to try and help you |
| Interviewer | Yeah. With the medical stuff |
| Healthcare professional | Yeah and I think that can…that can affect the care sometimes. Might get the wrong information from them, stuff like that. |
| Interviewer | So does it affect…The rrr…so you had a good relationship with the wife of the patient we talked about earlier. |
| Healthcare professional | Yeah |
| Interviewer | Would your relationship be different if it was a friend? |
| Healthcare professional | Yeah I think so. Obviously we wouldn’t be able to tell them as much as we would a family member. Umm…but they would probably want to know just as much if that makes sense? But then some cases the friend actually are their main carer. But we would know that. |
| Interviewer | Right. |
| Healthcare professional | We’d be...yeah we’d explore that before and know that we could share such information with that person. |
| Interviewer | How would you know that? |
| Healthcare professional | We could check their medical notes before they left hospital |
| Interviewer | Is that recorded somewhere? |
| Healthcare professional | Yeah |
| Interviewer | So they’re trying to help with medical…the friends are trying to fill a gap left by family? |
| Healthcare professional | I think so |
| Interviewer | If they’re not around? |
| Healthcare professional | Yeah, I think I’ve gone off on one now |
| Interviewer | No! it’s really interesting. Really interesting. And that’s with their health related stuff. Anything else that people who aren’t family members might help with? |
| Healthcare professional | Umm..like their social… |
| Interviewer | Yeah. |
| Healthcare professional | Taking them out, things like that |
| Interviewer | Okay… |
| Healthcare professional | I can’t think now |
| Interviewer | It’s alright |
| Healthcare professional | I’ve totally lost it |
| Interviewer | It’s fine if that’s all you can think of that’s fine. Okay…And that’s good, we’ve discussed how your relationship with, the relationship of the support network with hospital at home varies from group to group |
| Healthcare professional | Yeah. It’s a lot |
| Interviewer | Yeah? So family better involvement? Perhaps better isn’t the right word |
| Healthcare professional | More beneficial. Again, not necessarily all the time but I would say on the whole yes. Then you’re going to have the patients who don’t get on with their family who then rely on their friends to be that support. |
| Interviewer | Right. |
| Healthcare professional | I’ve opened a whole can of worms there haven’t i? |
| Interviewer | No. friends are a big thing we want to know about and peoples networks are different…family based networks are different to friend based networks is a really interesting thing to understand. |
| Healthcare professional | Yeah |
| Interviewer | Umm and what they do for people varies, and the relationship with the service is different as well? |
| Healthcare professional | Yeah that’s exactly what! |
| Interviewer | That’s really interesting information. Is that sort of what you’re trying to say is it? |
| Healthcare professional | [laughs] yeah |
| Interviewer | Is it? I’m not putting words in your mouth? |
| Healthcare professional | No no no no! |
| Interviewer | Okay. Brilliant. Umm…so, next thing I want to know is…is the start…does the involvement of the family and the relationship with the service change during the course of the treatment at all? So at the start of your treatment and the end, has anything changed with the family, friends, neighbours…? |
| Healthcare professional | I’d say only because we’ve got to know them better. So we’ve built that rapport with them. So, the information that we need to know is easier to get from them. Does that make sense? Umm…yeah so I would say it does change. But in a positive way because they’re also with that patient and they may be using us as a support as well. Like… |
| Interviewer | Right |
| Healthcare professional | We rely on them to give us information. We might be the only other person that that other person sees for the day so they’re going to talk to us. Umm…about the patient, about themselves maybe. |
| Interviewer | Oh right. So they’ll talk to you about the patient, what sort of things do you talk about |
| Healthcare professional | Umm…everything I guess. The patients health, themselves, how they’re managing, how they’re coping with their lives. What they think of the service… |
| Interviewer | Right |
| Healthcare professional | They might as us for advice on different things. Umm |
| Interviewer | What sort of things |
| Healthcare professional | To do with the health service I guess. Umm…I guess a lot of the time and we think we’re treating one thing and often by the end of it we’ve identified something else and we’re giving them advice. |
