Date: 13/03/2021

Time: 11:00

Location: Dorset county hospital, private office.

Participant Role: Staff nurse

START

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| interviewer | Lovely. Right hello [participant’s name], I’m [interviewer’s name] and we already know each other because we work together. Umm…we’re here to do, have a discussioion about the hospital at home service that you work for. And you’ve read the information sheet and signed the consent form haven’t you? |
| Healthcare professional | Yes. |
| interviewer | Great. And, it’s being recorded. You’re aware of that? |
| Healthcare professional | Yes |
| Interviewer | Great, then let’s start. So if you could just start by describing the service as a whole and what you do for it. That would be a good way to get started. |
| Healthcare professional | So…Hospital at Home is a service of providing hospital treatment in their house. So, trying to reduce times that patients are sitting in hospital beds; If we can provide the treatment at home. It ranges from the service we provide depending on what the patient needs; but mostly it’s long term IV antibiotics. We can have them for 6 weeks, up to, or even longer some times. Umm…If they weren’t having them at home they would probably need to stay in hospital to have them. So this just frees up hospital beds and also gets the patient home earlier. We also take care of…umm…wound management that isn’t, that is still under the doctor’s care rather than passing it to the district nurse so that we can report back to the doctors because the patient is still under the hospital doctors. So, we’re able to confer with…umm…their consultant in the hospital rather than going home and being lost…umm…in the kind of, in the service of GPs etc. They’re still under the hospital doctors so things can get done quicker; scans can be arranged…and…unfortunately sometimes if they need to go back in, we can do that. They can back into hospital rather than go back to the beginning when someone is ill; with GP referrals etc. What else do we do? We…I think that’s mostly it; antibiotics, wound management, and…can’t really think what else we do! |
| Interviewer | Alright, that’s good. What sort of conditions do people have? Is there a typical… |
| Healthcare professional | Umm…it’s mostly infections. Umm…that’s the main one but it really does vary a lot of post-surgical problems. SO, hip operations, knee operations that’s quite common; they’re needing longer term antibiotics…umm…but we’ve had a lot of ear problems, normally infections that are going down to the bone that require longer periods of antibiotics…umm…we’ve had people after septicaemia of all types of origins that are needing longer terms to be well again. Yeah I’d say mostly infections. There’s been quite a few neurological infections lately too. Problems. Umm…yeah I think that’s the main one. |
| Interviewer | Cool. And what do you do? |
| Healthcare professional | Umm…I visit the patient, we do their observations everyday just like the would in hospital. Their base line blood pressure, saturations, pulse, that kind of thing. Then we deliver the antibiotics that has been prescribed. Umm…do a general assessment of the patient and making sure that there are no new issues, making sure you, kind of, do a top-to-toe assessment. Because you’re the one seeing them and you then have to go back and report to a doctor; you’re kind of the patient’s advocate and making sure that when you do go back to the office that you’re able to communicate any changes, anything that the doctor might need to see. Umm…yeah or any wounds that need dressing we do them. And…yeah I’d say that’s about it. |
| Interviewer | Mhmm…so what is the doctor’s role then? Just clarify that. |
| Healthcare professional | The doctor’s role is to continue the treatment that was, the treatment plan from when they were a hospital inpatient. So delivering a course of antibiotics…umm…regular, umm, observations if they have got a wound to make sure that it is healing…umm…if the patient has got any concerns that the doctor is looking at them, or following it up, or referring them to another doctor. The role is really the same as an inpatient doctor but I feel that the nurse is really the main advocate and we report back to the doctor and then they will do their assessment from there. |
| Interviewer | Yeah that makes sense. Is there anything that you do for them whilst you’re there that is beyond the task that you’re going in for? If that makes sense… |
| Healthcare professional | Umm…I think it can be. I think it depends on the patient…umm…I have been to patients where, you know, they say ‘they’ve used the commode’, say, and they haven’t got anyone got anyone to empty it until lunch time or…they’ll ask me to empty it and I’ll go and do it I don’t mind. Some people ask you to pass them something or bring them something in, or…but it tends to be, that are on their own generally that I find I do more for them. It’s not always it’s just generally if they ask. If…there’s been a few people that say they need suppliments etc. I’ve always been keen to get onto the dietician and take them out suppliments etc to make sure they’ve got what they needed…umm…can’t say I’ve really got involved with washing up or anything like that [laughs]. But you don’t really get asked that sort of thing. Yeah…if I can’t do it myself, or they’ve asked for equipment, I’ll make sure I ask the right person, as the OT, or make sure they’ve got physio follow-up. Yeah. |
| interviewer | So you have access to other services?; you’ve said dieticians, physiotherapists, occupational therapist… |
