Date: 08/03/2021

Time: 12:30

Location: Dorset county hospital, private office.

Participant Role: Staff nurse

START

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| interviewer | Okay, good. Let’s get going. Right, hi [anonymous participant], I am [researcher’s name] and we already know each other so I’m just establishing that. |
| Healthcare professional | Yeah |
| interviewer | We already know each other because we work together. Yeah.  Umm today we’re meeting because we want to get information about the hospital at home service that you work for. Yeah.  What your understanding is of it and how it works and stuff.  Do you remember reading the information leaflet and signing the consent form? Do you rememeber it was a few months ago now? |
| Healthcare professional | Yeah I remember doing that |
| Interviewer | Okay. Thankyou very much. So hopefully it’ll take about 30-60 minutes and if you want to stop or you don’t want to answer anything just say and we will…I’ll just check everything is alright before we move onto the next section |
| Healthcare professional | yeah |
| Interviewer | Cool. Okay let’s go. So, in the first part of the interview I would like to know about the service as a whole. So, can you describe it and how it works, things like that? |
| Healthcare professional | Yeah, so, Our department consists of nurses and the sister [sister’s name] is the team leader and I think the aim is to, umm, patients who are well enough to be at home and just require an intravenous antibiotic. So, any other intravenous medication they can be sent home but stay in the system as an inpatient and they are treated at home…umm…in that way…umm…we free up a bed for a patient who is more acute and more needed than the one was less acute and umm…from my experience some patients feel better at home, they sleep better, their nutrition is better and...and…prior to covid their visitors can visit rather than going into hospital. So not only beneficial from a hospital point of view; and I do believe we save financially; it benefits the patient as well and the relatives.  Umm there’s a team that consists of registered nurses, healthcare assistants. So we can do not just their intravenous medication but continue doing things like observations and just keep an eye on patients…bloods as well! Blood sugar monitoring, dressings, umm…so I think generally the aim is to try to get patients at home umm…and probably help with the recovery and I don’t know, reduce the burden on the hospital because of the shortages of beds.  Also, they may need physiotherapy. We have physiotherapists and occupational therapists and access to dieticians. Umm…we also have junior doctors who can review the patients as need be. Umm…and on a weekend and after hours we can consult the on-call medical registrar, so, basically we have got, I would say, most of the services that they would need…that they would have in hospital. Err…As well as, if the patient needs care, washing and dressing the other side of the service can provide this as well. |
| Interviewer | Right… |
| Healthcare professional | Is this only to do with the HAH side? |
| Interviewer | Yeah. Not so much the ‘pathway one’ thing |
| Healthcare professional | Alright |
| Interviewer | But just to touch on that then…the other side of the service, is ta something you can utilise but is separate? |
| Healthcare professional | Yeah separate, yeah. |
| interviewer | So that is something that you can’t provide but it’s something you refer to someone else to provide? |
| Healthcare professional | Yeah but we can, we can do as nurses but the time constraints and the urgency of some antibiotics and moving onto another patient…umm…we can’t do that so we’re just treating the acute need. |
| Interviewer | Okay. So that’s interesting. So there may be circumstances where the patient you have need care but you don’t have the time? |
| Healthcare professional | Yeah, we wouldn’t have the time. Umm…because, umm, as you know some patients might be on three times a day antibiotics and we can’t spend long with the previous patient or…yeah, can’t spend too much time on a particular patient. As well because of the distance we cover we would umm, need…there would be a premium on time spent on each patient. Err…so we would, so I would refer to the other side of the service if, if like, care is needed or someone might need some physiotherapy, some rehabilitation.  Something we can pick up, I think we have the odd patient that get’s sent home and we get there we realise that care, that they need care. I think that’s what we do on the wards anyway, we treat patients at home similarly to if they were on the ward but with a little more caution because they are in their own home [laughs] |
| Interviewer | What do you mean ‘caution’? |
| Healthcare professional | Well compared to the wards, on the wards, we tend to dictate what they do, where they go to, when they get up in the morning. But in their own home we can’t…I don’t think we can do things like that. |
| Interviewer | No? |
| Healthcare professional | We can’t say… say “You’re having your blood pressure now!” or “I’m doing your dressing now! So you can’t do this” and sometimes we, we, we change, we might visit a patient initially at a specific time then because a patient prior to this one is discharged then the time changes and we usually…sometimes pre-warn the patient we’re going to come early or later. So they might be busy doing something else. I’ve been to patients where they didn’t want to drop what they’re doing to get their antibiotics. |
| Interviewer | Oh right. What sort of examples? |
| Healthcare professional | Umm…I think, I remember once one patient, I remember one patient was in his garden, we arrived earlier than normal and he was doing he had to wait, he kind of made us wait. I said “this is urgent” but he made us wait. |
| Interviewer | Right |
| Healthcare professional | So, it is different, although they’re inpatients they’re in their own home as well and sometimes we have to respect that as well. |
| Interviewer | So you’re quite accommodating of their needs? |
| Healthcare professional | Yeah…but if it’s, if it’s…if it’s going to impact on the timings of that I will say, and try and, you know…try and be a bit more…I won’t say forceful but…forceful but professional [laughs]. |
| Interviewer | Just to come back to something you said earlier about patients doing better at home because of sleeping better and nutrition and things like that, why do you think that is? |
| Healthcare professional | Well, it’s umm…what they report to us. Umm…they always, I wouldn’t say every patient, but some patients do comment that on the wards it’s always noisy at night they find there’s a poorly patient in the same bay that they were in and they would be checking blood pressure and obs hourly, or half or quarter hourly and the machines…the dyno-map, wheeling them in alone is a noisy thing and the pumps are going off, the light sometimes comes on…umm…and, and if someone arrested in the same bay you can have like three or four nurses, three doctors and it is a noisy place but it wouldn’t happen every night.  In terms of nutrition, patients always comment that they don’t like hospital food and we see that as well. Some patients lose weight whilst in hospital and that’s something that’s objectively measured and when they go home and when we do a weekly weight we do see patients put weight on. So that’s it in terms of sleep and nutrition. And…and…what was the other thing I said…umm…ah family visits before covid. |
| Interviewer | Oh yeah |
| Healthcare professional | Relatives can visit whenever is convenient to them but in hospital at certain visiting times. Although, you know, it would be better if they didn’t visit we, they were having their antibiotics at home. It’s easier…easily arranged visiting.    Some people, some patients work…like umm…I shouldn’t say names, the man we had in [near by town], teacher. Some patients still work, so, it’s… |
| Interviewer | Okay, so let’s talk about that example. So you had a man, you said, who was still working as a teacher |
| Healthcare professional | Yeah. We had to, at one point we had to ring him and he would come home from work. and I remember him having, his colleagues were ringing him whilst we were there and he had to, you know, put them off. Then there’s that man, can’t remember his name but he had a pump…easy pump…umm…and he was, I think he was bronchiectasis, yeah. He still worked as a teacher, as a head teacher. |
| Interviewer | Okay. |
| Healthcare professional | And I think we’ve had other people working, working from home as well. Continued working whilst we were still seeing them. Umm I can’t remember off hand but he’s one of the ones. |
| Interviewer | That’s fascinating, yeah. So just talk me through the process of umm…so sort of describe the service, how do patients get onto the service? How does that work? |
| Healthcare professional | Umm… there’s two, well as I see it, there’s two ways. One; we the nurses or sister or team leader goes onto the ward and err, they enquire about the patients and their medications…umm the criteria for being referred to Acute Hospital at Home. So we’re hunting for patients and there’d the one’s where the doctors have referred to us because maybe they’ve identified that they’re well enough. Sometimes the patient’s might initiate it and be “I don’t need to be here because I’m only having antibiotics”. I think in some of the ways the doctors or the nurses pick that up and will contact us and we would we go and take, take the details… |
| Interviewer | Mhmm.. |