| Interviewer | Oh right… |
| Healthcare professional | And what they can do for that. So for instance, umm…maybe an ongoing problem that they need to speak to their GP about. So, I guess they use us as a support as well as the patient does. |
| Interviewer | Right, so, just to clarify, you’re going in to see the patient |
| Healthcare professional | Yeah but I would say |
| Interviewer | and then you might start talking to the family member about an ailment they have? |
| Healthcare professional | Yeah because I think of the relationship we’ve built with the patient you can give advice on what they could be do. And I think that benefits…benefits them as well, and then… |
| Interviewer | Right, so you become support for the family as well? |
| Healthcare professional | For the family as well, yeah |
| Interviewer | Okay… |
| Healthcare professional | Yeah |
| Interviewer | That’s interesting. Okay. That’s good. So we talked about…so that’s as you’re treatment of the patient goes on… |
| Healthcare professional | Goes on yeah. Because you’ve built that rapport as well. |
| Interviewer | So they become comfortable around you to tell you about their own health as well? |
| Healthcare professional | Not just health. Just general things as well |
| Interviewer | Such as? |
| Healthcare professional | Emotional needs things like that. Umm…you get all sorts told to you. You’ve got to be that support for them. |
| Interviewer | Yeah… |
| Healthcare professional | We don’t have to but it’s part of what we do as nurses I guess |
| Interviewer | What if, umm…no I’m not sure what I was going to ask.  Anything else you talk about with them. That’s all formal, health related stuff isn’t it? Do you have general chats? |
| Healthcare professional | Chit-chats yeah. Again, it’s…it’s you just, you need the rapport with patients because you’re going to…they’re going to trust you and you can trust them and at the end of the day it’s going to be the best for the patient because they’re going to get the best out of you |
| Interviewer | Right. |
| Healthcare professional | And that’s therefore going to enable their health to be better I guess |
| interviewer | So what does the chit shat serve as? |
| Healthcare professional | Emotional support I guess |
| Interviewer | Of the family |
| Healthcare professional | Yeah |
| Interviewer | Okay. Interesting. Really interesting. Okay. |
| Healthcare professional | You might not get that in the hospital as much as you would with our service. In the hospital, you’d have five other patients that you had things to do for. You’d have to rush off. Yeah you do get to chat to them but not as much as we do because we are solely with that person in their home. We have to stay there giving them their treatment so we have to…yeah we get a chance to talk to them and support them and I guess that’s a real benefit of the service. |
| Interviewer | Right. So you’re one-to-one with the patient? One at a time |
| Healthcare professional | Yeah |
| Interviewer | And one family at a time? |
| Healthcare professional | Yeah |
| Interviewer | So, why…so you said that you think that gives you more time with each person and that benefits the relationship? |
| Healthcare professional | Definitely yeah. |
| Interviewer | Okay. Great. Okay.  Is there a difference…oh we’ve definitely covered this but I’ll just check; you made some really good points earlier, but is there a difference or a relevance on the person who it is? So I’ve written here ‘family compared to friend’. We’ve discussed about that quite a lot. You said you’d rely more on a family member to support you as a nurse. You’d rely on a family member quite a lot but a friend not so much. |
| Healthcare professional | Yeah. Have I explained that very well? Umm. I think I’ve covered it. |
| Interviewer | Yeah I think you did |
| Healthcare professional | The family are the main support, are going to know a lot about them compared to the friend. You know the friend could just be the next-door neighbour. They think they know everything but actually they don’t. They might give you false…not false information but not the necessary information that you need whereas the family member will give you the detailed, relevant information I think. |
| Interviewer | Okay |
| Healthcare professional | If that makes sense? |
| Interviewer | Yeah it makes sense. And thanks for that. Because we covered quite a lot of it earlier |
| Healthcare professional | But then you get the friend who really were |
| Interviewer | Yeah. So it depends as well? |
| Healthcare professional | Yeah |
| Interviewer | So, typically |
| Healthcare professional | It would be more the family yeah. |
