Date: 18/08/2021

Time: 20:30

Location: DCH office

Participant Role: healthcare assistant

START

|  |  |
| --- | --- |
| Interviewer | Okay. This is recording. So, [participants name], you know me, [interviewer name] because we work together. I’m the nurse on the hospital at home service that you already work with. So we’ve already met but we’re here today for a different role to have a different conversation about the service, how it works, what your relationships are like with the staff…not the staff!…with the *patients* and their families and so on whilst you’re out doing what you do for the service. Umm…you read the information sheet and consent form that I’ve got? |
| Participant | I remember doing it but don’t remember when [laughter] |
| interviewer | [laughter] that’s it! Umm…and …umm this is being recoded is that ok? |
| Participant | Yeah |
| Interviewer | Fab. Okay so lets get started, and to get the conversation started, can you just explain the service and what you do in it? That would be a good place to start |
| Participant | Okay. So the acute hospital at home is a service provided by the hospital for patients that are still on IV antibiotics or other things that can be done at home but they are alright otherwise. So, umm…staff nurses go out, usually, hopefully with an HCA, which is one of me, and give the patients the IV antibiotics and do the dressings. Occasionally they give vitamin K, they’ve done just dressings on occasions…umm…they do other things that are possibly district nurse could of done but can’t because they are too stretched. So, it’s to get patients out of hospital, back into their own homes where we think they do better, heal quicker and there isn’t so much stress on them. And hopefully, once they’ve finished their course of antibiotics and dressings we will discharge them from our service, and if they have ongoing need such as when they’ve had IV antibiotics and dressings but still need the dressings, they will be referred then onto disctrict nurses to just do the dressings.  So, my job is, as an HCA, is basically, as far as I’m aware is to look after the staff nurse and assist them to do their job. So, do the obs, help with bloods, help with dressings if we’re needed to. It’s nice if you can get a nice rapport going with the patient and just…umm…be just very friendly and open and…umm…approachable |
| Interviewer | Mhmm |
| Participant | Because you are in their home. So we will ask their permission to do stuff. Because well, obviously, they’re human beings, they have rights so we can’t just carry on “I’m going to do you blood pressure now” and just get on with it. You have to say “Can I do your blood pressure”. You’d get the odd one who will be being funny and go “no!” and you have to just go “okay”. But mostly they’re fine “yep, do what you like!” [laughs]  Sometimes the families are really really kind and helpful and other times they’re a nightmare and make your job harder. But you just try to be friendly and polite and, you know, help them to understand what we’re doing. |
| Interviewer | Yeah |
| Participant | You know, we’re helping their loved one to get better and they don’t have to be in the hospital to do it if we come in.  But apart from that, in our job role, is to make sure we have got everything we need. Sometimes I drive, sometimes the staff nurse drives, sometimes we share which is great too. Umm…what else do we do?... |
| Interviewer | Well you’ve given me loads there and I can just ask you about some of the things you’ve said already |
| Participant | Yeah, please do. |
| Interviewer | One point I’ve written about that you said quite early on you said “they’re at home because they’re alright otherwise”. And I wondered what you meant by that? |
| Participant | They haven’t got any other medical problems that they need to be in hospital for; they just need the IV antibiotics, or the dressings or whatever, sometimes they do need the extra care, in which case they sometimes already have packages of care, care packages, in place that they already had before. And if they haven’t and they do need care then that is sorted out…umm…by another agency, either [local private care agency], or they do a referral on the ward and it goes to a central point and it is allocated to a different provider. So then once that patient has got that care in situ then the staff nurses can go in and do what the staff nurses need to do. |
| interviewer | Right, so you don’t find yourselves getting involved in care too much on the service. |
| Participant | Umm…[laughs]. We kind of do, we kind of don’t…if they need it and we’re there it would be daft not to. And also, I wouldn’t be a nice human being if I ignored someone’s needs; do you know what I mean? |
| Interviewer | Mhmm |
