BHT - Hospital at Home

Patient, carer and staff experiences

April 2025

What we did

We collected real-time experiences from patients, carers and staff on the Hospital at Home (HaH) programme in Buckinghamshire.

HaH, also known as 'virtual wards', provides care that usually takes place in a hospital to patients in their homes. It includes face-to-face medical nursing care and therapy, as well as remote monitoring services for a range of conditions for up to 14 days. This care is provided by hospital-based doctors, nurses, therapists and pharmacists.

Key findings

The following findings are based on the analysis of a small sample of **64 voices** - 38 patients, 16 carers and ten HaH staff members.

Patients

- Most patients told us that treatment began at home almost immediately after they were referred to HaH. However, some said that they were not expecting the 'first' visit as they were not notified in advance about the day/expected time that HaH staff would visit. These patients were mainly referred through their GP, acute day emergency care and the emergency department.
- A few patients told us that while their experience of HaH was positive, they did not feel that they were ready to be discharged from hospital.
- Patients were very satisfied with the care that they received from HaH staff. Almost all (34/38) either strongly agreed or agreed that HaH staff treated them with kindness, respect and dignity.
- Most patients said that HaH staff responded quickly to emails and telephone enquiries.
- We heard from patients, mainly in the Buckinghamshire Integrated Respiratory Service (BIRS) and Outpatient Parenteral Antimicrobial Therapy (OPAT) Service

pathways, who told us that they were given all the necessary equipment to take their health readings i.e. for blood pressure, and submit them daily on a digital app (Docobo Patient App). While patients said that the app was easy to use, one person told us that the hospital Wi-Fi signal was weak when a clinician was demonstrating how to instal the app. They installed the app at home but said they felt rushed at hospital.

- Patients referred to similar **benefits** of HaH. These included home comforts, being around family, not being vulnerable to infectious 'bugs' on inpatient wards or being woken during the night. Most patients said that they felt reassured that their needs were being met by HaH staff.
- We heard about three main **challenges** – getting an appointment with a GP, long term care needs and the physical home environment e.g. getting up/down the stairs.
- We asked patients if they had any suggestions to improve the HaH service. While most said that they were happy and would not change anything, we heard the following suggestions:
  - more in-person home visits
  - instal features to make the digital app more patient engaging e.g. face-to-face video calls with HaH staff
  - provide transport for hospital appointments
  - have HaH teams based at hospitals other than Stoke Mandeville e.g. Wycombe Hospital for South Bucks residents.

Carers

- Overall carers were very satisfied with the HaH service. Three quarters (12/16) agreed that the patient was being kept up to date on their progress.
- Three carers were not sure whether the patients were still being supported by HaH.
- While most carers said that their queries were answered by HaH teams quickly by telephone/email, one carer told us that the response was not as rapid out-of-hours at the weekend.
- One carer told us that they needed more help with the patient's rehabilitation needs.

- We heard that the main **benefits for carers** having the patient at home were good access to support/advice and bespoke care for the patient in their own environment.
- One carer told us that they were happy to have the patient at home, but they still needed reassurance that the patient was doing well. They said that they did not understand the readings that they submitted on the app.
- Some of the carers made the same suggestions for improvements as the patients – raise awareness of the service, more home visits, better transport to hospital and explanation of digital app readings. In addition, we heard the following suggestions:
    - Clarify the length of stay on the virtual ward
    - more information about the next steps
    - provide information about hospice services.

Staff

- HaH staff said they liked being able to treat patients in their own homes and administer procedures that would otherwise be done in a medical setting i.e. IV antibiotic treatment *(antibiotics that are administered directly into a vein).*
- The biggest challenges were:
    - communication between HaH teams working in different locations
    - staff capacity to carry out face-to-face visits
    - reliability of patients to give accurate readings on the digital app
    - not being able to liaise with GPs for medication
    - lack of communication and support from senior management.
- Half (5/10) said that they were aware of training and personal development opportunities.
- Suggestions for improvements to the service included:
    - improved communication with senior management
    - further work collaboration within teams
    - raising awareness of the service
    - more baseline assessments e.g. bloods, an electrocardiogram (ECG)

- improved technology for remote monitoring and communication
- expanding pathways to different services to cut waiting times for patient referrals from primary to secondary care.