| Interviewer | Right. Is there any other groups, in case we haven’t covered it; any other groups for the person that would have a twist on…not a twist but a different with the service or the support provided? We’ve covered families and friends and pets and stuff but I wondered if there were any other groups you could think of? Oh and paid, we covered paid carers. |
| Healthcare professional | Umm like GPs? |
| Interviewer | Yeah. What do you think? Do you have much to do with them? |
| Healthcare professional | No. no not as much as… Not really their GPs as such. I mean we can, we can liase to them if needed. At the end of their care they will receive a discharge summary that will explain everything that we’ve done for the patient whilst they’ve been under our care, from the doctor. |
| Interviewer | Right. |
| Healthcare professional | But obviously if we need information they’re a great source. We could use them but I don’t think we’ve had to use them that much |
| Interviewer | Interesting because they’re in their own home in a community setting but the GP is not…are they…the GPs aren’t the doctors you use then? |
| Healthcare professional | No. We use the doctors in the hospital. And the service has its own doctor as well. |
| Interviewer | Right. And they’re responsible for them at this time? |
| Healthcare professional | At this time yeah. Whilst their under our care. But we could liaise with them |
| Interviewer | Right. So, but you’ve just brought them up as a source of support for the patient, does the patient still use them as a source of support at times? |
| Healthcare professional | At times they do. So maybe we should be looking as liaising with GPs as well because they’re going to be the ones looking after them ongoing. But I don’t know what benefit that would have. |
| Interviewer | As a transition, you talked about a discharge summary. What does that serve as? |
| Healthcare professional | Yeah so it’s got all the information of what they’ve had and the process and what treatment they’ve had, what tests they’ve had done. Basically a story of what they’ve had done. And that is sent via email to the GP but sometimes there is a bit of a lag in when they get it. I don’t’t know exactly how long. I think it differs. |
| Interviewer | Okay. |
| Healthcare professional | So I guess we could…we do use them, we would call them if needed. |
| Interviewer | That’s interesting. It leads me to a point I was going to talk about earlier. About when the hospital at home service ends. |
| Healthcare professional | Yeah |
| Interviewer | So then, this is them going back to community services. So the GP as a community service. Is that the way of handing and giving back |
| Healthcare professional | Yeah I guess so because they’re discharged from hospital. I don’t know if that can be looked at. If we can have a better system of handing over to them. It’s completely different but I haven’t really thought about that before because it hasn’t come up as a problem so maybe there’s no issue there. |
| Interviewer | Yeah that’s true. So this is exactly what we want to know about here. What happens when the hospital at home service ends? So an example earlier about how you might help umm…someone with umm a cup of tea or by referring to different services. What do you think happens when hospital at home ends? Who does those things then? |
| Healthcare professional | I guess sometimes they are left on their own. But then if we’ve identified they need support we put forward the other side I was explain earlier, pathway 1, and they’ve identified there is a need for extra support. So, we might have set up packages of care and stuff like that. |
| interviewer | Mhmm |
| Healthcare professional | But, equally you are just going to get the people who we haven’t done for because they don’t need it. So I guess the emotional, more the emotional side I guess because its just stopped! |
| interviewer | Right. Explain that because that’s really interesting. ‘The emotional side is stopped’? |
| Healthcare professional | Yeah so say we go in for six weeks of treatment; we’re going in daily, supporting them emotionally and making them cups of tea and having chats with them. But all of a sudden it ends because their treatment’s finished |
| interviewer | Right |
| Healthcare professional | So where are they getting it from…? |
| interviewer | That’s really interesting |
| Healthcare professional | Interesting. Because if they don’t need that ongoing input and then they’re… |
| interviewer | What about the family and stuff then…so that’s…so that’s…so the different type we talked about, it might vary from patient to patient, it sounds like? |
| Healthcare professional | Yeah definitely |
| interviewer | What about the ones with families or something? |
| Healthcare professional | Yeah they wouldn’t need the emotional support as much would they? As an individual on their own would. Yeah |