| Participant | Umm…if they need a hand getting into their pyjamas and we are there then I don’t see the problem doing it. I mean, it’s just part of the job we would do if we were within the hospital isn’t it? So, you know, but if they needed continuing care as a…as a group we thought they needed more than we were giving them then we would pass that along and it would be sorted by the other care agencies. |
| Interviewer | Right so you might sort of, so it might be that when you were there, you might come across something, they might ask you to do something |
| Participant | Yeah, yeah |
| Interviewer | But you don’t…I don’t want to put words in your mouth but is it right that you don’t go in with the intention of doing… |
| Participant | That’s right, we don’t. we don’t go in with the intention of going in to do any care work because that’s not the reason we are there for. However, if we found another need, we would have to highlight that back |
| Interviewer | Yeah |
| Participant | And obviously and if they need help getting in their pyjamas, and we are there, then we’d do it! |
| Interviewer | Right. Umm…so what sort of things, in your time, have you done for someone…beyond what you were going in to do? So you’ve already mentioned getting into pyjamas… |
| Participant | Making them a cuppa. We’ve done that before now. Umm…making sure they have got enough to drink. Making sure they have got enough to eat. Sometimes going out and sorting food out for them if they’re hungry and they can’t actually do it themselves.  I mean, they might have another care package in place but there is nobody there at that time. I mean, as long as it’s a quick thing it’s not hurting anyone to do it, so we do it. |
| Interviewer | Yeah. And nothing else more obscure or anything? |
| Participant | Feed the pets… |
| Interviewer | Yeah, go on… |
| Participant | I’ve done that before now but you know if it’s needed, it’s needed. Umm…I can’t think off the top of my head |
| Interviewer | Okay, so then, on occasions when you’ve been there to treat the patient and you’ve found yourself getting involved with the pets; feeding the pets, caring for the pets have you ver had to… |
| Participant | You notice the water bowl is empty: “would you like me to fill the water bowl?” that sort of thing. It is just simple stuff but sometimes if you know a person is having trouble bending down or something, offering to fill the dogs water bowl or something isn’t really a big deal. |
| Interviewer | Yeah, that’s interesting |
| Participant | And actually, the patient does feel grateful normally that somebody is going to do that for them. umm…and you know, also, taking about pets, you also say hello to the pets because, actually, they are part of the family. I think as a pet owner myself, if my dog didn’t trust somebody then I would have trouble to trust them too. But if they were ok with my dog and my dog was ok with them, then I would trust them more. Pets can tell a lot so… |
| Interviewer | That’s interesting. SO pets are a part of that ‘rapport’ you mentioned? |
| Participant | Yeah absolutely, it’s part of their family. If you’re not nice to their family then how are they going to trust you?! I would certainly feel like that. If someone came into my house and went “ooo get away from me!” then I would be like…you know. |
| Interviewer | Another interesting point. What about… |
| Participant | [interrupts] I’ve been in trouble before for petting the dogs before but actually it’s what we do! |
| Interviewer | Yeah well you’ve mentioned the importance of building rapport and if you’re using pets as a tool for building rapport with the patients then… |
| Participant | Yeah! |
| Interviewer | What else do you do to build rapport with patients? |
| Participant | Well, you have conversations with them, find out if they have any hobbies and things like that. You know, talk about their lives, what they’ve done in the past, things like that. You just, umm, try and get them to talk about themselves and tell us, you know, their likes and dislikes, things like that. Just to make them feel more at ease. It also makes them feel important and that’s…when you feel important you start to feel better! And if you can get them laughing then that is *really* good medicine! |
| Interviewer | Okay, and what about other members of the family. Who else do you interact with? Who’s around? |
| Participant | Well anyone who’s there. Anyone who’s there. If they’ve got family *or* friends. you’d always so hello to them, introduce yourself to them. But your main focus is the patient |
| Interviewer | Yeah |
| Participant | So you don’t go off and have a conversation with the brother or mother or whatever, but you’d obviously say hello and introduce yourself to that person. |
| Interviewer | Mhmm. Are the families involved much? |
| Participant | Sometimes the family are…umm…more anxious than the patients and you find yourself…well obviously I leave it to the staff nurses because they know all the ins and outs and I’d say “you need to ask the staff nurse that I’m afraid…” |