| Healthcare professional | Umm…we have had cases where umm…like the community hospital, like [near by town] community hospital lead clinician has referred. It’s [name], we have ad referrals from community hospital. Umm we’ve had referrals, like, when we do, when we used to do INR monitoring, warfarin monitoring we used to have referrals from the clinic; the anti-coag clinic. But I don’t think we’re taking those anymore…Umm…that’s the main ones that I can remember now. |
| Interviewer | Mhmm… |
| Healthcare professional | But it’s usually that we go to seek them, get new patients or they referred to us by doctors and nurses. |
| Interviewer | Okay |
| Healthcare professional | Yeah. |
| Interviewer | So there’s varying routes in? |
| Healthcare professional | Yeah. |
| Interviewer | Okay and what’s your typical patient? |
| Healthcare professional | In terms of their medical conditions or…? |
| interviewer | Umm…yeah |
| Healthcare professional | Typical one we see are, we probably…we can class them as regulars are the bronchiectasis ones or the respiratory one. Another one is cellulitis of the leg. Umm…recently we’ve had a few liver abscesses and umm…endocarditis; we’ve had a few or those. Orthopaedic, we tend to have a lot of orthopaedic; infected knees or hips. Umm…and we’ve, we had a time where we had otitis externa; a few of them on the books almost at the same time. But I would say bronchiectasis, respiratory and cellulitis. I think, I think it all depends on the condition; it’s…we wouldn’t have someone who was *really* acutely ill and, and, the degree of the infection as well and we wouldn’t have someone who has a high inflammatory marker as well who could probably just go off at home. We’d probably need a certain level; ones that are self-caring as well. Or if they have care. We have had patients who umm…they are ‘all-care’ or the care agency is in place and we just attend to give the antibiotics and bloods and umm…and to moni- to monitor the condition |
| Interviewer | Mhmm |
| Healthcare professional | Umm…we also, not not not, not just the nurses but sometimes the junior doctors can pick up referrals as well but I don’t think they actively seek new referrals unless they’re passing someone and another doctor might speak to them and mention it. |
| Interviewer | Mhmm…what is it about those umm…groups of patients then? So you sort of said self caring and not too unwell…is there’s something about those groups of patients that makes them suitable for this service or, what makes them not need to stay in hospital or…? |
| Healthcare professional | Umm… |
| Interviewer | What characteristics I suppose? You did mention that they would have relatively low inflammatory markers |
| Healthcare professional | Yeah. They’re independent, they’re independent with their activities of daily living. They’re not…well put it this way, there’s a group of patients that we would highly consider not taking is patients who would be at risk at home because we’re not their 24 hours like in hospital where they’re being overlooked 24 hours. |
| Interviewer | Yeah |
| Healthcare professional | Patients like, I would say, who are actively IVDU users. And again patients who are at risk of falls or those things. Or umm, patients who generally need, we wouldn’t take on who need, maybe keeping a close eye on. And patients who can probably suddenly ‘go off’ or something could happen to them. But we do take patients who are single patients; who are on their own and their mobility might need… not be the greatest. If I was, if I was going to see, review a patient who had been referred to AHAH I would look at their obs, look at their blood, their inflammatory markers, level of independence and I usually… if it’s someone who maybe, who say, has had orthopaedic surgery I would see what their mobility is like as well. I would speak to the nurse who is in charge, or the nurse looking after them. Or even the doctor to see what they are like; whether they are self-caring or…umm…err…I would, again, the other thing is distance [laughs]. If we’ve got a lot of patients in one area, so for example [town far away] and we haven’t got the capacity to go to, say [town far away in the other direction] that’s another factor that will influence whether we can take on new patients. But it’s usually how well the patient is and their level of independence. |
| interviewer | Yeah |
| Healthcare professional | And a low risk factor for something happening at home. |
| Interviewer | ‘cause you said about how you see them once in 24 hours |
| Healthcare professional | Yeah |
| Interviewer | Compared to on the ward where they’re constantly in sight. So you only see them once a day in 24 hours? |
| Healthcare professional | Yeah. Well that’s…some patients we see three times a day or two times a day but mainly once a day. |
| Interviewer | Mainly once a day. Okay, so…but you can take people more than one a day if you need to? |
| Healthcare professional | Yeah we can take people who we can see three times…I think it’s up to three times a day. But again it’s based on the location and the distance. I guess the doctors will have agreed that these people who we see once or twice or three times a day is sufficient |
| Interviewer | Uh-huh… |
| Healthcare professional | But if it’s somemone who they think it’s more acutely ill then, I think, some...yeah we wouldn’t see them |
| Interviewer | Do you base the amount of times you see them on medical reasons? |
| Healthcare professional | Yeah. And sometimes we have gone on their condition as well. So sometimes if we see someone once a day if on that particular time we felt that, you know, that they may…there’s a chance of deteriorating then we can increase the visit umm…to maybe three times as day but I think its gets to that, maybe three times then they probably need to be brought in to be reviewed by another one of the doctors but I think they have to be well enough to be seen once a day or twice. |
| Interviewer | You said earlier, you said ‘we do take people that are single or live on their own’ |
| Healthcare professional | Yeah |
| Interviewer | Is there a difference? Or are you more inclined to have people or have a wife or family or something. |
| Healthcare professional | Umm…no, I don’t’ think that. Sometimes that could be one of the factors depending on their level of independence. Umm…for instance for someone who needs umm, I would say err…say care, personal assistance with some care umm…we would still take them but it would be easier if they had someone at home to assist but again there is care on the other side of the service or social services would provide care for them. But usually I don’t think it would be a problem I just thought that, you know, someone who lives on their own is usually an independent person or hopefully prior to coming into hospital were independent and almost that level now as well. But it wouldn’t be one of the factors that would stop me from taking someone who lives on their own or who lives with someone else. |
| Interviewer | Could you see it as a benefit of having someone else around? |
| Healthcare professional | Yeah, yeah. But I wouldn’t like to say it wa one of the things that must be in place even if they need care because we can provide care and we would look at that as well before we take them on. You know, we would look at whether they would be safe on their own at home but I wouldn’t think it would be one of the things. It would help umm…yeah it would help but it wouldn’t be one of the things stoping it. |
| Interviewer | Okay. So what would it help with? |
| Healthcare professional | Umm…say if someone, say, became poorly… some patients can tolerate the opioids and if they take a lot of opioids they might become drowsy or be allergic and react. I’ve seen patients react to opioids where they get confused and delirious and having someone at home with them can be helpful because they can contact us, or contact a paramedic after hours. Umm…they can help if someone had a fall umm…yeah, so really just to keep an eye on them. |
| Interviewer | Right… |
| Healthcare professional | But umm it would be helpful but not necessary. |
| Interviewer | Okay. We’ll come on to family support and stuff in a little while.  Let’s go back then to how the service works. So wen you visit people at home… |
| Healthcare Professional | Yeah |
| Interviewer | What happens when you get there? Sort of describe that typical scenario |
| Healthcare professional | Yep. Umm…after we have accessed, entered the house? |
| Interviewer | Yeah |
| Healthcare professional | We’ve entered the house, introduced ourselves, it’s the first visit to give the medication, explain the purpose of the visit. And the purpose would be to administer intravenous antibiotics. If we have got someone, like a healthcare assistant with us then I would usually say this person is here to check your observations or I would do the observations after or whilst the antibiotic is going through. So, I would umm…if it’s a new patient…identify an area to set up the, the antibiotic and to mix it and get all the flushes ready. Umm…I would have a sharps bin ready; If it’s the first visit I’d take a new one in. I usually check the patient’s details verbally against the prescription and the antibiotics as well, any allergies, that sort of thing. Umm…set up the antibiotics umm…access the midline or cannula, flush it, administer the antibiotics, flush at the end whilst looking for any reactions along the way. I would also ask about their condition that we’re treating; like if it’s a knew infection I’d ask about the knee or have a look at it, have a look and see if it’s alright. Ask if there’s any pain, questions about pain, nausea, do the observations, offer any time for any questions if they have any questions and then that’s it and off to the next one [laughs]. |
| Interviewer | How long are you there for typically? |
