**Healthcare participant 8 notes and reflections**

* This was a challenging interview. The participant seemed to find it hard to express what she wanted to say. She also didn’t expand on her point so gave lots of ‘yes/no’ answers.
* Open questions were met with silence so more closed questions were used…which were often met with yes or no.
* I tried to expand on her yes or no response as a sort of ‘sense checking’ but often felt like I was putting words in her head.
* It was a long interview. It took a long time to get the data from the participant. There will be some interesting data within but will be more difficult to unpick.
* She often seemed to think my questions were odd because the answer was so obvious, but she couldn’t explain why it was obvious.
* The participant sees a lot of value in being at home. Having family around them – but unpicking what was good about family compared to hospital staff was difficult. Also peace and quiet.
* Challenges of living far away and having repeated appointments back at the hospital is reported as a frustration for patients but the participant still believes it is better to be at home and the patients would rather that.
* The patient group varies; those who are young and/or able to cope independently without SNS Vs older, less able patients who need the support of formal and/or informal support.
* Formal support may have been pre-existing or is often established by the HaH team if the acute illness makes the patient less able. The HaH staff are unable to provide emotional and practical work as their visits are fleeting and structured around the health intervention.
* The relationship between the staff and the SNS varies depending on their role for the patient. E.g. those depending on their SNS means the staff will have a patient focussed relationship with the SNS..otherwise the relationship seems to be limited to polite ‘hello/goodbye’.
* The participant mentions that relationships develop between HaH staff and patient over time and affection develops. This isn’t acknowledged between staff and SNS as this is kept professional at arms length.
* Mostly abx treatments for ‘stable’ patients who would otherwise need to stay/be admitted to hospital. Saves hospital beds but also improves patients experience. Again. Found it hard to explain what was better about being at home.
* Expressed the importance of having people at home with them (particularly a spouse) who would provide support that couldn’t be provided by the hospital at home. However, it was possible to have support from other care teams, or friends or neighbours – probably qualitatively different but she couldn’t explain it well