| interviewer | So they ask questions? |
| Participant | Sometimes they do, yeah. But if it’s medical they need to ask the staff nurse that. If it’s something simple that I can answer then of course I will. Such as how often we’re coming in. I can answer that! [laughs]. |
| Interviewer | Okay, so what about the things the families do for the patients. Do they get involved with anything? |
| Participant | Sometimes. They can do. They can fill the dosette boxes things like that. Obvously, they might be helping the patient by doing the cooking or doing the shopping. That’s useful because if they weren’t doing that then the patient would’t be able to come out of hospital. So that’s helpful. But if they’re happy to do that then that’s always good because we won’t have to find a package of care to be able to come out of hospital. |
| Interviewer | So those are things that are normally done in hospital by the hospital staff aren’t they? |
| Participant | Yeah absolutely. |
| Interviewer | So are some of the family taking on hospital staff roles then? |
| Participant | Some of them are. Some of them are. |
| Interviewer | Are the patients ill enough to nee that then? Or does it vary? |
| Participant | It does vary. It varies an awful lot. Normally, the hospital at home patients are, normally, are quite well. I’d say 50/50. But normally patients who are that bad to need help already have someone at home with someone at helping them with those things. So they go back to that environment |
| interviewer | Before they got sick? |
| Participant | Before they got sick, yes, they had help. So, you know, it’s just a case of, we go in, do the IV antibiotics, but we do say “are you coping ok, blah blah?” |
| Interviewer | So do you think it makes a difference to the success of their treatment if they have support? Family around them…? |
| Participant | I think it helps. It helps the patients if they’re not on their own. |
| Interviewer | So…what…So…So if they’ve got family around; you’ve mentioned dosett boxes, cooking. Is it those practical things that it’s useful to have people around for? |
| Participant | Yeah. Having people around is good for your, just, general, you know, if you feel loved and wanted, you know, you’re going to be a lot happier than when someone is sat in a room on their own with no-one to talk to until you, the nurse, get there. Then you’ll probably get your ear chewed off because they don’t have anyone to talk to. So I do think it helps. |
| Interviewer | So you just mentioned someone who might be on their own. Is the relationship with you as the nurse different when they’re on their own? |
| Participant | Yeah. I think it is |
| Interviewer | Is the relationship different with someone who lives on their own, do they want and need something different from you than from someone who has family and friends? Whilst they’re being treated by hospital at home? |
| Participant | Absolutely. Absolutely. You find that someone who is on their own…umm…feels the need to talk. Most of the time. There are occasions where they are very quiet but it’s not often when they’re on their own. People on their own tend to cling on to everthing you offer because, you know, you’re all they’ve got. |
| Interviewer | Mmm |
| Participant | Umm…sometimes, before they got sick they were going out everyday and they were seeing people but now they are poorly they can’t. And Covid has had a big impact hasn’t it. A lot of people haven’t been able to go out because they feel isolated which doesn’t help at all. |
| Interviewer | So they’re ‘clinging on’ and talking to you because…? |
| Participant | They just want that interaction. |
| Interviewer | And there’s people on their own that need help with the dog or making the tea or whatever? |
| Participant | Yeah. Because if they’ve got someone with them already then, chances are, they will have made them a cup of tea and filed up the dog water. so, we don’t normally have to do that with the patients who have family who are living in. |
| Interviewer | Okay. That’s good. We are doing really well here. Some really good points. Umm…Another thing you said earlier when you were describing the service was that ‘people do better at home’ |
| Participant | Yeah |
| Interviewer | Could you elaborate on why you think that is and why you said that? |
| Participant | Umm… |
| Interviewer | Well, because traditionally, and for a long time, being in hospital is the place to be when you’re poorly. So… |
| Participant | Yeah |
| Interviewer | So, you’ve explained to me that they’re at home having a treatment that would normally be given in hospital. |
| Participant | Yeah |
| Interviewer | But now you’re saying it’s better to be treated at home, and I wanted to know why? |