| Healthcare professional | Yeah. So we have got access to all of them…umm…that we do use frequently. Because if they’ve gone home you will find quite a lot of the time that they might not be ‘set up’ at home, or they haven’t got everything they need and we can go back and get them follow-up appointments. We have got OTs and physios in our office luckily. And the dietician did used to come to meetings to review our patients regularly if we ever had any concerns. |
| Interviewer | Mhmm. What was I going to say…umm…so they’ve gone home and you said…so…if they’ve gone home they’re not ‘set-up’ at home you said? |
| Healthcare professional | Yeah |
| Interviewer | Is that normal? |
| Healthcare professional | I think it’s more common than you think. I think with the pressures of discharging patients from hospital there has been situations where they’ve gone home and they’ve said that they’re fine at home but then got home and realised that probably they do need that rail in the bathroom or not well enough to stand at the bathroom sink so do need a chair. Umm…sometimes I think maybe it isn’t being checked but a lot of the time it is quite innocent because the patient is more confident than they though. We had a patient recently who thought it would be ok because in hospital he could get around his bed space quite easily, but when he got home realised that everything was quite narrow, it was harder to walk than he thought and it was a longer distance so I don’t think, necessarily, it’s the hospital’s fault; the patient’s, until they get home, don’t realise that they need more help. |
| Interviewer | Right. So you’re, so you’re getting there and when you’re seeing the patient you’re finding other problems? |
| Healthcare professional | Yeah. |
| Interviewer | Other than what you anticipated what you’d anticipate that you needed to do. |
| Healthcare professional | Yeah. |
| Interviewer | Is there any others you can think of because that’s interesting!? |
| Healthcare professional | What else have we found?…I think generally, when somebody has, we’ve taken on patients that we know are going to become progressively more unwell are to stay home and they can no longer, say, get up the stairs so we need to liaise with services to get a hospital bed down stairs because the stairs are no longer able to be used. Or, they need a commode by the bed because they’re too out of breath to get to the bathroom. This is more the progressive diseases that we know this is happening and not that they need to go back into hospital; so we need to adapt, so we have been able to help quite quickly in them situations when it might have taken a lot longer if they weren’t an inpatient still. |
| Interviewer | So they’re deemed an inpatient still? |
| Healthcare professional | Yeah they’re still an inpatient with the hospital. And we try to remind the patient that they are still an inpatient and you can’t be as active as you think. As in, that they are still unwell and if we weren’t going in then they’d still be in hospital. |
| Interviewer | Umm…right so you have to remind them that they can’t be…are they quite active then? |
| Healthcare professional | Some people can be. We had somebody who was trying to do all the work in the kitchen; do their kitchen refit whilst they were with us receiving antibiotics and the antibiotics wasn’t going through because they were that active so it wasn’t able to go through the pump because he was moving his arm and exercising too much. We just reminded him that he’s still starting a course of antibiotics for a bone infection that is quite serious and maybe it might aid his recovery if he sat down a little bit more [laughs]. Because if weren’t going he would be sat in a hospital bed resting most of the day rather than doing kitchen refurbs! |
| Interviewer | [laughs]. Fair enough. |
| Healthcare professional | We also had another man who was very active, still working. He had an infection but, again, his pump wasn’t working because, again, he was exercising too much. And he wasn’t receiving the treatment so…umm…they have to slow it down a little bit. You’re not being made to lay in bed like in hopistal but it’s to just be aware of their limits and they are unwell. For us to be going in it means they are a hospital patient so.. |
| Interviewer | So…a couple of times there you mentioned a ‘pump’. ‘pump’. What do you mean a ‘pump’ |
| Healthcare professional | Its…So we give antibiotics…sometimes, if in hospital, they were receiving three times a day antibiotics, or sometimes twice. There’s certain antibiotics that we can put into a special pump; you put the whole 24 hours’ worth of antibiotics into the pump and it goes into a midline in their arm and then you…it works on body heat to deliver 10mls an hour but it has to connected to the arm. So it all has to be taped on and then bound with a piece of tubi-grip. Then they carry it in a pouch, bum-bag around their middle and it jst continuously releases the antibiotics over a 24 hour period…and it means they can go about their daily life, but like I said, you can’t over-exercise because it detatches from the arm. |
| Interviewer | So is that the purpose of that, to allow them the flexibility of the day? |
| Healthcare professional | Well, not really, it’s because we can’t always deliver antibiotics three times to the patient; especially if they live out further or we have too many patients. It means that we can have more patients on our books rather than…if we had to go morning, lunchtime and night time then we wouldn’t make it to another patient so wouldn’t be able to take them on. |
| Interviewer | Right… |