| Healthcare professional | Typically, if it’s an infusion I’d say 40 to 45 minutes. Give it time to dissolve and et flushes and things ready. And usually I’d say about 20 minutes to half an hour for the infusion. If it’s a push I’d say it’s about 20 minutes to 25 minutes. Again it depends if I have got an assistant like a healthcare assistant with me. And the type of the antibiotic; As you know, some takes longer than others. And the time again depends on if I have a dressing to do. Sometimes I can do dressings whilst; lets say if it’s, for example, a foot, whilst the infusion is going I can do the dressing at the same time umm…I give clexane whilst that’s going through as well if they need it. |
| Interviewer | mmm… |
| Healthcare professional | Umm…so that’s about a typical…if it’s a push or if it’s an infusion and that, again, depends on what type of antibiotic. Teicoplanin takes a long time to dissolve, daptomycin as well. Umm…ceftriaxone umm…taz not that long. Or with an easy pump it’s not that long. So I’d say typically 40/45 minutes. And again, that’s typical but it can be a bit more or a bit less depending on the patient as well, some like a chat and you can’t get away [laughs] |
| Interviewer | What do they chat about? |
| Healthcare professional | Anything! For example, we’ve got a patient who lives in [nearby town] who just talks about his job, his wife. And this lady who we saw this morning who is just chatting about anything. Anything at all! I wouldn’t, you know, I wouldn’t refrain from responding to just personal chat. I think it just makes a good relationship. Makes a good relationship with the patient anyway. |
| Interviewer | Right. |
| Healthcare professional | Or just about their medical condition but just anything. I think it just puts them at ease as well. they’re in their own home. |
| Interviewer | So you have a chat? |
| Healthcare professional | Yeah, but keeping in mind that we have other patients to see as well. |
| Interviewer | balancing the two things. |
| Healthcare professional | Yeah. Yeah. But I think we have more time to umm…compared to the wards…to umm…when we see patients to ask about things. But there are things that we pick up like managing their diabetes although we’re not there for that. Someone might not be managing their diabetes correctly or, you know, their nutrition. Or they might mention a sore or…but umm…yeah I think we, we have more time to spend with patients as compared to the wards. |
| Interviewer | To pick up what you said just there that is really interesting about ‘youre not there for that’. So you said you ‘pick up that there diabetes isn’t well managed’ you’ve picked up something that ‘you’re not there for’ |
| Healthcare professional | Yeah. |
| Interviewer | So can you explain that a little bit more if you can? |
| Healthcare professional | Yeah, so, our main role is there IV antibiotics but we are, I am aware that, you know, that we have to look at the whole picture but umm…one of the things that umm…when we first take on patients is that, is that…well…its that they should be able to look after themselves when we’re not there 24 hours. Some patients might be diab...diabetic and we were told they could manage their diabetes, we’re not specifically there for that. |
| Interviewer | You were told that by who? |
| Healthcare professional | The wards |
| Interviewer | Yeah… |
| Healthcare professional | I’ve been in situations where the person referring says “oh no, no you’re only there to administer antibiotics, they’re fulling independent on testing the blood sugar levels and administering their insulin” but sometimes, you know, it doesn’t work out like that. And umm…we can pick up that they’re not managing it for some reason. Maybe it could be dietary or…some other reason |
| Interviewer | Yeah… |
| Healthcare professional | You know, sometimes we find this by just having a chat with them or even by someone having a moisture lesion and umm…I’ve been to patients where we didn’t know, we didn’t have the information from the ward that they have a catheter and Its only when we get there and asking these questions umm… “how are you managing?” and that sort of thing and they’d say “oh my catheter…and so on and so on” but there was no mention of that. So they are things, and I’s not nice to say but, those are the things that the ward miss but we pick up because we have more time |
| Interviewer | Yeah |
| Healthcare professional | And, like, for instance, I don’t know if I’m supposed to mention past patients, but you know this patient who was brought back in for surgery then discharged and then we had a call from him to say he had a PICC…a midline! Then he contacted…he contacted the ward to say “I’ve got this midline” and he was at home and they said “we didn’t know you had that PICC line” and they left it like that. Umm…and then we were contacted because he knew we, we, you know… |
|  | He contacted *us!* I was in the office at the time when he phoned. And he said he had spoken to the ward and they didn’t know about it and they didn’t say, or offer a solution to take it out he would have had to come back in or get a district nurse. So, he rang us! So, I think there was some confidence built between us and that patient and I think it was because of the close relationship we have with them because we have more time to spend with them. He could have phoned he GP or another agency but I think he, he knew that we would were managing man before and umm… that relationship, I think we have a closer relationship than the nurses do on the wards. And trust. I think we see it all the time when we get feedback. Yeah, I spend a lot of time, more…more time chatting and picking up things that other people don’t think about on the wards. I don’t blame the nurses on the wards on the wards because I know the busy. I used to work on the wards and I probably did things like that as well. |
| Interviewer | That’s really interesting, really interesting actually. You said about when you go on the first visit and you’re talking about things…so are the things that you talk about change if it’s not the first visit or as time goes on with that patient? And also, typically how long do you have patients for? And do the things you talk about and the relationship you have vary over a length of time or…? |
| Healthcare professional | Err…do you mean the same subject carry on? Well we always, well I think we always talk about the medical conditions. Some patients want information about the medical conditions and some go “oh just do what you’ve got to do”. I always ask if, like, if I’m going to do a dressing like this lady…”oh yeah you do whatever you want” you know, but some will want to know about blood results and what, what “what’s my blood pressure today. What’s my temperature today” that sort of thing. But umm…we talk about medical condition, we talk about the home condition. Some, I think, they, some people they, they feel comfortable talking to us. Some people might be lonely [laughs] |
| Interviewer | mhmm… |
| Healthcare professional | And they want to talk to us. They could be the only people we see because of this lockdown at the moment. Because of the restriction of movement. A lot of people are patients at home on their own we’re probably the only people that we see in the day so…umm…and I think its good to make people feel comfortable with you seeing them, and they trust you and it builds that trust because they are worried that they haven’t got the medical professionals around like they have in the hospital. So, when we go there they want our trust. Umm…so, yeah, we talk about anything! Family issues sometimes, umm…sport, watvhing the TV, current issues, politics [laughs] |
| Interviewer | [laughs] yeah? |
| Healthcare professional | So, it could be anything! I’m obliged to do it anyway and I think it’s good to, to, umm…to, to build that trust umm. So, yeah… |
| Interviewer | Interesting. What about umm…the umm…the sort of places you go. Umm…you said about when you go into someone’s house you ‘find a place to set up..’. |
| Healthcare professional | Yeah. |
| Interviewer | What are the sort of places like? |
| Healthcare professional | [laughs] we can see patients, well, some patients their homes are pristine, clean and umm…and well looked after and then the other end of the scale you can go into homes where it’s it’s not, I would say [laughs]… it’s not hygienically clean. Umm…and then there are places that are in between the two as well. Umm…we can go to places that are umm…in nice areas and run down areas err…we can go to places like, we have have to go up stairs, some are on ground level. We do see a var- a variety of homes; nice homes that are nice and then… |
| Interviewer | Can it be a problem? Like if some are not ‘hygenic’ as you put it? |
| Healthcare professional | Umm… for me not really. I think really, the problem would be if there is too much clutter and we haven’t got the facilities to set up the antibiotics. Sometimes I have used the only space I have got; the end of the sofa or the footstool or like if you’re doing a dressing and there’s no space so I’ve had to put the dressing pack on the floor because there’s nowhere else to put it. Well, I think we tend to compromise anyway. Umm…and I don’t see much of a problem and the only one that I was a little bit reluctant once was when we had a patient with a dangerous dog. |
| Interviewer | Mhmm… |
| Healthcare professional | To start of with umm…it was a bit daunting but I think we worked it out where he would ring him before we got there. And I remember one time we got there and the dog was coming out and we had to run [laughs] into the living room and shut the door whilst someone else got it [laughs]. But I think the places where our safety is mostly umm…compromised umm but regarding umm…hygiene there are other ways of working around it anyway. Yeah. I wouldn’t like to deprive someone going home if they are well enough to be at home. I don’t mind really [interviewer name] because this is what we signed up to do this job and I’ll do it. The only thing like I said was our safety when there was a dangerous dog I think. |