| Participant | Yeah. Well quite a lot of reasons actually. Firstly, in hospital they are more prone to infections because there is more people around them. secondly, there isn’t enough staff in the hospital to get them walking and moving and that. They [staff] want them to sit in the chairs and they don’t want them to go anywhere because it’s not good because of Covid and there is nobody to look after them if they go wandering. So they don’t like to move, and they might not like the food in the hospital so they aren’t going to get the proper nutrition. So at home they’re more relaxed. They’ve got things that they can so, they can get on with things, even if it’s just a jigsaw puzzle. You can’t do that in hospital because there isn’t enough space.  Yeah, they’ve got things to occupy thir minds at home; the TV the radio, whatever. You have the TV on or the radio on in hospital and someone is bound to complain: “oi, I’m trying to sleep!”. You know what I mean? Then you’ve got the other people in the bay on the ward snoring their heads off for nights so they haven’t slept properly so they get grouchy and grumpy. Well I certainly would be, I wouldn’t want to stay in hospital. So you’ve got all those factors that you haven’t got at home. So, patients sleep better, less stressed, get better nutrition… |
| Interviewer | Yeah |
| Participant | …and they aren’t as likely yo catch any ting else on top of what they already have. |
| Interviewer | You said that ‘they [staff] haven’t got the time in hospital’. So do you feel that you have more time than the staff in the hospital? |
| Participant | Yeah, definitely. |
| Interviewer | So, umm…how much time, how long do you spend? Is it you on your own with them? |
| Participant | Well, I’m not on my own with them… |
| Interviewer | Sorry, I mean is it one patient at a time? |
| Participant | Yes it’s one patient at a time. And also it takes as long as it takes. So, if you’re putting up a drip that takes a certain amount of time, then you have that length of time whilst it’s dripping to do whatever you need to do; so that’s taking observations, bloods, having conversations and helping to get the cup of tea or something. |
| Interviewer | Right. So it’s quite a bit of time spent with them? |
| Participant | Yeah. Sometimes. And if they’re being seen three times a day you’re going to build up quite a rapport with them because actually, I mean, if you’re doing a long day shift, that’s twice a day you’re seeing that person. |
| Interviewer | Yes, that’strue. So that’s…okay… |
| Participant | So you get to know quite a lot about them. |
| Interviewer | On the flip side of things, if you’re going to see them three times a day and spending quite a bit of time with them, does that ever get in the way of things? |
| Participant | Ummm yeah… |
| Interviewer | I mean, are you a nuisance? |
| Participant | [laughs] the conversation can dry up a bit! [laughs]. You kind of run out of things to say….no I don’t think so. 99.9% of them would prefer the three visits a day tan to be sat in a hospital bed. You get the odd person who wants to b in hospital but it’s not many. |
| Interviewer | Why would…why would that person want to stay in hospital? |
| Participant | If they’re on their own or if they’re struggling, you know. And sometomes if they’re on their own, in the hospital there is people around them. So, the fact that it’s the hospital, they may not be able to cook so enjoy the hospital food. There’s all sorts of reasons…they might like to be waited on hand, foot, and finger. |
| Interviewer | So it depends on the person a little bit; because some of the positives you said like having things to do and getting on with things themselves are for the 99%..but for some they want to be in hospital? Do they feel safer there? |
| Participant | Yeah |
| Interviewer | Okay, interesting. Yeah okay. The only other thing that I have written down so far is that you said, a while back now, you said that ‘it’s different with them at home than it is in hospital’. I think you were talking about your relationship with them and how you treat them because you can’t just come in…like you were saying ‘you can’t just come in and start doing their blood pressure because it’s different when they’re at home’…? |
| Participant | Yeah, yeah, well you’d still ask permission in hospital but they kind of expect it in hospital don’t they? Whereas at home they might not expect you to want to do blood pressure and everything still at home. But also, because the patients are more relaxed, normally, at home and in the hospital you don’t really have the time to sit there and have a conversation with them in hospital because you have to do obs on them and obs there and obs there and obs there and obs there. You have to go around the whole ward bay so how do you have the time to stop and have a conversation with that person? You don’t! So at home you’re one-on-one, there’s no distractions like 20 other patients ringing their bells because they need the commode thank-you very much. |
| Interviewer | Yeah |