| Healthcare professional | Umm…so, I suppose it does free them up but really it’s for our time management. That’s how I betrayed it. |
| Interviewer | The…umm…but it allowed someone to go to work with that pump as well… |
| Healthcare professional | Yeah. yeah they can go to work because it’s quite, well it’s discreet, you can’t see it. I think it depends on the infection… I think. There are a lot more unwell people but there are people who haven’t felt unwell from the start and know their limits, but….yeah, I think we have had a couple of people who have still done whatever they would normally do. |
| Interviewer | That leads to my other point I was thinking about. Talking about people going to work, but also people who need commodes emptying and so on…it sounds like there’s quite a breadth of patient? |
| Healthcare professional | I’ve found that there is a real variety. Definitely not just one type of nursing, it’s umm…patients from the whole spectrum of nursing. There’s surgical patients, theirs medical patients; there’s young patients we’ve had…from 19 was the youngest I’ve seen, right up to your 90s we’ve had…umm…it doesn’t seem to follow a pattern, it’s a real range of conditions; its more on the treatment and whether we can accommodate it. |
| Interviewer | What…umm…is….What’s your relationship like with the patients? Thinking again about the breadths of patients that are a younger person compared to an older person; a patient who needs help emptying a commode compared to sombody that goes to work. hows you relationship with them during treatment? |
| Healthcare professional | Umm…I think, any patients that you visit you’ve got be prepared that you’ve got to work up a good, friendly relation with them because you’ve got to spend more time with them than you would in hospital; you’re going into their house, their space…but yeah, I think it depends what they need. With the younger patient they don’t need a lot, want a lot. Kind of, you go in, give the antibiotics, have a chat and, kind of, go…but there is other patients that probably would want more of your time. Like you say, if you’re emptying the commode, helping them out, or helping them walk to the lounge it can take longer. Depends if there’s a patient you need to help out of bed to sit in a chair; by the time you’ve done that it can take longer. Yeah I think really, time wise, it might kind of matter but relationship wise I don’t think it’s much different. I think you just need to people skills whoever you go to visit. Yeah. |
| Interviewer | You said there that you have a ‘chat’. You have a ‘chat’ with them. What sort of things would you ‘chat’ about? |
| Healthcare professional | First of all you, obviously, talk about how they’re feeling today; any changes that sort of thing. But some of the drip can take an hour so you’ve got a long time to…[laugh]…go over general chit chat, their interests, what they normally do, ehat they’re going to do today…umm…what their children are doing today, what family they’ve got. Probably general chat that you would normally have on the ward if you had the time. |
| Interviewer | Right. |
| Healthcare professional | Umm…it’s a fine line. You don’t want to probe too much into their life. It depends what they want to chat about. We have a lot of people that don’t really want to chat at all. And others that, when you’re trying to leave, they’re still chatting. I think it just depends. |
| interviewer | And, what…I think you mentioned just now…but what’s the main purpose of the chat? Why do you chat with people do you think? |
| Healthcare professional | Well, to pass…well the time, the silence. You don’t want to sit in someone’s else for half an hour and just…I think it would appear, depending on the patient, but appear quite rude if you just chatted amongst yourself fin their house. It’s more personal being in their house so you need to make more of an effort to kind of, get that working relationship with them and obviously talk about their problems, worries. That comes top of your list. But after that it’s just…umm…friendly chat until it’s time to leave. I think you’d appear quite rude otherwise |
| Interviewer | What about…no….okay that’s fine. Let’s move on to another point about umm…any thoughts about the strengths and weaknesses of the service? |
| Healthcare professional | Err…I think the strengths of the service are being able to save money for the trust and get people home. I think that’s a big one that is a strength to the trust. But I think patients, recovering, refer to be at home if they can. I think that aids their recovery…umm…other strengths, I think being able to give antibiotics via a pump I think frees up nurses time in the hospital which, umm…what else are the strengths? I think you’ve got quite, in some areas, you’ve got quite good umm…multi…what’s the word I’m looking for…? Being trying to communicate with other team…what’s the word? Multi… |
| Interviewer | Disciplinary? |
| Healthcare professional | That’s the word, multidisciplinary. We’ve got access from a therapy view, dietcian and referral wise…  umm…weaknesses probably being doctor’s communication is, can sometimes be poor. Trying to get their consultants from in the hospital, trying to confer with them can be difficult at times. Umm…weakness is also, I think you’re only seeing the patient, sometimes, once a day which means that if they become unwell quite quickly then you might not see it and you’ve got to be quite clear with the patient about what to do if they did become unwell. Especially because we don’t run the service overnight; so if anything happened to the patient overnight then they can end up back in hospital. |
| Interviewer | Mmm |