Our recommendations

We recommend that Buckinghamshire Healthcare NHS Trust (BHT) evaluate HaH processes by considering the following.

Supporting patients and carers

- ☑ Continue to ensure that patients and carers are fully informed about HaH services and give their agreement to be discharged from acute hospital wards prior to HaH referrals
- ☑ Encourage community response services and GPs to inform patients about the quick timeline for a HaH visit which could be within 2 hours to 24 hours of referral. This would allow patients and carers to be more prepared for the visit
- ☑ Ensure that patients and carers are fully aware that they are receiving HaH support and care from admission through to discharge. Where possible, give patients and carers an indication of their length of stay on the virtual ward and prepare patients for discharge in line with the Hospital discharge and community support guidance
- ☑ Consider offering face-to-face video calls alongside the DOCOBO Patient App if patients and carers request more personal contact
- ☑ Continue to encourage HaH teams to signpost patients and carers to relevant health and social care services using the Joy app
- ☑ Promote online care services to help adults who need some extra support to maintain their independence for as long as possible such as Buckinghamshire Council's community care finder and Mobilise
- ☑ Review out-of-hours support and response times to calls on a regular basis so that patients and carers have the same quick access to support and advice on weekends as during weekdays

Supporting HaH staff

☑ Continue to encourage HaH staff to give feedback about challenges within service delivery. Promote two-way communication protocols to ensure that staff voices are heard and, where possible, actions are taken to improve their experiences

☑ Promote training and personal development opportunities to improve workforce development and support across all HaH services

What was the project about?

This aim of this project was to gather lived experiences from people that have used HaH services (patients/carers) and those delivering it (HaH staff).

This insight aims to inform service development for BHT's ongoing evaluation of their Hospital at Home programme.

Services that are part of the HaH programme include:

Frailty hospital at Home Service for patients who may be experiencing a health/social crisis (a sudden decline in the patients' health and wellbeing).

Bucks Integrated Respiratory Service (BIRS) for patients with confirmed or suspected Acute respiratory infections (ARIs) who are stable or improving but require ongoing monitoring provided in their home or usual place of residence.

Outpatient Parenteral Antimicrobial Therapy (OPAT) Service for patients requiring intravenous antibiotics that can be safely provided in their home or usual place of residence.

Palliative and End of Life Hospital at Home for patients in an unstable phase of illness or complex dying who require daily symptom monitoring.

Methodology

BHT leads shared information about the project with patients and carers on the HaH programme and provided contact details for those who wished to participate. Patients and carers were informed that:

- their participation was voluntary
- their responses would be anonymised

- any personal information collected will be stored in accordance with the Data Protection Act 2018
- the HW Bucks project lead would contact them on a landline number (provided).

We designed three separate questionnaires – one to capture patient feedback, one to capture carer feedback and one to capture staff feedback.

Most patient and carer responses (92%) were collected via telephone interviews. We shared an email link to the survey for patients who requested it. HaH staff on the Palliative and End of Life pathway shared the questionnaire in-person with patients and carers. These written responses were given to us in private and confidential envelopes.

The staff survey was circulated to HaH teams through internal communication channels at BHT.

To protect patient anonymity some quotes within this report have **less** detail.

Who we heard from

Not all the people we spoke to provided demographic information. Percentages below are based on those that responded to the question.

Patients

We heard from 38 patients, they were mostly:

- over the age of 66 years (65%) with a median age of 70 years
- male (62%)
- White British (65%)
- living with a long-term condition (83%).

Carers

We heard from 16 carers, they were mostly:

- **under** the age of 66 years (54%) with a median age of 62 years
- female (69%)
- White British (82%)
- identified as a carer (70%).

Staff

We heard from 10 staff members, they were mostly:

- over the age of 46 years (70%)
- female (90%)
- White British and Any Other White background (70%)
- not living with a long-term condition (60%).

What we heard

Patient feedback

We heard from 38 patients in total across four HaH service pathways – 28 said that they were still receiving HaH support, six said that their support had finished and four did not know either way.

Referral sources

Most patients told us that they had been referred to HaH from acute inpatient hospital wards. Some were referred through their GP, acute day emergency care and the emergency department.

Several patients told us that had never heard about HaH before their referral.