| Participant | [laughs] do you know wat I mean? So you have more quality time, whereas, in hospital you are just rushing around doing everything. You’re not doing that when you’re in their homes so you have the time and no distractions to take away from that time. |
| Interviewer | Right, thanks. So we’ve got so much there. I asked one question at the start and we’ve done all that. We’ve gone flying on |
| Participant | [laughs] |
| Interviewer | That’s brilliant. That’s the way it goes! It’s perfect. So, just, about, how long do you have patients for? You’ve said how sometimes you have them for three-times-a-day but how long do you have them for? Days? Weeks? Months? |
| Participant | Well…we’ve had people for a day, and we’ve had patients for several months. |
| Interviewer | Right |
| Participant | So, and anything between |
| Interviewer | So what is the relationship like when you compare those? |
| Participant | Well if you have a patient for a day then you don’t really get to know them do you? But we’ve had patients…I think we had one for almost six months. We thought we were going to have him for Christmas [laughs]. |
| Interviewer | [laughs] and what was that like? |
| Participant | It was brilliant. Although conversation was hard because he was as deaf as a post, we’d write things down and have a conversation that way. So that was quite nice. We found out quite a lot about him, and his family would come in and we would have chats with them which was lovely. It was nice, we would have a really good rapport. I think every-single-one-of-us that went in had a really good rapport with him. It would have been nice to have kept hime for Christmas after all! |
| Interviewer | Okay so trying to build on that a little bit…well okay that’s fine. So you’re with him longer so would you say you got to know him more, and know his family and things…? |
| Participant | Yeah we got to know his likes and his dislikes and he got into a routine because he would know we were coming. |
| Interviewer | Okay, good…[pause] |
| Participant | Carry on… |
| Interviewer | It’s difficult because I know who you’re talking about and I know what I want to say about it but I can’t…  So it looks like I’ve covered everything from my first section on roles and responsibilities. Is it ok to carry on to the next section, again a lot of it I think we will have covered already…? |
| Participant | Yeah yeah |
| Interviewer | This section is more about the experiences of the service user. |
| Participant | Right. |
| Interviewer | What about the feedback you get? You’ve touched on the positives that make patients want to be at home but have you got any thing from the feedback you get that makes you think this? And how do you get your feedback? |
| Participant | Well we get feedback because w egive them a questionnaire at the end and we get them to write down how they feel and, you know, how they felt with the service and would they recommend. Umm…and I can’t think of one that has come back with any negative feedback. It’s always positive. They’ve always been really pleased with the service and they’ve always been really grateful with the service.  In fact, quite a lot buy us some biscuits and cards. As I said I can’t think of one that has been negative. They have all been really pleased that they have been able to have the service at home. |
| Interviewer | Okay. Perfect. Can you think of any…you said you can’t think of any negatives? |
| Participant | No, not on the hospital at home side. |
| Interviewer | Okay so that’s good to know, but what can e done to improve things. From your point of view you may have come across times when you thought things may have gone better for the patient? |
| Participant | Umm…blank…umm…I’m sure there are. |
| Interviewer | Okay so think about what barriers there are to successfully delivering treatment? |
| Participant | Umm…sometimes where the patient lives… |
| Interviewer | Right..? |
| Participant | Because sometimes they are very rural so we have to 4x4 incase of bad weather and parking can be a nightmare…umm…access to the property if the patient can’t get to the front door how are we going to get in? so usually need to set up a key safe somewhere. We normally get around things but it can make it more difficult sometimes, you know, where they live and whether they can get to the front door.  Sometimes the family, we’ve had one who has had a not nice dog so we have had to make sure the dog is shut out before we get there. Really we ask all them to be put out because we can’t have them around when we are doing sterile things. So we ask them to do that; as long as we say hello to the pets first they’re usually, you know, quite good. |
| Interviewer | Yeah |
| Participant | Umm…occasionally family members aren’t very pleasant but that isn’t very often. I think there’s only been one or two who try to cause a bit of grief but normally everything is fine. |