| Healthcare professional | That’s out of our control. That’s different than if they were receiving inpatient care where they’ve got 24 hour support which we can’t provide. We are at the end of the phone until midnight; from half seven but that’s not 24 hour care is it, so, that’s probably a weakness…umm…Another weakness…umm…I think we can only take a certain criteria of patient so, you know, patients that umm…are probably more independent or care is already sorted, that kind of thing. Can’t take the unwell patients that need constant monitoring so it can be quite difficult to find people eligible for the service. |
| Interviewer | Right |
| Healthcare professional | Umm…another strength, we are able to listen to patients and, you know, change medications quite quickly like they would in hospital rather than having to go to GPs. Umm…so I think they do receive a lot of the similar care that they would an inpatient so… |
| interviewer | Yeah. |
| Healthcare professional | Yeah. |
| Interviewer | That’s interesting what you were saying…umm…they…umm…receive a lot of the same care, and their an inpatient and things can be quicker but also that communication with their consultant can be slower…umm…as an inpatient they, would they, would they see a consultant more often? |
| Healthcare professional | On the wards I worked on they see them regularly, probably daily. |
| Interviewer | So does that change the care that they get if…? Or are they pre-screened against that? Does that affect the sort of patient you can take if they can’t see their doctor as often as they would? |
| Healthcare professional | I think with some patients, yeah. It depends how unwell they are, but…umm…sometimes, you know, they’ve got a treatment plan that we’ve taken on but it might not be quite right and it could be, say, over a weekend especially, it could be until the next week until it’s reviewed and they might need something different or they’ve become unwell and trying to speak to their doctor can be difficult. Umm, sometimes I feel if they were an inpatient it would probably happen quicker. |
| Interviewer | Right. So it needs to be someone quite…quite specific type of person, patient. |
| Healthcare professional | Yeah, the service does need umm…patients that have more of a clear treatment plan that that is what they’re going to have. We have a microbiologist who does look in on patients and changes anything or looks at their blood results, we do do regular bloods and the nurses do look out for things. I think the nurses on the service are good at making sure we have looked at everything and that the patient is receiving the right treatment at the tight time. Umm…but yeah, we do generally take people with more of a clear plan that are stable…umm…with lower infection markers that are kind of already started on treatment, just waiting for it to finish so we take them in the interim. That’s probably more of our cliental. |
| Interviewer | Umm…umm…and then you also said that you’d need to be clear with the patient, what they need to do if they became unwell…Umm…so they need to take some responsibility for themselves? |
| Healthcare professional | They do! I think that’s another part of the criteria, they have to, before we take them, we have to know that the patient would be able to do that…umm…or if they can’t do it themselves that there is a support at home who will do it for them. They go home with a folder with our number on and they can ring us. But they’re also made aware that anything deemed serious that they need to ring 999 or 111…umm…any everyday problems that they can ring us with but yeah they need to be clear on it because if they can’t then they’re not safe to be at home…umm…yeah. |
| Interviewer | The ‘everyday problems’, like? you talked about changing medications… |
| Healthcare professional | Yeah changing medications or they feel their catheter is not quite working right or…you know, they’ve got a new headache or…you know. But we’re talking if they have chest pain or a serious blood loss all of a sudden then they need to ring 999. |
| Interviewer | Umm…cool, you said a while back now that umm…for the patients it aids their recovery being at home. Could you give me some more detail about what you meant by that? |
| Healthcare professional | A lot of patients complain that in hospital they can’t sleep at night. Everything is too noisy, that they’re trying to sleep in bays of 6, they didn’t feel rested at all. They come home and normally feel quite relived that they can sleep in their own bed. A lot of people say the diet; when they’re in hospital they don’t eat a lot, they don’t like the food, it’s not what they normally eat. So when they get home they tend to build them up a bit, eat what they want, have a drink when they want. Umm… the patient the other day they said they restricted his fluids in hospital, he doesn’t like it so at home he can do what he wants with his fluid intake, and he takes, you know, he takes it as his responsibility what he drinks. Umm…a lot of people just being able to have a wash in their own house, it’s just comfortable in their own surroundings rather than being in a busy hospital. And they definitely feel more comfortable and relaxed in their own environment. There’s very few people that say they prefer to be in hospital. |
| Interviewer | Why might they prefer to be in hospital? |
| Healthcare professional | Probably more the people that are alone, umm…they quite like the support and people around them. I think if they’ve been in hospital a long time they become quit institutionalised, they’ve got people around them all the time. |
| Interviewer | mmm… |