| Interviewer | Yeah. Safety? |
| Healthcare professional | Yeah |
| Interviewer | Any other safety issues you can think of? |
| Healthcare professional | Umm apart from the dangerous dog, umm…let’s see…maybe I would say location. An example, in [nearby town] by the train station, by the back of the train station. Although I’ve not had anything personally there was instances where…whenever we’d go on a twilight to see this particular patient at the back of the train station in [nearby town] most of them would have police patrolling and dealing with people there but usually there’s two of us. And, other places there are busy roads, busy main roads. There are places where it’s really busy and you have to really keep an eye on cars coming before you open car doors. But things like that don’t really put me off at all. |
| Interviewer | No..? |
| Healthcare professional | The only thing really is being bitten by a dog [laughs] |
| Interviewer | [Laughs] what about a ‘twilight’ then? Explain that to me then. You just said ‘twilight’? |
| Healthcare professional | ‘Twilight’ is where it starts from 7pm ‘til 12 and I think it’s mainly to see patients who may be on twice a day antibiotics for their second dose or three times a day on their third dose. Or, even when we started umm…they’ve been having their antibiotics once a day in the evening or the latter part of the day and to keep that continuation. And in some cases just to fit them in the service. Umm…so that starts from seven ‘til 12. All twilight shifts we’re always two people. Even if someone is off sick we have to get someone. Again because of the safety of the risk involved not just from personal attack but if we have a breakdown of the car at least there is two of us umm…if there’s umm…somewhere strange to go if there’s two of us we can work out the location. Umm…so that’s…seven ‘til 12. I think night time is probably more…umm…more of a risk to us than the day time because we haven’t got the support in the office. Where the day time someone is in the office as well as if someone…if the twilight patient is quite poorly we have to go the on-call medical registrar and they might, it might take a while to get hold of them and to arrange, you know, paramedics to bring them in. so the main thing is it’s a risk...riskier time. I think in those instances we can have less patients on a twilight. I don’t mind doing the twilights umm… |
| Interviewer | Who’s in the office then? Normally? You said there’s ‘no-one in the office to support you’. Who would be in the office to support you the rest of the time? |
| Healthcare professional | Apart from the weekend, Monday to Fridays there would be either the team leader who would, well, or there should be [other staff member] but she’s covering the nurses going out at the moment. There would be [man’s name] who is the ward clerk who can get hold of people for us. Then there would be the junior doctor. We did have a consultant and we had access to a consultant but then [junior doctor’s name] can do that now. |
| Interviewer | Right… |
| Healthcare professional | Other members of staff would be here like the healthcare assistants would be here so if we do need help. If it’s, if it’s umm a medical condition or a risky, or a personal risk umm…we have people around. |
| Interviewer | So you can call for help if you need it? |
| Healthcare professional | Yeah. We have this system in place and you were in someone’s home and you’re on youre on your own and you felt like you might be…risky or dangerous we have this code that we phone in, a discreet thing…umm…if it’s close by then I guess they can get the emergency services out for us or them themselves could come along and give assistance. Or, umm…if it’s a breakdown issue in a car. |
| Interviewer | Right… |
| Healthcare professional | But on a twilight it’s just the two of us on. Although, we can…if it’s really needed we could probably ring our team leader. Or the hospital site manager! |
| Interviewer | Right… |
| Healthcare professional | And the site manager is here during the day if we need them. |
| Interviewer | What if you had an issue with a patient, like they were unwell or something? |
| Healthcare professional | On a twilight? |
| Interviewer | Any when |
| Healthcare professional | We’ve got our junior doctor here. If [sister] is coordinating then we’d call them too because they could start arranging a bed or arranging or contacting [doctor’s name]. You know, do all the coordinating. Or call [doctor’s name] because his number is on all the phones. Umm…when we had a consultant…but we don’t have that anymore…so, team leader, sister, [doctor’s name] the doctor, junior doctor, ward clerk would all get the ball rolling. Colleagues because there’s two nurses on and they might be back in the office |
| Interviewer | Mhmm |
| Healthcare professional | Or, or, [occupational therapist’s name] one of the OTs. They can start getting, the site manager, giving them the heads up. |
| Interviewer | So you said they can start arranging a bed. Is that a hospital bed? |
| Healthcare professional | Yeah, well, umm…the…I have brought patients into [ward name], which is the emergency…, the medical assessment ward. Umm…and the site manager as well. I’ve spoken to the site manager and she has said ‘we’re struggling via ED go straight to [wward name]’ where there would be a medical consultant there. So, that could start being arranged. If it’s local and it would take a little longer for the paramedic to get there then [doctor’s name] the junior doctor could probably come out and do an assessment as well. Umm…what else they can arrange…yeah, just we can take blood whilst we’re there. Umm…yeah. |
| Interviewer | Okay. That’s interesting. Umm…so that’s probably the end of the first section which is sort of about the service. Can you just think of any other weaknesses of the service? We’ve covered a few bits. Umm…but is there anything else that you can think of that is a weakness of the service before we move on? |
| Healthcare professional | Current or things that happened recently…or? |
| Interviewer | Yeah you could do examples, or things you just find that crop up that… |
| Healthcare professional | Yeah, like, we…well we, we don’t have a consultant for the AHAH team anymore and umm…we haven’t got that back up in terms of, you know, say, a referring consultant sometimes we need someone at that level, the consultant level, to support us. And we haven’t got that anymore. Or even the advice from a consultant. It seems as though that our junior doctors is making more, most of the major decisions. Although I am aware that he consultants the referring consultant, the consultant the patient is under and I think we do need an AHAH consultant. Umm…in terms of doctor’s again when our junior doctor’s off we don’t have cover. Umm…what are the weaknesses…umm…weekends, I think less medical cover, I think that’s a weakness. I’m sure there’s more I can’t think of any. It happens so often you learn to deal with it [laughs]. yeah |
| Interviewer | Learn to adapt. |
| Healthcare professional | Yeah. |
| Interviewer | You did mention about distances earlier…umm…I’m sure you did. That you wouldn’t be able to take patients because of… |
| Healthcare professional | Their location |
| Interviewer | Yeah. I hope I’m not putting words in your mouth. |
| Healthcare professional | Yeah and the time. Umm…although we see patients, we probably see patients in that particular town or whatever, because we might have too many to see in the other end of the county we just wouldn’t have the capacity, you know, the time and it wouldn’t be fair on the other patients if we took them on. They wouldn’t get their antibiotics on time. It’s not fair on us because we probably be doing a lot of umm…extra work and driving. Umm…so there are times when, although the patient might be the ideal candidate, it’s their location that might be a restraint or a block on taking on that patient. We had a patient in [far away town] and that’s, like, quite a way…it’s one of those that’s either [HAH based town] hospital or [other town in same county] or [other town in same county] hospital. Umm…and someone in [town far away in opposite direction] and that’s close to [a town in different county] hospital. |
| Interviewer | Mhmm… |
| Healthcare professional | And depending on the time and the, the, the other patients we have we probably just wouldn’t be…it wouldn’t be feasible taking them on and we wouldn’t be…the main thing is that the antibiotics are given on time. |
| Interviewer | You seem to do quite a lot of driving. |
| Healthcare professional | Yeah, yeah, yeah. There are times we do a lot of driving. Sometimes when we do long drives at the end of the shifts we’ve done 100 miles in one shift! And then same, the same car might have to do the afternoon run so if you’re on a long day it would be more than 100 miles a day! But, umm…I’m one that, you know, I will gladly umm…do the longer distance. Yeah. Yeah. |
| Interviewer | Right. I think that’s probably the end of the first section then if you’re happy to carry on. Are you happy to carry straight on or do you want a break or anything? |
| Healthcare professional | Yeah I’ll just have a drink of this coffee. |
| Interviewer | Yeah! Okay. So, no thinking about the patient and the, the people around the patient |
| Healthcare professional | Mhmm |
| Interviewer | So let’s start with the patient. What is, how do you..what’s their experience like do you think? |