| interviewer | Yeah. But what about the family you…how do you think the family feel when you discharged as well? |
| Healthcare professional | For the person that’s with the family do you mean? |
| interviewer | Yeah. Anyone. Anyone. So, anyone that we talked about that supports the family. So family member, or family that lives somewhere else, or a neighbour or a friend |
| Healthcare professional | Yeah. |
| interviewer | How do you think they feel? |
| Healthcare professional | I think family that don’t live with the patient actually struggle a bit actually. Because they’ve had reassurance that someone has been going in with the patient every time. Then they are going to worry again. But, equally, with the patient I talked about earlier who lives with his wife, she’s the main carer. The emotional support for her has just stopped as well. So, it’s really…yeah. |
| interviewer | You said about someone, you said about someone just now that you see for six weeks |
| Healthcare professional | Yeah |
| interviewer | That was something that you emphasised that point. Do you think it differs, then? Would it be different for someone who you’d had for a shorter period of time? |
| Healthcare professional | Umm…but still equally on their own? On their own? |
| interviewer | Yeah. Well…or…well let’s do both. So, someone… |
| Healthcare professional | I don’t know…it could be pros and cons. how could I put it…the longer you’re seeing them, then great you’re seeing them longer which is helping them with their emotional side and support. Then, if you’re only seeing them for a short period of time then you’re sort of taking that emotional support away sooner. No fault of their own because they don’t need the treatment. Does that make sense? |
| Interviewer | Yeah. So if someone is with you longer? |
| Healthcare professional | They might rely on you more. |
| Interviewer | So over time they might have developed that reliance? |
| Healthcare professional | Yeah |
| Interviewer | So, after you’ve gone… |
| Healthcare professional | I think for us too, if we’ve been going to them for a long time and after we’ve discharged and said goodbye we always think about that patient and how they’re doing afterwards. So if we’re thinking about it as, like, healthcare professionals they must be also. Also thinking about it now, support has gone for the person. |
| Interviewer | So its different depending on the length of time, is that fair to say? Depending on their length of admission then their discharge is different? |
| Healthcare professional | Yeah. |
| Interviewer | For you as well? |
| Healthcare professional | Yeah. And for their families. If they live with their families. We are a support network. Someone to speak to and raise your concerns with. |
| Interviewer | Yeah, interesting. |
| Healthcare professional | Yeah |
| Interviewer | Okay. Umm…I’ve jumped to the discharge section which is actually in the next section of the interview. So at this point I want to just check you’re happy to carry on. We’ve been talking loads. We’ve got loads of really good information but do you want a break or anything? We’re nearly there if that helps. We shouldn’t have too much more to do really. |
| Healthcare professional | That’s ok, that’s fine. |
| Interviewer | Carry on? |
| Healthcare professional | Carry on! |
| Interviewer | Okay. So this one. Again, probably because we’ve digressed quite a lot we’ve probably covered quite a few of these points anyway. |
| Healthcare professional | Okay. |
| Interviewer | This next section is about the patient experience |
| Healthcare professional | Okay. |
| Interviewer | So, generally, how do you think it is? Good?, bad? |
| Healthcare professional | Good! yeah |
| Interviewer | Yeah? |
| Healthcare professional | Yeah I think we’ve covered it haven’t we? but, yeah. |
| Interviewer | What then…just to clarify again, What do they like?what’s good about it? |
| Healthcare professional | They’ve got the emotional support. |
| Interviewer | Of? |
| Healthcare professional | Of us going in as a service. They can speak to us about concerns they’ve got. We can support the family and friends if it is a friend. Yeah. |
| Interviewer | The feedback you get genererally… |
| Healthcare professional | Yeah at the end of the treatment we give them like a feedback form and generally on the whole really really good. Umm…but a lot of them say they’re listened to. |
| Interviewer | Oh right? |
| Healthcare professional | They feel supported, they feel happy with the service they got. |
| Interviewer | Why do you think they feel listened to? |
| Healthcare professional | I think because you’re with…you’re just with that person. Like I said earlier your time is just spent with them . there’s no other distractions around you so you can give your attention to that… |