We heard that treatment started promptly after patients had been referred to HaH across all referral sources. Although a few patients told us that they had not been informed when the first visit would take place. One patient told us:

> "When I was referred to hospital at home, I thought they would visit within the week. They were knocking down my door the very next day."

Another said that they did not get any advance notice of the first home visit. They asked HaH teams to notify them about future visits so that they could be prepared.

While most patients preferred being treated at home, a few told us they felt that they were not ready to leave hospital.

> "They discharge you too soon from hospital. I'm not a bed blocker; I pay my taxes. My recent experience was my first time ever in hospital."

> “I would have been happier to stay longer in hospital.”

HaH support services

Most patient responses came from two pathways - half (50%) were from the BIRS pathway and over a quarter (26%) were from Frailty HaH. Some of the patients on the Frailty pathway were confused about their care and treatment and could not answer all sections of the questionnaire.

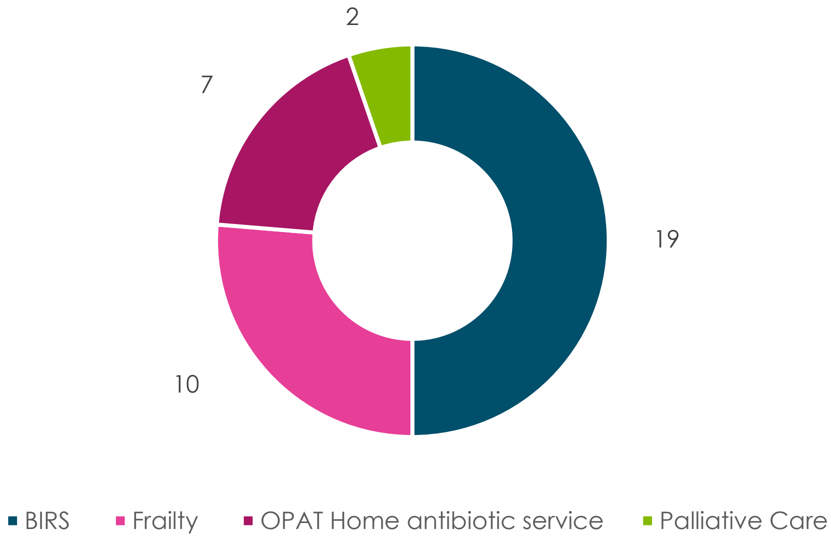

Figure 1 – Patient reported pathways

Most patients across the four pathways were very satisfied with the treatment and care that they had received from the HaH support teams. We heard very positive feedback across all services:

> “I have been hugely impressed by hospital at home and am extremely grateful for the level and quality of care provided for me, allowing me to remain at home.”

> “They're [staff] amazing, like angels with white fluffy wings.”

> “Honestly, I can't recommend them enough. They always ask, 'Is there something else you would like us to do?'. BIRS nurses are the best, they're so brilliant.”

> “They let me know who each one was [staff] and what they were doing. They spent more time with me than the GP.”

We asked patients to tell us their feelings about HaH support. Most of the patients who responded said that they strongly agreed that HaH treated them with kindness, respect and dignity. Four disagreed that the HaH team were keeping them updated on their progress. Most agreed that HaH teams explained the treatment and medication that they were administering.