| Healthcare professional | In terms of their compliance or in terms of…? |
| Interview | So, do you think they like it? |
| Healthcare professional | Oh yeah! Yeah, yeah. I haven’t had any of my patients that I have seen…umm…they haven’t, they haven’t mentioned a dislike of the service. It’s more the opposite, more complimentary of the service and the convenience of the service. And most have mentioned that it’s a saving to the NHS ‘cus they feel like them being at home is a saving a bed and, you know, the cost of the bed the food involved. But, yeah I haven’t had anybody disliking the service but the funny thing is a lot of the patients is, apart from taking into consideration the regulars, they always mention they’ve never heard about the service before. And I’ve been in existence seven years or more, something like that. But umm…relatives, families of the patient they’re always complimentary about the service. There might be the odd one or two who aren’t too happy about certain things but umm…some might not like the time we come as well. But they do realise for the service to work for them they have to be in during a certain time and they have to be compatible with our time. Umm…no, my experience with the patients is that they, they appreciate the service and it’s a valued service. |
| Interviewer | So, they...the time you see them is mostly around the nurses or the service’s schedule opposed to theirs? |
| Healthcare professional | Yeah |
| Interviewer | Yep? |
| Healthcare professional | Yeah. I can recall someone that umm…although we started going there at a different time because it was convenient because of visitors, or somebody visiting or having to go somewhere, pre-lockdown. But its mainly on our timings. |
| Interviewer | But you said their experience is generally good because, you said the word ‘convenience’. What makes it ‘convenient’ do you think? |
| Healthcare professional | Convenient for them..? |
| Interviewer | Yeah that’s what you said. |
| Healthcare professional | Well, umm…if, once they know a particular time that we are visiting, although it can vary, they can carry on with doing things that they would normally do at home. Even like we said ‘working’. Some people you know, it was helpful for that patient to be working as well. Someone people work from home and some people work close-by. It would be convenient for things like doing house…things around the house, or even for the visiting; which I probably mentioned before. And some people, some patients they, have their meals that are different times. They can have their meals when they want to. |
| Interviewer | So it’s about their freedom is it? |
| Healthcare professional | Yeah, yeah, autonomy. In hospital it’s, it’s, and I’ve heard this from patients, when they’re in hospital they have to do what they’re told; they have to get up at a certain time, lunch is a certain time, breakfast is a certain time, they have to sit out in their chair and get their bed made. At home…umm…it’s not like that, they’ve got their freedom to do things. So in that way, yeah |
| Interviewer | Do you think that’s good for them? |
| Healthcare professional | Yeah, yeah. I believe so. Umm…’cus it reduces stress. Umm…makes them feel more at ease at home, they can relax and do things that they want to. In hospital, I would’t like to say, but it’s kind of regimented and you don’t see…I think we’re meant to try to promote autonomy in hospital but sometimes that doesn’t happen when you’ve been told what to do in hospital. Whereas at home they appreciate what we do and patients will do what we say to them and in hospital sometimes you do not see that.  We have had a recent patient with his diabetes management, in hospital this is the opposite, in hospital they manage it and when he’s gone home he does what he wants and that’s one of the negative examples. |
| Interviewer | Because in hospital…? |
| Healthcare professional | In hospital they will come around and check his blood sugars and say ‘here’s your metformin’ or ‘here’s your insulin’ or ‘time to take your insulin’ but at home umm…I would say it is the opposite he would do whatever he wants or eat whatever he wants and there isn’t someone to stand over. He probably feels, you know, better being at home. |
| Interviewer | So they have to, take some responsibility for their own… |
| Healthcare professional | Yeah, yeah… |
| Interviewer | …Things |
| Healthcare professional | Yeah. Umm…taking responsibility for their own health and that’s a good thing for them anyway. Yeah. Being in hospital and being at home….being in hospital there’s a nurse or a doctor saying ‘you have to this and you have to do that and it’s time to do this’. Although, patients used to do it before hospital and they managed so maybe it’s something that’s good for them. You know, like taking their medications; some patients take their statins at night time and other’s take there’s at day time…let me think of an example; some may take their blood thinners in the morning in hospital but at home they usually take it in the evening and that’s normal for them. I think it reduces a bit of stress being at home, anyway. Although, I guess, again, on the other side…I’ve never asked patients about being at home but, you know, you only see a nurse once a day so if they feel safe being at home? Most of them do. So I guess they have to trust the nurses and doctors that discharge them that they only need to see a nurse once a day. I’ve never really asked them that. |
| Interviewer | You said about, someone patient’s carry on going to work then very early in our chat you talked about patients that needed care as well. So that’s quite a breadth of patient. |
| Healthcare professional | yeah |
| Interviewer | What is it like for the ones that are less able and need care and stuff so you think? How do they experience it and manage? |
| Healthcare professional | The ones…umm…well I’ve looked after patients, we’ve taken patients where umm…they’re bed bound and they have care or the already have care packages in places. So that’s one of the things if they need everything doing you know; personal care, they might have a catheter so catheter care. Some even have, one patient had a Hickman line and we were just going to give the intravenous antibiotic. And, once I have taken blood from that. That patient was…everything needed doing for that patient and then we have fully independent person who went to work and we gave their antibiotics or whatever and then we have patients who are a variety in-between. Some will need once a day visits for care and us going in as well…umm…and some might need twice a day and us going as well. And some patients being at a level where they are managing but very slowly; independent but very slowly with like a Zimmer frame or walking stick. Some might have a brace on their knee…umm…so they are varying levels, from one end to the other. Fully dependant to fully independent. |
| Interviewer | Do you think their experience, so do you think their experience is different? Do you think on finds the service finds the service a good thing and the other finds it a bad thing? Or…? |
| Healthcare professional | I think they find, they all find it a good service. Like I said nobody has reported back to me that they think that it’s not a good service or that they would have preferred to be in hospital than to be at home. I think most people prefer to be at home and be treated at home whether they…umm…being at home means having more independence or looked after by someone other than doctors and nurses. My view is that all prefer to be at home, even if it’s a nursing home. |
| Interviewer | Even if it’s a challenge, like, they’re going home; the one you said who’s coping independently but very slowly, umm…with a zimmer frame and stuff, you still find those patients are having a good experience and rather be at home? |
| Healthcare professional | Yeah, yeah, yeah I think so, I believe so. Again, they’ve got relatives around them and they might have relatives and they might prefer to be with relatives. Or neighbour. Neighbours are really helpful. Umm…yeah so I believe to be at home rather than in hospital. |
| Interviewer | That brings us nicely to the next point really nicely which is about the people around them. Around the patient. As you said neighbours and family and stuff. So some people will have neighbour and family? Or…who, yeah, who do you come across that helps that sort of patient who needs help from other people? |
| Healthcare professional | Maybe a spouse; a husband or wife. Umm…son or daughter, even a grandson or granddaughter as well. We do have very different patients. We’ve got…umm…live in carers and neighbours. People may come in who are able to do things like shopping and just you know, in covid times they’re not meant to come in but they may be able to things like shopping and just, you know, in covid times they’re not meant to come in. but shopping.  Dog walkers as well umm…so mainly neighbour and not sure what…friends. Friends as well but…based on my experience; neighbours and friends. Yeah neighbours and friends, relatives, close relatives. Even I had a patients where her daughter came from a different county; a long way to stay with the patient as well.  Are carers included? |
| Interviewer | Yeah yeah. Definitely. |
| Healthcare professional | Yeah. |
| Interviewer | So what sort of thing do they…do they do for the patient? |
| Healthcare professional | Umm…personal care. They can do meal preparation, food shopping, arrange transport if they need to go for appointments or anything…umm…in terms of, I don’t know, domestic; keep their house clean. Umm…relatives are…we had a relative caring who gave clexane injections I think; I think it was a spouse |
| Interviewer | Oh right… |