| Interviewer | Yeah |
| Healthcare professional | To that patient. And I think that’s really beneficial to them. |
| Interviewer | ‘they feel listened to’… |
| Healthcare professional | Compared to in hospital there would be lots of other things going on around them and the nurse might be distracted. When you’re in their environment the only thing you can do is concentrate on them and what you should be doing. And that’s going to benefit that person. |
| Interviewer | Okay… |
| Healthcare professional | And you can give them that holistic care can’t you? |
| Interviewer | Any other positives that come out of it? Or anything they report. A part of it that the patient might report experiencing? |
| Healthcare professional | Umm…I’m trying to think what’s on the form… |
| Interviewer | What about then…what about their health? Do they feel better? Or? |
| Healthcare professional | Generally yeah. But if they’re not better we will have identified it before and either bought them back into hospital or changed the treatment |
| Interviewer | Right, so you can bring them back in. |
| Healthcare professional | Yeah so we can bring them back in at any point if we’re concerned about them or their deteriorating. Any problem we can take them straight to A and E or we can speak to our doctor and get them reviewed. The doctors go out to the patient as well. Umm…I think that is quite reassuring for patients as well. Knowing that a doctor from the hospital can go and see them in their own home. |
| Interviewer | And knowing that they could come back in to hospital? |
| Healthcare professional | Yeah. Yeah. A lot of reassurance |
| Interviewer | Yeah. |
| Healthcare professional | I guess it could be a bit daunting thinking ‘oh I’m going home and I’ve got this or that wrong with me. Who’s going to oversee that?’ but I think… |
| interviewer | If like you said, if it’s someone who has a condition… |
| Healthcare professional | That’s traditionally treated in hospital, yeah |
| Interviewer | Do patient’s report that? |
| Healthcare professional | Umm. I guess so but in a good way. So they’ve said like ‘it is a worry’. Obviously like are they going to be ok. But we reassure them that we’re giving the best treatment we can and they have got better from it. |
| Interviewer | So that’s slightly different to the question we started with but its interesting. Theres kind of, there’s lots of safety nets aren’t there? For someone. You said they have a doctor that can see them at home, they have your reassurance, they can come back in to hospital… |
| Healthcare professional | Yeah. |
| Interviewer | Anything else that protects them at home? |
| Healthcare professional | Obviously when we visit them we do a set of observations which can identify anything that’s wrong with the patient. We take their temperature, heart rate things like that. So that can also identify…identify if there’s anything wrong with them. So that’s a reassurance for the patient. And for us. |
| Interviewer | Mhmm |
| Healthcare professional | That’s a good tool. We use that. And then we can call the doctor as well if needed. Yeah…yeah |
| Interviewer | Yeah okay. Good. So they’re at home. Do they monitor themselves at all? Do they express concerns to you? Or do they solely rely on you to find things? Are they…do you find patients proactive in looking after themselves? |
| Healthcare professional | I think that’s quite varied. Some are very proactive whereas others, again, depends on support networks. If they have family that can identify it. I think it’s very variable for different people and different age groups. |
| interviewer | So, they…yeah. So they found something wrong with themselves, or the family member thought there was something wrong… |
| Healthcare professional | They’d…I think they’d feel supported that they know we could then help them. |
| Interviewer | So then they have to wait for you to see tem? |
| Healthcare professional | So the service runs from seven in the morning until midnight so they can call any time. If its an emergency out of hours they’re advised to call an ambulance. But no, they can call any time and we can liaise with doctrs and get what’s needed for them. |
| Interviewer | Right… |
| Healthcare professional | We can put extra visits in for them. So, say there’s a patient who’s expressed that they feel unwell…obviously it’s hard to identify over the telephone so we will say ‘we can come out this evening and see how you are. Then if we got there and did some investigations, did their observations and saw that actually they are quite poorly, they’d be reassured that we could bring them back into hospital to see a doctor. Yeah, so I think, yeah they do sort of look after themselves as much as we do. |