| Healthcare professional | They always feel like there’s help around them if they need it. That’s quite rare though; I haven’t really heard people say they like it more at…in hospital. |
| Interviewer | Okay. Well that sort of leads me out of the first section if you’re happy to carry on to the next. |
| Healthcare professional | Mhmm… |
| Interviewer | Which looks more at the people around the patients that you’re treating. Earlier on you said about patients who have support at home. Umm..,what sort of people do you come across that support the patient when they’re at home? |
| Healthcare professional | Generally… |
| Interviewer | And what do they support with? |
| Healthcare Professional | Generally, husband and wives are at home. Normally helping them…umm…around the house, meals, making the meals, making the cups of tea, helping them to bed. We have some people that are sort of full-time care for them; washing them, showering them. Patients that have live-in carers we have had recently who do everything for them; medication, cleaning etc…umm…then there’s the patients that have care from the hospital, reablement, or [local care agency] who come in three times-a-day. Others, their relatives with visits to do the cooking for them to make sure they’ve got the meals, clean around the house, sit with them for an hour…umm…I’d probably say that’s about it; normally family. |
| Interviewer | Right. Anyone else? |
| Healthcare professional | Umm…we have got a patient who has got therapist, as in she had physio sessions for over an hour a day. That’s all extra support. And people who have the meal companies go in. some people live in their sheltered accommodation with the buzzers. That’s probably it. |
| Interviewer | When, so, are they often there when you’re there? |
| Healthcare professional | Yeah most of the time? |
| Interviewer | So, what’s that like? |
| Healthcare professional | Umm…it’s...normally fine, they normally sit and look at the treatment that their relative’s having. Umm…sit and have a chat. We had some…we had one lady that us being there relieved us for half an hour and she would go and do something in the garden quickly or go to the shop and grab something quick. |
| Interviewer | Relieved her of what? |
| Healthcare professional | She didn’t want to leave her husband. When the carer wasn’t there or we weren’t visiting she didn’t want to leave him on his own, he had dementia. So, she used it as a ten-minutes that she could pop to the local shop to grab something or quickly grab some eggs out of the garden or whatever she’s grabbing. Yeah, or she would go into the kitchen and quickly do some cooking. And…umm…yeah the relatives have normally offered you a cup of tea! Yeah but they are generally there pottering around. |
| Interviewer | And your relationship with them? We’ve talked about the relationship with the patient, what’s it like with families? |
| Healthcare professional | I think it varies. Most of the time it’s normally quite good. we’ve had a few times where they feel like they shouldn’t be there when you’re there so they’ll go into the other room and not really have much to say or stay out of the way of the…of the visit. Not that you’ve told them to but it just seems to happen that way. I don’t know if it’s more of a coronavirus issue or…I don’t know what it was like before coronavirus because I’ve only worked here during it but…umm…yeah normally pretty good…umm…sometimes the relatives will show concerns that the patient hasn’t. Especially If they’re a more unwell patient some of the relatives can be quite anxious, or they will call a lot for reassurance, or ask for more visits for us to check their relative is okay, or…umm…sometimes they probably do need quite a lot of reassurance. |
| Interviewer | Okay. Cool. Let me…so what if they haven’t got enough support from family? What would happen then? |
| Healthcare professional | Umm…if they haven’t got enough support we would generally go back and...there’s been cases where we have to ask an OT to do an assessment to see what they can do for the patient. We’ve then had our other service that will start up for the patient. We’ve had that before. They run a therapy service that gets patients back to baseline…or we will try and get a care agency involved; we’ve had that happen quite a lot of times…umm…had to ring district nurses in regards to, say, macmillian or end of life care involved if there are no services in place but they need them. Yeah. |
| Interviewer | Do you, as a team, ever fill the gaps that you identified yourself? |
| Healthcare professional | In terms of care? |
| Interviewer | Yeah. |
| Healthcare professional | Our team, no, not really no. |
| Interviewer | And why not? |
| Healthcare professional | Umm…because I think if we started getting people out of bed and washing and dressing people and then we’re going to be late for the next visit and then the patient doesn’t get their antibiotics. We work really closely with our therapy service that provides care and we would use them really…umm…if I went to a patient who couldn’t get out of bed then, obviously, I would get them out of bed and make sure they’re ok. I wouldn’t leave them in bed and ring someone and say “can you come and do it”. I would do it myself and then make sure somebody was in place for after then. |
| Interviewer | Yeah. |
| Healthcare professional | But I can imagine if they can’t get anyone then I suppose they’d bounce back into hospital but I’ve not come across a situation that we couldn’t get any help.  But as an inpatient I’d assume they’d have to go back. But no, we wouldn’t bridge the gap; I’ve never seen it and I never think we would |