| Healthcare professional | Somebody came to give clexane to one of the patients I think. Well just a variety of things. Like we said, personal care to domestic roles, transport, appointment arranging…umm…some would just keep an eye on them |
| Interviewer | Okay… |
| Healthcare professional | Like, umm, one patient was...their husband was taking their temperature because that had their own thermometers. |
| Interviewer | Do you have much to do with them? |
| Healthcare professional | Umm… |
| Interviewer | Do you come across them when you’re there? Together? |
| Healthcare professional | Yeah. If it’s a spouse, yeah. Because they like to know what’s happening. Some of them, they just let us in and leave the room [laughs], but some stay in and they chat and they ask about the condition, some want to know their blood pressure, some want to know the blood results. Some of them may call on the telephone if they want to speak to the doctor or the consultant. But, yeah, yeah most of the time, the majority of the time we speak to the spouses or close relatives. Yeah or there’s the ones who just let us in and leave the room whlilst we carry on. |
| Interviewer | Yeah |
| Healthcare professional | Umm…in terms of neighbours…I think I maybe I have, a few times, the neighbour came round, yeah, they came round and they were enquiring about how they were doing and getting on. They say ‘I’m doing this for them’ or ‘I’m getting the shopping. But obviously I wouldn’t give them, divulge any confidential information. Yeah, neighbours friends and close relatives. I’ve spoken to relatives on the phone that live quite far way. So, although physically they can’t do anything they can still arrange appointments and things. |
| Interviewer | Yeah |
| Healthcare professional | And umm and arrange delivery of certain stuff. But yeah, I think that’s about mainly it. |
| Interviewer | So your relationship with people that help the patient varies depending on who it is? |
| Healthcare professional | Yeah. Its probably their interests really. Well I usually, if it’s a spouse, mostly a spouse I would tell them, with the patient’s consent, I’d speak about their condition…anything. Some people…errr…non medical things; they just want someone to chat to. |
| Interviewer | So you just chat? Sometimes you’re chatting to the family whilst you’re dealing with the patient? |
| Healthcare professional | Yeah. And sometimes the patient might be dementia, like we had recently, it’s mainly the wife that we spoke to. |
| Interviewer | Right. |
| Healthcare professional | I do speak to him as well but everything to do that is medical condition like how he’s getting on and how long we’re there for. Things about the service is mainly with her. And she will report to us as well if something had happened to him because she’s helping with personal care so she might tell us that he’s developing a sort on his sacrum. Sometimes the patient might not be in the position to relay anything to us but the spouse is there. Sometimes it’s mainly just the spouse we’re dealing with because of, you know, because of the patients condition. |
| Interviewer | Yeah |
| Healthcare professional | It is quite helpful. I guess if she wasn’t there. It’s difficult to see him on his own at home. Yeah. Yeah, some patients even if…relatives are not there it’s difficult to see them being on their own and managing. |
| Interviewer | Mmm |
| Healthcare professional | Unless there is a 24 hour carer. |
| Interviewer | Right. So sometimes the service is reliant on someone, or a spouse or family member living with the patient |
| Healthcare professional | Thinking about it now, yeah. Yeah. I think so. |
| Interviewer | What aspect is it? To cover it again then, what aspect is it of having someone living with them is so important? |
| Healthcare professional | Safety. |
| Interviewer | Yeah |
| Healthcare professional | This particular patient, although she was there, he fell. Umm, with nutrition, toileting as well. Yeah, generally safety. Yeah, and I remember recently when we visited, I’m just referring to this particular patient, when we visited there she we go “I’m just going to the shops” so she took the opportunity to go to the shop because she knew someone was with him. You know, because he was dementia he could just get up and go anywhere; go out the door. |
| Interviewer | Because you were there, she felt comfortable to go out to the shop? |
| Healthcare professional | Yeah and not just me, one of my colleagues said the same thing. She was going to the shop to get milk. And she only did it when we got there. |
| Interviewer | Mhmm… |
| Healthcare professional | I think mainly because she had to care as well. But umm…so he was in that position where he probably someone to be with him most of the times. |
| Interviewer | Yeah. So without her…could you see him being at home having this service? |
| Healthcare professional | I think it would be difficult for him to be on his own unless he’s got someone there most of the time. The thing with dementia, they can do anything. Yeah I think it would be difficult. I think, what he was like at home, I think, we probably, I would say, if it was me, I would be reluctant to take him as a patient in that condition; knowing what I know now. The level of care that he needed and since then he had a fall at home, yeah. Maybe at the time, I think personally…someone might take him on… but I would have probably been reluctant. I have refused to take patients before umm…from a consultant as well! I have! |
| Interviewer | Because…? |
| Healthcare professional | Because I felt it wasn’t safe. It was a respiratory patient. It was a weekend. I won’t say which consultant but he phoned us for the referral and we usually go up and get the details and it’s respiratory, and he seemed a bit short of breath so I’ll say to him “can you walk to the toilet and back?” and he really, really struggled. And I said to the consultant I don’t think we can take him and we didn’t. Then, umm…Monday came and the junior doctor went up to review and still he wasn’t, he felt that he wasn’t, you know, fit to be at home.  So there are times where I would decline. |
| Interviewer | What if that person had someone at home? Would that have changed your decision? |
| Healthcare professional | Umm…probably not because he still would have needed to walk to the toilet at home. |
| Interviewer | But are there situations where people, like, where they might be more suitable to go home if they have someone to support? |
| Healthcare professional | Yeah. Like the one I was talking about. I’d say yeah. I’m trying to recall if there were any others. Umm…Well that’s one of the things that I do, ask, you know, if you’re taking on a new patient, that there’s someone at home as well. And that would influence on whether to take that patient or not. That would be an influence, that would be one of the factors that would make me decide yes or no. |
| Interviewer | Yeah |
| Healthcare professional | Because some of them, I would think, borderline yes or no but if there’s support at home, medically if they’re fine in terms of a physically injury like a fall or I would feel more comfortable and maybe that ill…that will sway the decision to take them on or not. Yeah. |
| Interviewer | Interesting. What’s you relationship like with the family then? Let’s think about the example you gave just now. What was the relationship like with the spouse? |
|  |  |
| Healthcare professional | Yeah, I think it was good. Umm… we always talk about him, we always talk about the patient with her and she, you know, she was quite interested. Some might not be but this particular one was quite interested in what’s happening. And I think there was a trust, again, she would trust us to be with him whilst she went off to the shop and…umm…I guess it depends on their personality as well. Some relatives, like spouses, they’re just interested to know that you’re there giving the antibiotics for their relative to recover. But I think the majority of the one’s I have seen they’re…our relationship has been quite good. |
| Interviewer | Mhmm… |
| Healthcare professional | Umm…and interested in how they’re getting on, like, I would say, umm…like for the twilight I did last night, the lady that we saw her hus…I think it was her husband? He let us in, we went upstairs but he stayed down there. When we left he said ‘bye’ and that’s it. But then again, she, the patient, talks a lot and she gets all the information from us. And… |
| Interviewer | So she, she get’s her information herself? |
| Healthcare professional | Yeah |
| Interviewer | Whereas your other example, he doesn’t. |
| Healthcare professional | So there’s some that are interested from my point of view and some that aren’t really. ‘They’re nurses, they’re doctors. Whatever. They probably know what they’re doing’. Or ‘they’ll only be here for 10 days’ or whatever. And that’s it. But then there are some that are really engaging. Want to know everything. |
| Interviewer | So it’s mostly just medical conversations that you have? |
| Healthcare professional | Umm…I think that’s the priority with the medical condition and then sometimes we’re there for half-an-hour to 45 minutes. Just to make onversation we talk about anything; sport, what’s on the TV, what they’re doing today, what they’re planning to do. |
| Interviewer | Yeah. |
| Healthcare professional | And not just me, I’d have a healthcare assistant and they tend to talk as well. Sometimes I would just join in the conversation. But, umm…yeah we talk, the priority is to talk on the medical condition and then just general chit-chat. |
| Interviewer | Yeah. |
| Healthcare professional | Yeah. |