| Interviewer | Can you recall what the ‘grief’ was over? Because that’s an interesting point |
| Participant | No, I just think it was because that person wasn’t very nice to the patient |
| Interviewer | The family member wasn’t? |
| Participant | The family member wasn’t very nice to the patient |
| Interviewer | Right |
| Participant | And that makes it a bit awkward so when you have to go in there to help the patient, someone not being very nice to the patient makes it difficult for us. We would still have to do our job but it makes it awkward. You want to go in and be nice and be friendly which we do try and do in those situations. You have to be professional and just, you know…it does make it awkward. |
| Interviewer | Touch back on what you said about the rural-ness; what’s the…just describe it for me, some of the places you go.. |
| Participant | To the back and beyond [laughs]. Ummm…yeah out and the sticks and sat nav’s don’t always work. that’s why we take phone numbers for patients because when we get lost we can phone them up and find out where they are! [laughs]. But yeah, the back and beyond. We’ve been to [village far away], [another village far away], we’ve been to [town far away], we’ve been…everywhere. |
| Interviewer | So you cover…how big an area do you cover? |
| Participant | I think [far away town] is the furthest in that direction |
| Interviewer | How far’s that in time? How far to drive? |
| Participant | It’s about 40-45 minutes. |
| Interviewer | Uh huh… |
| Participant | [another town far away], I don’t think we’ve been any further than that. So that whole distance from [town far away east] to [town far away west] and anywhere in between. |
| Interviewer | So you’re talking 40-45 minutes each way? So like an hour or so circle? |
| Participant | Yeah, yeah. |
| Interviewer | So if they are far away, does that affect the care and treatment they get compared to someone who is close? |
| Participant | Yeah, yes. If they’re further away we will only be able to see them once a day because obviously if they took them on three times a day then the service probably wouldn’t be able to take any other patients because there wouldn’t be enough time, so, the patient would have to be on a treatment that is once a day. Those that are in the immediate vicinity, three times a day is fine. Anyone about twenty minutes away we could do three times a day. Any further than that then it wouldn’t be more than once, maybe twice a day. |
| Interviewer | Right, because it limits the amount of people you can see? |
| Participant | Yeah. The amount of people we could have using the service. Because we have two staff nurses and two cars, and only one in the evening. So if you have one person in [town far away west] and one person in [town far away east] on three times a day then you’re going to struggle to do that. |
| Interviewer | So that’s a bit of a negative to the service then? |
| Participant | Yeah..we haven’t got a helicopter yet [laughs] |
| Interviewer | [laughs]. So what could you do to improve that then? |
| Participant | Well we could get more nurses and cars but what if we can’t find appropriate patients? It would cancel out the benefit. |
| Interviewer | So when you get to the patient’s house, what is the home like? We’ve talked about the dog and that at home and the issues that brings, but is there anything else? |
| Participant | Yeah. Some of them are collector maniacs, or outright hoarders. Some are really filthy and you have to wipe your feet on the way out. But most of them are alright, most are really nice houses to be fair. |
| Interviewer | Does that effect the way and what you do? |
| Participant | No, it doesn’t affect how much we can do but it does make it a bit “yuck”. But you still have to get on with it. We’ve had to do dressings on legs, and you have to kneel on the floor. So you put something on the floor to kneel on so you don’t have to have abath straight afterwards! |
| Interviewer | So that’s from a work point of view, what about the going in and having a chat and building rapport in those houses. Do you still do that? |
| Participant | Yeah absolutely, they’re still people. We try not to judge too much. |
| Interviewer | Okay. That’s good. We’ve covered so much. The next bit I want to ask you about is when the hospital at home service ends. What happens when it ends? Lets start with that. Just talk be through that, what’s the process? Who decides? What happens? |
| Participant | So, it’s the doctors that decide when the course of antibiotics is finished. If it is IV antibiotics. There are other factors, like if it is just dressings, like if the district nurses couldn’t accommodate it. So in those cases it would be when the dressings are no longer needed or when the district nurses could take over again. |
| Interviewer | Mhmm |
| Participant | But for the IV antibiotics it is the doctors who decide. |