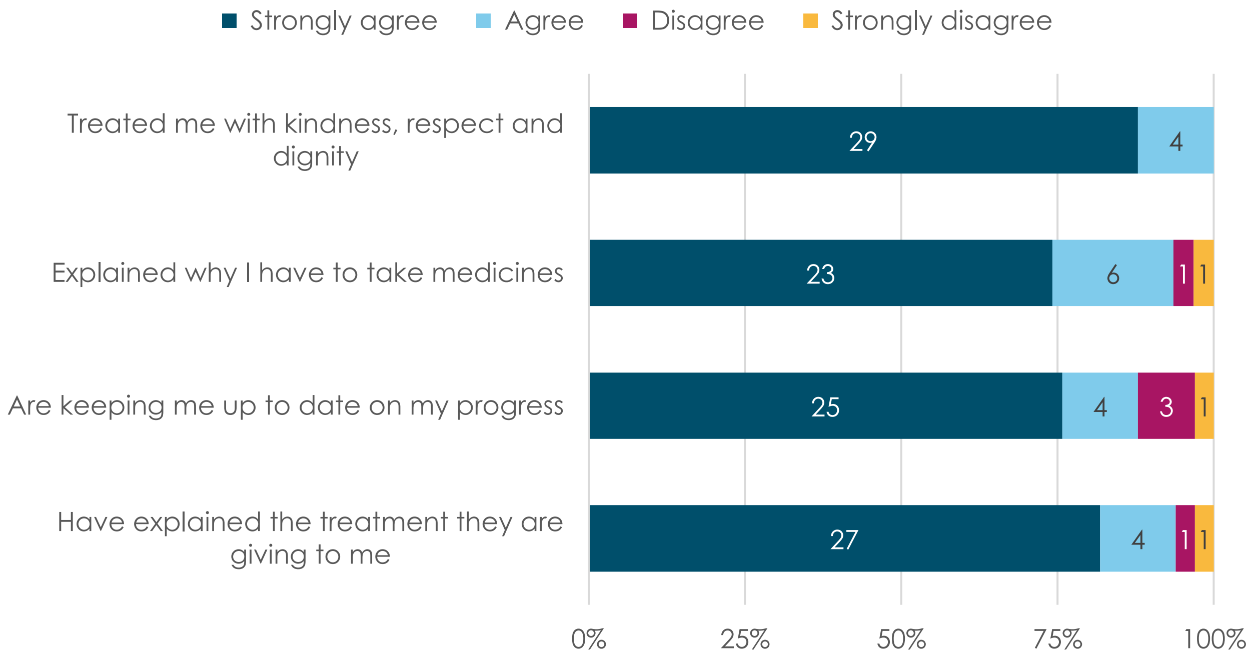

Figure 2 – Patients were asked whether they agreed/disagreed with these statements about elements of their care

Away from acute hospital inpatient wards

The majority of patients who were referred to HaH from acute inpatient wards agreed that they felt safe during the day and night at home, slept better and had eaten better.

Three patients however said that they slept better in hospital. One said:

> “I actually slept better at hospital. I know there's noise and everything, but I didn't know what was happening to me, so I felt more reassured being in hospital. I feel safe at home now but didn't at the start of the treatment.”

	Strongly agree	Agree	Disagree	Strongly disagree	Patient total
I feel safe at home during the day (during the treatment period)	15	8	1		**24**
I feel safe at home during the night (during the treatment period)	15	8	1		**24**
I have slept better at home than at hospital	14	4	2	1	**21**
I have eaten better at home than at hospital	11	8	1		**20**

Table 1 - Patients were asked whether they agreed/disagreed with these statements about being treated out of hospital

Duration of time spent on HaH programme

While most patients (30/38) told us that the amount of time spent on the HaH programme was 'about right', one said that they would have preferred to stay on the programme for longer.

> "I think I was discharged too quickly. They did ask me if I was ok with it, I could have kicked up a fuss, but they said that I could still use the virtual clinic. I was happy that I could still call them."

Three quarters of patients said that the amount of time that HaH staff teams spent with them during home visits was 'about right'. The length of time varied from patient to patient – some appointments were 20 minutes while others were up to three hours.

Remote patient monitoring

Most patients (71%) told us that HaH teams responded to their telephone calls and emails quickly.

> "They are fantastic. They respond straight away."

Some of them used a digital patient app, Doccla, to record readings such as oxygen levels, pulse rate, and blood pressure. They told us that the app was easy to use.

> “I have an app; I put my readings on there. It’s easy to use. They also say if you need help, just call.”

One patient told us that the Wi-Fi signal was weak whilst they were being shown how to use the digital app in hospital. They said:

> “I felt like it was all a bit rushed.”

They installed the app on their mobile phone when they got home after being discharged from the inpatient ward. Although they said that it was easy to use, they did not understand how their readings were measured i.e. thresholds for a positive or negative reading.

Rehabilitation

We asked patients *(apart from those on the Palliative and End of Life pathway)* if HaH helped them to get back to their daily activities. Over one quarter (31%) said ‘absolutely’ while a third (33%) said ‘sort of’ and just over one third (36%) said that the question did not apply to them. However, most patients said that it was too early in their recovery journey to tell. Two patients told us that they were recovering better at home then if they had stayed in hospital. One said:

> “I'm better than I was when I was in hospital. I went downhill in hospital, always infections on the ward.”