| Interviewer | Because of the time? |
| Healthcare professional | Because of the time, yeah. We can’t be. I think we would have to change the whole service and timings and we wouldn’t be able to take on as many patients if we were going to provide care as well. But our service will run alongside another service and the carers would go before us and we would come after. I’d be happy to help with care needs but I don’t think it would work time-wise. Some time to just give antibiotics and mix them up sometimes we could be an hour visit, so it would go into a two-hour visit if you were going to shower them and get them up as well. So, that means you can only see two patients in a morning. SO, I think that would be a whole other service. |
| Interviewer | Yeah. So what’s…What creates the issue of time? |
| Healthcare professional | It can be drawing up the antibiotics because we do it in the patient’s house. A lot of the time. Especially if it’s a pump then we can do it at the office. It is a time constraint if you’ve gone to their house and then draw up 24 hours of antibiotics, which then has to dissolve, and then has to be drawn up. Then by the time you’ve connected it then sometimes you haven’t got an assistant with you, you’ve got to do the obs or take some blood…umm…you’ve been in there an hour. It can be longer. Sometimes you’ve got an infusion that takes an hour alone so by the time you’ve drawn up the infusion… |
| Interviewer | Yeah |
| Healthcare professional | …Sat for an hour, |
| Interviewer | Right, so you have to sit with them whilst the infusion goes on? |
| Healthcare professional | Yes. |
| Interviewer | I see. Umm…So you said about you’d only be able to see in a morning. How many do you normally see in a morning? |
| Healthcare professional | Umm…it varies on distance. We run a service from, kind of, [town 20 miles west from hospital base] to out [town 25 miles in similar westerly direction], [town 15 miles northerly] way. |
| Interviewer | What’s that in time because I’ll have to take the towns out, the names of the towns out of the… |
| Healthcare professional | Oh sorry…kind of about an hour and a half from one side to the other. As long as they’ve got a doctors surgery in…so if they’re in the hospital they have to have a [county] GP. |
| Interviewer | Mhmmm |
| Healthcare professional | Can I say [county]? |
| Interviewer | Yeah. Yeah. |
| Healthcare professional | So then we can take them. but if you’ve had a visit one side of the county to then do another three in the other side you’ve got to allow an hour to get there, an hour back, an hour visit; that’s been three hours for one patient. It works out easier when you spit the runs so you’ve got a nurse going to an area, or the same sort of remit and then the other nurse can do the area that’s on the other side of the county. So probably, maximum we’ve had, or that I’ve had is 5 in the morning. |
| Interviewer | Right, but they’re quite close to each other? |
| Healthcare professional | Yes. |
| Interviewer | Right so it varies. That just makes me think about this question that I’ve got here. What are the challenges to treating people at home compared to the hospital. So thinking about things like time and distances and physical problems. |
| Healthcare professional | Time is definitely a big one, with the vehicles. Especially in the summer when some areas are filled with traffic. Even if you’re close by you can be sat in summer traffic; a 10 minute journey has become 40 minutes. So, you can be quite late and giving antibiotics later. Umm…that’s when giving three times a day becomes really unrealistic, also, sometimes getting the patient to be on board. So you’ve told them you can’t be time specific but then they’ve chose to pop out when you’ve arrived for their visit…which is then wasting time wondering where they are |
| Interviewer | Yeah |
| Healthcare professional | …getting hold of them, ‘oh, they’ve popped to the shop, they’ve gone out for a bit’. They didn’t realise. That can be difficult. Sometimes problems; we put midlines in because they’re easier but sometimes they don’t work as well as they should…umm…so antibiotics can take an extra 40 minutes to go through or the patient needs blood and you are struggling to take the blood, do then either someone else needs to come out to do it. Whereas in the hospital you could just get a phlebotomist but here it might not be until tomorrow that someone can take the blood...yeah or if they have a cannula that has tissued and you can’t get a new one in. Again, that’s another visit from someone else to get it in.  I think sometimes working on your own it’s up to your limits what you can do for the patient and then it means other people need to get involved who are more accessible in patient than it is out. |
| Interviewer | Mmm. Good point. Yeah. So you have lots of services accessible to you but a little bit slower? |
| Healthcare professional | Yeas. Well because they’re not there, right there. You’ve got to ring and get them out. Whereas in hospital, people can still be waiting the same amount of time but you feel like it’s more accessible because they’re there in the same building. Sometimes you’ve arrived and they’re eating their breakfast, they’re doing something so you are just waiting. Or...maybe another service has been in the house when you’re there so then you’re waiting again. All things that are all different to the hospital because you kind of know the routine in the hospital and know what’s going on at what time whereas you don’t really know what you’re going into. |