| Interview | Yeah. Okay. |
| Participant | Yeah. The doctors and the microbiologists get together and decide how long the course is for and they get us to take bloods to make sure the infection markers are coming down. Umm…and once they are low enough they decide whether or not that is time to stop the service |
| Interviewer | Uh-huh. Okay. Then what do you do? |
| Participant | Well obviously the patient gets infolrmed of when it is finishing. We ask them nucely yo fill out the feedback questionnaire. On their last day, normally, they [nurses] go in and give the antibiotics, remove the cannular or line; so long as it is in the morning. If it’s in the afternoon or evening, they tend to leave the line in until the morning after so that it can be taken out when it’s safer. And discharged then because there is a chance of bleeding. We don’t want that overnight when there is nobody around to help them. so they take it out in the morning if they can.  We take away their paperwork and sharps bin and leave. |
| Interviewer | And how do you think the patient feels about that? |
| Participant | Well, quite often relieved |
| Interviewer | Yeah? |
| Participant | Because, you know, they are better now and can go back about their life without having to worry about us coming round at certain times. So yeah, you get the occasional one who will miss us because we have become part of their routine and their life |
| Interviewer | Yeah |
| Participant | But yeah, as a general rule, people are generally pleased because it is finishing. |
| Interviewer | So who’s going to miss you? |
| Participant | Mostly patients who are on their own. Patients who you’ve been going into see three times a day for quite a long time. |
| Interviewer | So have you built up a stronger relationship with those ones? |
| Participant | Yeah because we have been going so long they have got to know us all as individuals, they miss the conversation, they miss having someone coming in at certain times of the day, you know. |
| Interviewer | You said ‘they’ve got to know you as individuals’… |
| Participant | Well, you know, you have a conversation with you. You ask them about them and they ask you about yourself so you do have atwo way conversation, it’s not just a one way conversation. That way they build up more trust in you. If you’re closed and don’t give anything away then the patient might be like ‘hmmm’. Like them asking a question and only giving them a one-word answer. You have got to give them more, it’s a two way street. But you, obviously, don’t go into great details. You talk about different aspects of your life: ‘oh yeah I have this and that hobby’, ‘yes, I ride horses’ or whatever., so because they get to know you a bit and they know you a bit then you do have that *almost* friendship thing going on. Most of them like that. |
| Interviewer | Yeah. Love that. Perfect.  Okay, I tink that covers the end of that section as well. So we’re coming towards the close of the discussion now. I’d judt like to give one other opportunities to add anything about you role? Anything that could improve hospital at home? How patients are effected? |
| Participant | Well…umm…I think we need more staff…umm…I think the referrals from the ward need to get better because they need to be referring more patients to us at hospital at home. I think we could do an awful lot more than we do. |
| Interviewer | So what stops people referring to hospital at home? |
| Participant | Some of it is, possibly, because people don’t know about us. That is just a communication issue. Like, night staff in the hospital, most of them are only on nights so they wouldn’t know about us so wouldn’t know to say. Agency staff don’t know. So the service doesn’t always get talked about like: ‘oh this patient is good candidate for hospital at home because they only need IV antibiotics’.  And other times it’s because they are too far away so we can’t take them. |
| Interviewer | Yeah they are out of that radius you talked about earlier? |
| Participant | Yeah. If we could go that bit further we would get loads more patients. But we would need a few patients in that area it make it worth going up there. We would need like four or five patients in that area and then, you know, say one in [town far away], one in [another town in that direction far away] and another one in [town far away in that direction] and then they can travel up there and make a day of it. |
| Interviewer | Okay. Anything else? |
| Participant | Not that I can think of. |
| Interviewer | Fair enough. That’s it then, thanks for taking part. |
| Participant | I’m all talked out! |
| Interviewer | Thanks, you’ve given some really great points. Thanks for taking part. The information will be used in my research project and should help understand what can be done to make the service better. Thanks for your time. |
| Participant | You’re welcome! |

FINISH