| Interviewer | ‘They look after themselves’ as much as you look after them? |
| Healthcare professional | Yeah. They. No that’s not right…they feel supported that they can tell us if they’re… |
| Interviewer | Right. That can just report any concerns they have to you at any time. Within those hours you just said. |
| Healthcare professional | Yeah |
| Interviewer | That’s interesting. Umm...and then, that’s pretty much it. I just want to…considering the pros and cons we’ve talked about. I there anything you can think of that would help improve the service? What could be added or changed? |
| Healthcare professional | That’s an awkward question that is [laughs] |
| Interviewer | It’s a bit of an interview question isn’t it [laughs] |
| Healthcare professional | I’d say every service can be improved. Sorry, I’m just trying to think.. |
| Interviewer | No rush! |
| Healthcare professional | Umm…lots of little things but I don’t know if they’d be able to improve things…like…what do I mean. I think the biggest fact that we face is the geographical side og it. Being able to see all the patients that we want to see. |
| Interviewer | Right… |
| Healthcare professional | So I guess the service could be expanded so that we could reach more people. |
| Interviewer | Because you spend too much time travelling? |
| Healthcare professional | Yeah |
| Interviewer | Right. Nothing else obvious jumping out at you… |
| Healthcare professional | Maybe we could have the…I don’t know if it’s doable but maybe we could have different types of patients. So more…not more complex needs as such but we see a lot of the same things. The respiratory patients umm…infected ulcers, things like that. Maybe we could expand so we could visit other things but I don’t know how that would work. |
| Interviewer | So why do you think you take lots of the same patients then? What is it about them? |
| Healthcare professional | I guess research has shwn that they can be cared for in the community and we know how. |
| Interviewer | On the reverse of that, what stops you taking… |
| Healthcare professional | Certain types of patients. Because they need too much input. They need the resources that are readily available in hospital. |
| Interviewer | Right… |
| Healthcare professional | I can’t think of anything else. Or because they’re too unwell to be at home |
| Interviewer | Because they’re too unwell, what is it that they need that you can’t give them? |
| Healthcare professional | The access to medication, the access to diagnostic, doctors. I guess that’s a down…yeah. I don’t know how you’d get around that in the community but it would be good if we could. Get more people but I don’t know how that would be possible. |
| Interviewer | Yeah. Why would it be good? |
| Healthcare professional | Good for the patient. Being looked after in your own home. I can’t think of anything else right now. |
| Interviewer | Okay. That’s good. If you’re happy to stop the end of that section. Section two done although we’ve been jumping back and forwards between the two sections which is really good. And actually it’s the last section. Umm…so just to give you anther oportunity to add anything about you role, how it could improve? Anything really you could add to help understand how the service and how it works… |
| Healthcare professional | I can’t think about anything right now…. |
| Interviewer | What about anything… another opportunity to say about the experience of using it from the perspective of staff, patients or their support networks? |
| Healthcare professional | Say that again? |
| Interviewer | Anything else you can think of that you’d want to add about the experience is? How the experience is? or how it works from the perspective of the patient, or staff, or their support networks? |
| Healthcare professional | [long pause] |
| Interviewer | It’s not anther question, if you haven’t got anything that’s fine [laughs] |
| Healthcare professional | [laughs] I don’t think so. |
| Interviewer | We have covered a lot.  That is it then. Thanks so much for taking part. It’s going to be used for the PhD project I’m involved in and it’s going to be really helpful for that so thanks.  You may remember from the information leaflet that you read before you consented that there’s another interview after we’ve collected the patient data. |
| Healthcare professional | Yeah. |
| Interviewer | They’ll be asked bout their experiences, sort of similar questions really. Then we will use those interviews as a sort of reflective exercise like; ‘did you know that patient’s felt this or that?’ |
| Healthcare professional | Yep that’s fine. |
| Interviewer | So that’s it, thanks so much! |
| Healthcare professional | Not a problem |

FINISH