| Interviewer | Okay. That’s good. Okay. What’s next.  So, umm…so let’s think of the point of, umm…discharge now. It’s sort of the last area, main area, to cover. Umm…so, you said that…what happens when the service ends? Describe that, lets start with that. |
| Healthcare professional | On the last day? |
| Interviewer | Yeah. So you’ve finished the antibiotics with the patient. What happens? |
| Healthcare professional | Umm, well. Like one we had yesterday, it was planned for that particular day. We go there, give the antibiotics, explain that this is the last day, It was planned, and that the bloods support that. They have made a recovery? visually, we can see that they have improved. I would usually ask ‘do you feel you’ve imporved?’ and they usually say, you know, “I’m feeling a lot better” but some might say “no I don’t feel any different” but it could be the last day because they could be being followed up in a few days time but our intervention is coming to an end. Umm, most patients that we see they are, they’re quite satisfied. And they agree. There is the odd one that thinks that they probably need to have a bit more antibiotic but umm, I’d have to explain to them that it’s the last day. Hopefully, previously, they were informed before that day, and I think most are in agreement that at the last dose of antibiotics.  Otherwise, carry on as usual; do the obs, if there’s a cannula or PICC line we take that out, explain that we’re finishing, explain to the spouse as well, include them as well and you just do what we do…leave a feedback form, take everything away and explain that, you know, they might have a follow up appointment or whatever and that this is the plan. Umm…dosage, of the medication they’re meant to have and that’s it hopefully we don’t see them again [laughs] |
| Interviewer | [laughs] yeah. How do you think they feel after that? |
| Healthcare professional | Umm, I think, umm…I think they feel satisfied. Umm…unless there are one or two who don’t feel any better but if they have had what they planned to had and admit they don’t better there might be more tests and interventions plan. So, some of them ask about that. We’ve done what we’ve done; and we’ve probably done a bit more as well like doing extra tests and arranging more scans and sort of thing. Umm…the majority, I would say, are satisfied. I guess the odd one that wasn’t too pleased with what we did; a lady in [local town], in [specific area of that town] and she bought up certain things that we weren’t documenting things in the folder and we didn’t have her name on it and this and that. But, I would say 99% and more is, were satisfied at what we’d done. And were happy for us to discharge them. |
| Interviewer | Okay, lets digress to this lady who wasn’t pleased with the service. |
| Healthcare professional | Yeah. |
| Interviewer | What were her main issues? |
| Healthcare professional | Umm, I think she, well… |
| Interviewer | What issues do you find? What issues come up? Using her as… |
| Healthcare professional | Yeah, initially, not not I don’t think it was to do with us but there was a misdiagnosis |
| Interviewer | Right… |
| Healthcare professional | Umm…err, I don’t know if that, she wsn’t too happy with that and then picked up on little things that, you know, and she made it an issue and I remember our junior doctor speaking on the phone to her…umm…trying to smooth things out for while quite a while. And then she rang back again asking about the discharge, the discharge letter is not what she thinks it should be. One of the issues with the nurses was that they didn’t document in the folder that they take home. But then that was incorrect because we did notice that we did write in there. Another thing that we didn’t, one of…one of the pages didn’t have her name sticker on it…umm…but the thing, the main issue that lead to all of that was being misdiagnosed. I think she was, I won’t name names, but she had orbital cellulitis but it was something different went back to ENT…was it ENT? No the eye place, REI. It was…can’t remember it was a different infection anyway and they had to change the antibiotics. |
| Interviewer | Right. |
| Healthcare professional | Whether that triggered things for her to pick up the little things. |
| Interviewer | Was it worsened by being in hospital at home? The whole…the whole not being…not the illness but was the situation worsened by being in hospital at home? Would it have been better if she was in hospital or using a different service? |
| Healthcare professional | My personal view is that it would probably have been the same. No worse. There were two factors there; it would be the same because of the misdiagnosis would be the same and she would have bought up *that* issue but the other thing was her husband [laughs]. I might be totally wrong but one of the things…maybe he had a part to play in it as well.  Also it’s difficult today because, I’m only guessing, but I think if she was in hospital. If it’s her case, it would have been the same. I don’t think it may any difference; hospital at home because the main issue was being misdiagnosed. |
| Interviewer | Yeah. So take her out of it. But misdiagnosis... Someone gets misdiagnosed and they’re using the hospital at home service compared to someone using a hospital or different service. Would that effect, or would that still have happened? |
| Healthcare professional | Being misdiagnosed? |
| Interviewer | Yeah. |
| Healthcare professional | Yeah. I think the main thing, personally, because the first diagnosis was made by the hospital. And we were the next people in line so we probably got it! And she was probably looking for, you know, someone…I wouldn’t say…[laughs] I’m being nasty if I say we were the ‘scapegoats’ but umm…like I said I’m just guessing but that’s my view anyway. |
| Interviewer | If she was a hospital patient instead of a hospital at home patient… |
| Healthcare professional | Yeah. |
| Interviewer | Would he problem have still occurred? |
| Healthcare professional | Umm, I think so. |
| Interviewer | So no detriment by being a hospital at home patient? |
| Healthcare professional | I don’t think so |
| Interviewer | Cool. |
| Healthcare professional | But, they only thing I can think is, her husband was there when she’s at home and he saw the, you know, the folder without the stickers and maybe he read the discharge summary from the junior doctor because when I visited her she seemed happy with what we were doing. I didn’t think she would be the type of person to pick up on these issues. But, I think it might have been the husband…cus I met him! [laughs] |
| Interviewer | [laughs] okay. Regarding negatives, is there anything else you want to say about negative experiences or problems, or how Hospital at Home could exacerbate a problem that occurred. |
| Healthcare professional | Umm…no…no…I always though, you know, that the patients that we took on are, when we see people at home…that it would be a good experience for them being at home. It’s not, it’s not a well-known sort of service. A lot of peoples people experiences of hospital, you know, their comments are that they don’t want to be in hospital, “I don’t want to be in hospital, I don’t like the food”. So my thinking is, you know, is that we’re helping that by seeing people at home. |
| Interviewer | Mhmm |
| Healthcare professional | And they’re already home. And I think there are, like I mentioned, benefits of being at home but they…and I think we choose the right patients to be at home. One that we think ‘he won’t go off’ or not really poorly, or something bad might happen. I think we would choose, you know, and the doctors and nurses on the wards. We do our own assessments. And I think there are times where we have to be selfish. Well I have, you know like I said with the consultant. I’ve been contacted about taking on a patient I would think we have to take the right patient to be at home. There might be mixed views about our staff here because of that [laughs]. But, uh, I do think we make the right decisions…umm… eventually we do get around things.  But, with that particular lady I think it would have been the same in hospital. She probably would have reacted the same but probably not with the influence of her husband. |
| Interviewer | mmm…do things happen at the same speed? In hospital, at home? |
| Healthcare professional | I think, I think we are more precise at timing. I only say that because of my experience. I have been on the wards and people are due antibiotics at two o’clock but they’re not given until four, five, six o’clock in the evening. I don’t think we’ve ever gone over that mark. Umm…so, and…we take, I’ve seen patients on Teicoplanin that, as you know, need levels taking and they haven’t had it done for weeks or ever taken them. That’s something that we’re quite hot on. So I think, umm…in terms of speed we are better than the hospital. I mean there might be…there might be times where they might be better then us but I can’t really, I don’t think so. No, I think we do things inside the time limits in terms of medications anyway. We probably don’t see patients so often…on the wards they have their obs for four-six hourly… |
| Interviewer | Yeah. |
| Healthcare professional | Even if they don’t need it. |
| Interviewer | Yeah. |
| Healthcare professional | But here, if we only see them once, we see them once. |
| Interviewer | So they get less monitoring? |
| Healthcare professional | Yeah, yeah. There are instances where we have to bring patients back in because of acute kidney injuries…whether that would have been picked up earlier on the ward. That’s a blood test anyway. But, I think in terms of giving their antibiotics, umm…yeah, we are speedier and more precise with timing. Although, that’s not the same for all the wards I’m sure. I’m just basing that on my experiences. |