| Interviewer | That’s interesting though because earlier it was put down…well, you mentioned as a sort of positive, that freedom they’ve got. |
| Healthcare professional | Yeah |
| Interviewer | It’s a positive but it also creates a problem sometimes? |
| Healthcare professional | Yeah. That’s true. Yeah they have got the freedom but we have to work around it. |
| Interviewer | Because in hospital, it’s sort of that the hospital schedule that everything runs by? |
| Healthcare professional | Yeah you get up at seven…then you have your meds…yeah, that’s different. Its probably more of a problem for us than it is for the patient. |
| Interviewer | You said it was a good thing for the patient? |
| Healthcare professional | Yeah that’s what I mean; it’s good for them, it’s good for the patient, they’re quite happy with the freedom and that we’re there but I suppose time constraints for us. Probably could of added that to the negatives. |
| Interviewer | Yeah. Interesting. Umm…what about their home environment compared to a hospital? |
| Healthcare professional | Oh yeah that’s another good one. Umm…their home environment can be, a lot of the time, less clean than the hospital environment. You know, it’s very sterile in hospital environment. People with open wounds can then go home, they’ve taken their dressings off and walked around on very unclean conditions so it’s probably introducing maybe more infection. But, then, I suppose, it’s what they’re used to anyway so I’m not sure how much it would affect them. but, umm…not always very ssss….hygienic at all, really. |
| Interviewer | What’s that like for you going in? |
| Healthcare professional | We tend to do a risk assessment on the first visit. we tend to….just to identify any of those kind of risks. Pets! That’s a big one. Umm…cleanliness. If we know its not very hygienic we can take things to lean on, or kneel on. Umm…patients are asked to put pets away. Umm…so that they don’t go on our clean equiptment. We always tend to work off our own sterile field anyway. Regardless of what the house is like, we will work from our own pack to try and, kind of, minimise that risk. |
| Interviewer | What about where they are? Their locations vary? |
| Healthcare professional | Umm…yes is varies sometimes they can be in a house, sometimes it can be a fourth floor flat, it could be a caravan…umm…it can be anywhere; farm…umm…yeah really greatly varies. To try and get the vehicle down there can be hard sometimes, or in the middle of town you can’t park near the house. Umm…yeah positions definitely vary. |
| Interviewer | And what is that like for you? |
| Healthcare professional | It can be quite difficult, especially first visits when you don’t know where you’re going. Umm…directions, GPS; a lot of the places are quite rural. |
| Interviewer | Okay |
| Healthcare professional | And they don’t come up on the GPS so you need to be able to communicate with the patients so they can direct you. And putting clear instructions on the handover for the next staff member; trying to point out to them before they go, especially on a twilight; driving round in the dark not knowing where you’re going |
| Interviewer | Right. Good. Right. SO what about…umm…you…thinking about when it ends now, when the service ends, the patient is ready to be discharged. So, you’ve explained a lot of the times when you’d go in an identify something that needed doing or you’d help a patient with something like emptying the commode etc. And then you’ve then finished the antibiotics you’re there to do. Who then picks up the other jobs you’ve been doing? |
| Healthcare professional | Umm…well they will have a follow up, the GP gets made aware, they have an EDS like they do in the hospital listing the treatment they’ve needed. In terms of the extra help, if they’ve needed help care wise you’d hope you’ve got some care in place…umm…and yeah the GPs are meant to follow up mostly I think. I think the dietician continues too, I’m not sure. The dietician I think she confers with the GP; that’s her own communication I think. But yeah mostly it’s just going to the GP. I’m not really sure…umm…who else gets involved. I wouldn’t say that I would’ve…like with the dressings we refer to district nurses and they deal with that, or warfarin goes to a warfarin clinic. We tend to tie everything down before we discharge; we don’t just discharge before we say good-bye. We tend to sort these things out before we go. |
| Interviewer | So you’re referring onto other people? |
| Healthcare professional | Yeah |
| Interviewer | And how do you think the patient feels when they’re discharged? |
| Healthcare professional | Umm…I think a lot of people are happy that the antibiotics are finished because they’ve had them for quite a long time. Umm…quite happy not to be tied down with the visits. You know, it may only be once a day but they’ve been having it for a long time.  I think some other people are a bit sad that we’re gone and we’re not going to be there every day to see them…umm…I think it can be quite mixed. |
| Interviewer | Mhmm…what would they be sad about though? |
| Healthcare professional | I think just having the visit from us; if they have had any concerns being able to ring us… |
| Interviewer | Right |
| Healthcare professional | …I think they quite like the support being on hand for them if they need it. |
| Interviewer | Okay. So, yeah…how would you…do you do anything to combat that, or…? |
| Healthcare professional | Umm… |
| Interviewer | It’s ok if you don’t |
| Healthcare professional | No, not really. |
| Interviewer | Is that different, do you think, because we talked about some people needing antibiotics for 6 weeks or more and some on a shorter term… |
| Healthcare professional | Oh yeah,. It’s normally the people who have been with us six, seven or eight weeks who say “oh, I’m going to miss your visit everyday”, have been using the service for a longer amount of time and they knew they could just ring up and say “I need some more medication and I need this”. Whereas now they have to go to the GP and it probably isn’t quite so instant. I think the shorter term patients are just quite happy that they’ve recovered and been home and that’s it for them. I think there is people who think they shouldn’t be discharged yet but the doctor normally talks that though with them and, umm…a lot of the time they follow up hospital appointments anyway, even if it’s not by us. |
| Interviewer | Does it vary among those that are…umm…more supported by husbands, wives, family? Do you think their experience of being discharged is different compared to those without any support? |
| Healthcare professional | Yes. Probably because they’ve got someone at home with them, they’ve got a distraction, they’ve got support. I think the people on their own we’re probably their only visitor that day and the only people they speak to in the day. So it could be different for them. |
| Interviewer | Yeah. Yeah, umm…so yeah, if you’re their only visitor of the day…why is that important? |
| Healthcare professional | Well I suppose it combats their loneliness. It’s not nice to be on your own all the time. |
| Interviewer | So you’re going in as their only source of social contact? |
| Healthcare professional | Yeah. |
| Interviewer | So you must have to…that must be different for them compared to those who have support. I don’t know, what would you, how would you explain what you do when you’re there? |
| Healthcare professional | Umm… |
| Interviewer | What’s the purpose, what’s the thing that *they’re* going to miss? |
| Healthcare professional | I think it’s the communication and another human interaction isn’t it? A lot of these people you’d say “you’re on your own, do you need anything? Any help with your meals?” and a lot of them its “no”. You can see they’re happy doing it themselves but they just don’t, obviously, see a lot of people and then get used to you being there every day for their social interaction and you know, three-quarters of an our to an hour a day can be quite a long time to be with someone and then they’re going to go back to not seeing anyone at all that day. Yeah, it probably does affect them more when the other people have got that interaction all day long, support. |
| Interviewer | That must be something that’s hard. Because you refer on for care needs and refer on for medical needs and you can’t… |
| Healthcare professional | Yeah you can’t really ring the carers and say “can you go and sit with them for a chat” |
| Interview | Right. |
| Healthcare professional | I suppose there is church, maybe church groups and stuff but it’s been coronavirus so I don’t know if these people haven’t seen anyone because of that or…umm…yeah it’s not the right time to ask people to go around to other people’s houses. Maybe I should encourage them to communicate with their relatives a bit more |
| Interviewer | Mmm |
| Healthcare professional | But I suppose you can only advise, you can’t make them do things. They’re normally set in their ways in what they like to do and when. |
| Interviewer | Would it benefit them though to seek more…? |
| Healthcare professional | Yes, definitely. |
| Interviewer | Right. |
| Healthcare professional | I think everybody needs human interaction. It’s a long old day sat on your own with no kind of stimuli isn’t it? |
| Interviewer | Mhmm |
| Healthcare professional | Mental health wise its, its…human’s need other interaction don’t they? |
| Interviewer | Okay. What about when you discharge, do the family ever say anything? Or have any views or opinions on that one? |
| Healthcare professional | Most families are usually very grateful for the service. Normally saying how wonderful it was for them and for…umm…how supportive we were and how well they think it aided recovery. Normally praising the service, generally. |
| Interviewer | Good. Do they have…umm…any concerns that they might have? |
| Healthcare professional | Umm…I think mostly the concern is the follow up. What’s going to happen next. I think if you give quite a clear, if there is a follow up, that you know when it is for them. Or a lot of the time I will get the doctor to ring them just to go through their discharge and why they’re being discharged and why this is the right thing and that usually eases the anxiety a lot. Umm…yeah, it’s definitely more positive than negatives from the patients. |
| Interviewer | Good. Okay. I think that’s about it. The last question I have got down for you anyway. Umm…can you think of anything else that you want to add.  No? it’s okay for there not to be anything. I can’t think of anything because we covered a lot of good stuff. Can’t think of anything we’re missing.  No? okay. That’s really good, really helpful. Thankyou very much. As you know the audio will get transcribed word for word. The plan is that I will interview…or have a discussion with lots of patients and then have another discussion with the njrses about what the patients say about a kind of reflective thinh. |
| Healthcare professional | Oh okay that’;s a good idea. |
| Interviewer | And it’ll be used for the PhD project that I’m doing and will hopefully improve the service going forward.  Thank-you very much for doing this. |
| Healthcare professional | Thank-you |
| Interviewer | Thanks. |

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