| Interviewer | That’s fine. Yeah. I hear what you’re saying. Let’s go back to the discharging thing now. I just wanted to cover, because tou said things like ‘you’re going in to do an antibiotic then you might pick up on other things’ and also that ‘you go in and you find you’re supporting the spouse’ if they live with them. What happens, or you think they feel, both the patient and the family, when you and the service stops going? Considering what you were going in to do doesn’t need to be done anymore but you were doing other things… |
| Healthcare professional | I think they would feel, when we stop the service…umm…I think they would feel as if, umm…you know, unsupported in a way because sometimes they do comment that it’s difficult to get through to this community team or get through to the hospital, or specialist or whatever. Sometimes they do rely on us to, you know, to bring certain issues to the forefront. Umm…like someone might be, I don’t know, have a…problem with diabetes. I have been known to contact the diabetes nurse once I get home, no no, not ‘home’! Back to the ospital [laughs]. Because someone was known to the diabetes nurses specialist and then discharged. But then I’d mention that they’re not coping and they might contact the patient or spouse…umm…from the hospital and maybe adjust the insulin as well. But something I do think, as well, they, they feel reassured that we’re there and we ca, you know, because we’re from the hospital we can probably get things done quicker. |
| Interviewer | mmm… |
| Healthcare professional | Someone, they don’t feel like they have the confidence to speak to someone on the phone, you know to the specialist…umm…and they ask us to do it. And I don’t mind doing it. I think they feel, although the antibiotics have finished and they’re better; they might, its my feeling that they might, probably wish that they could contact us afterwards for that support. Us being there is something…something that they probably would like to have |
| Interviewer | So are you easier to contact than other hospital services? |
| Healthcare professional | Easier to contact? |
| Interviewer | Yeah. So if they had a problem. |
| Healthcare professional | Oh right, well maybe if when we have been visiting. Whilst we’re there it’s easier for them to bring up something than to contact maybe the diabetes nurse specialist. I remember speaking to the diabetes nurse specialist because this particular patient’s blood sugar was being bad and I think they advised on the dosage. |
| interviewer | Mhmm… |
| Healthcare professional | But, my feeling is that once the service has finished, although the patient has recovered, they maybe, they’d still like us to be there for advice. Like on the ward you only get visiting time to ask you about this, they ask you about that. But unfortunately you have to finish. |
| Interviewer | mmm. so would would happen if there was something else they needed but you’d finished? |
| Healthcare professional | Umm…On that day I would try and help |
| Interviewer | Yeah |
| Healthcare professional | Or I would say, I would say to them, “these are the people you need to contact” to give a little reassurance. “if you don’t get through to this one then ring this department or ask for this person”. I think it’s to do with reassurance, you know, Umm…they need to perservere. I wouldn’t say ‘you need to take control of your…’ you know, just a lot of reassurance. “you need to go through this department or talk to this person”. And usualy it would be someone that I know from the hospital and that would reassure them that there’s someone to speak to. Its…it’s difficult to say: “we’re going to discharge you but ring me next week” or something. Although they have done that! [laughs] |
| Interviewer | They felt confident enough to call you even discharged. |
| Healthcare professional | There was a weekend where someone rang me that we’d discharged a week ago. Anyway, like the lady on the warfarin who didn’t hear from the community people who were supposed to be doing her INR and warfarin, she rang and now she’s back on our books again [laughs] |
| Interviewer | [laughs] she reffered herself? |
| Healthcare professional | Yeah! Like this man who we had. He went back in to hospital and went home with a midline. He rang us because the ward wasn’t that helpful. |
| Interviewer | You sound quite accommodating when that happens? |
| Healthcare professional | Yeah, yeah. I think we are, I think we are! I think we do, sometimes umm…do a bit more than we’re meant to. Well, I try anyway. If there’s something I can help with I will. |
| Interviewer | Yeah. Why do you think you do that? |
| Healthcare professional | Umm…I don’t know. I’m the sort of person who would feel guilty if I didn’t. And I think it’s nice…because it’s a different service, fairly new then we need to project a good image of yourself…umm…so I think we probably do stuff but that’s me. |
| Interviewer | That’s you! I think that’s pretty much everything covered [participant’s name] unless you think there’s anything else you want to say about the service? |
| Healthcare professional | No |
| Interviewer | No? |
| Healthcare professional | Umm…I’d just say I like working for the service; we have got a good team and what it’s about; I like what it’s about. People being at home and being treated at home. Umm…because maybe if I was in their positon I’d like the same as well and, and, and the feedback we get, the personal feedback, the oral feedback we get from patients and from the relatives is that it’s a good service. It’s such a different environment to the wards. Especially now with the wards so busy and short staffed that you don’t get to do what you want to do. I feel really guilty sometimes if I don’t get to do what I want to do when working on the ward. And I feel if I have to pass on extras to the next person coming on shift. Anyway, I don’t know, I like working here, basically. |
| Interviewer | That’s good. So, umm…anything that you could think that you think could be done to improve it…or… yeah… grow it, improve it? |
| Healthcare professional | Umm, I don’t know, some more training courses. But not too much! [laughs] |
| Interviewer | [laughs] |
| Healthcare professional | You know, we did an ILs course recently. It just showed that we…*I* needed to know more. Now, we’ve done that course I think [ward sister’s name] mentioned that umm if we’ve got someone feeling poorly and we’ve done our assessment we can give IV fluids, we can put up to 500mls. Things like that because…umm…sometimes on our own and anything could happen to any patient and, you know, we would need to know how to manage it, it might be like, you know, next to a defibrillator things like that. I did train for that before but it wasn’t as intense as that one! |
| Interviewer | Right. So you’re trained in extra things? That you need for the community setting? |
| Healthcare professional | Yeah just to be done for the patients benefit and for us too so we know what to do. |
| Interviewer | Yeah |
| Healthcare professional | I think it would be nice to know that if something happened then I would know what to do out there. I know there’s always the paramedics and people here you could call and speak to the medical support here. You could call and speak to the med-reg. but immediate stuff. |
| interviewer | Because you’re on your own? |
| Healthcare professional | Yeah, on our own. Sometimes we’re all on our own. In fact a lot of the time we’re on our own. So basically, umm, to improve the service…I mean, I’m happy going on my own but sometimes it’s helpful when you have a healthcare assistant in terms of time. I’ve bought patients into hospital when I’ve had someone with me to take bloods whilst I’m, you know, doing oxygen or something. But umm…I don’t know what else. Certain equipment as well, I’m mean it’s detrimental but maybe a ketone monitoring machine things like that. We have got blood sugar machines that we keep in the office. |
| Interviewer | So these are the sort of things that are normally quite accessible in hospital aren’t they? |
| Healthcare professional | Yeah. Yeah. |
| Interviewer | So they’re not as accessible when you’re about and about. |
| Helahtcare professional | Yeah. Maybe, maybe something to do with chest sounds. So we can listen to the lungs because we do see a lot of bronchiectasis or respiratory patients and when we did that ILS course they said ‘if you’re trained to…to listen to their lungs’ sometimes the junior doctors don’t go out so we could easily say ‘oh they’ve got crackles at the base of this lung’ or whatever. Maybe things like that, you know, I don’t think they’re the sort of things that are hard to arrange. |
| Interviewer | Yeah |
| Healthcare professional | Umm…and it’s not long, it’s not a long course or anything. That’s one thing I can think of. Maybe up-to-date with dressings but we have [tissue viability nurse’s name] to help us. I think some wards they have healthcare assistants that do dressings or are trained to do dressings; I’d be happy for them to be trained to dressings because it would help. Maybe training but not too much. |
| Interviewer | Training and equipment |
| Healthcare professional | Yeah, just some more training. I think I’m too old to do too many courses now [laughs] |
| Interviewer | [laughs] fair enough. Fair enough. Brilliant, well that is it! Thanks for taking part. You’ll remember from the information sheet that you read and the consent form you signed that we’ll do another interview after I have got all the patient data nd we will use that; what the patients find, as a reflective exercise and talk about how they feel and how that might affect things in the future. |
| Healthcare professional | Yeah. |
| Interviewer | Thanks very much! |
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