Benefits of HaH for patients

We asked patients to tell us about the biggest benefits of being on the HaH programme and if there were any challenges.

Many patients listed the same type of **benefits**, these included:

- more comfortable at home
- looked after by family
- better Wi-Fi and choice of TV channels
- not staying in a hospital setting and being surround by infectious ‘bugs’
- not being woken up in the middle of the night
- reassurance that their medical needs are being supported by the HaH team.

We heard three **challenges**:

- some patients said that getting an appointment with a GP is a challenge but noted that that was external to the HaH programme
- finding solutions for long term care needs could be a challenge, one patient told us that they did know where to look for ongoing care support when they get discharged from HaH
- one patient told us that getting up at down the stairs was a challenge whereas in hospital everything is on one level so getting to the bathroom is easier.

Suggestions for service improvements

We asked patients what could make their experience of HaH better. The majority told us that their experience had been very positive and that they would not change anything.

We heard a few suggestions from patients who were happy with the care that they had received but said that if they could change anything it would be to have more personal contact, to raise awareness of the service, better transport for hospital appointments and location of acute hospital appointments. They said:

> "It might be better to have more face-to-face services even though they are very supportive on the phone. Perhaps if you could see a face on the app, a video call it would be more personable. I can't fault the girls though, they're very good."

> "Questions are too binary [on digital app]. For example, is your asthma well controlled yes/no, could be how bad is your asthma on a scale of 1 to 5. That was they could track progress…"

> "The only thing that would make it better is having a team based [nearer to where I live]. There's a hospital up the road and I need to go to Stoke Mandeville, it's just a location thing."

Carer feedback

Referral Sources

We heard from **16** carers. Twelve of them told us that the patient was still receiving HaH support services, three had finished receiving HaH support services and one was unsure whether they were still receiving HaH support.

In contrast to referral sources in the patient survey, only a minority of patients where carers answered the survey were referred to HaH from acute inpatient wards. These patients had been referred through the GP, paramedics, acute emergency day care and the emergency department. However, we heard that two patients had been admitted to acute inpatient wards while receiving HaH support.

HaH Support Services

Most carers (9) were looking after patients from the Frailty at Home Service, two others were from BIRS Hospital at Home, another from the OPAT service and four from Palliative and End of Life service.

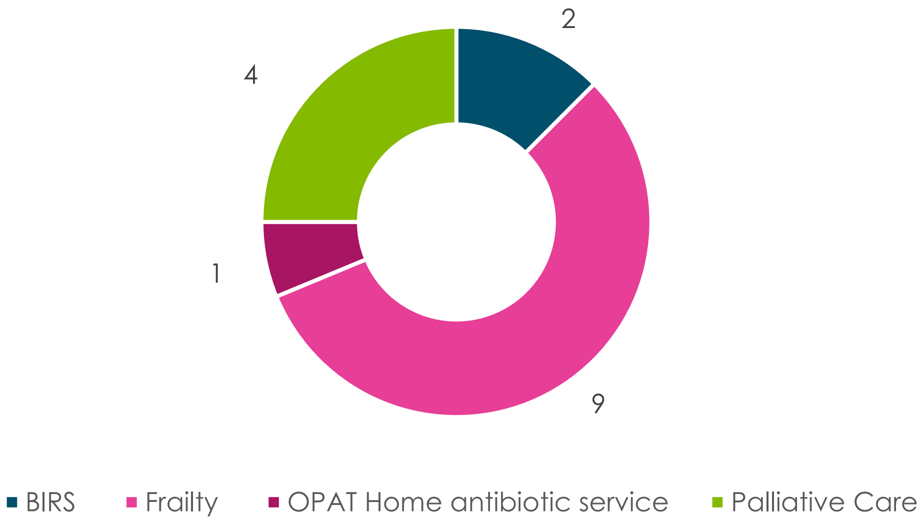

Figure 3 – Carer reported pathways

Most carers told us that the patient was either **very satisfied** or **satisfied** with the care that they had received from HaH support services.

When asked how they felt about care, treatment, medication and staff attitudes, most of the carers who responded (12) agreed that the patient was being kept up-to-date on their progress.

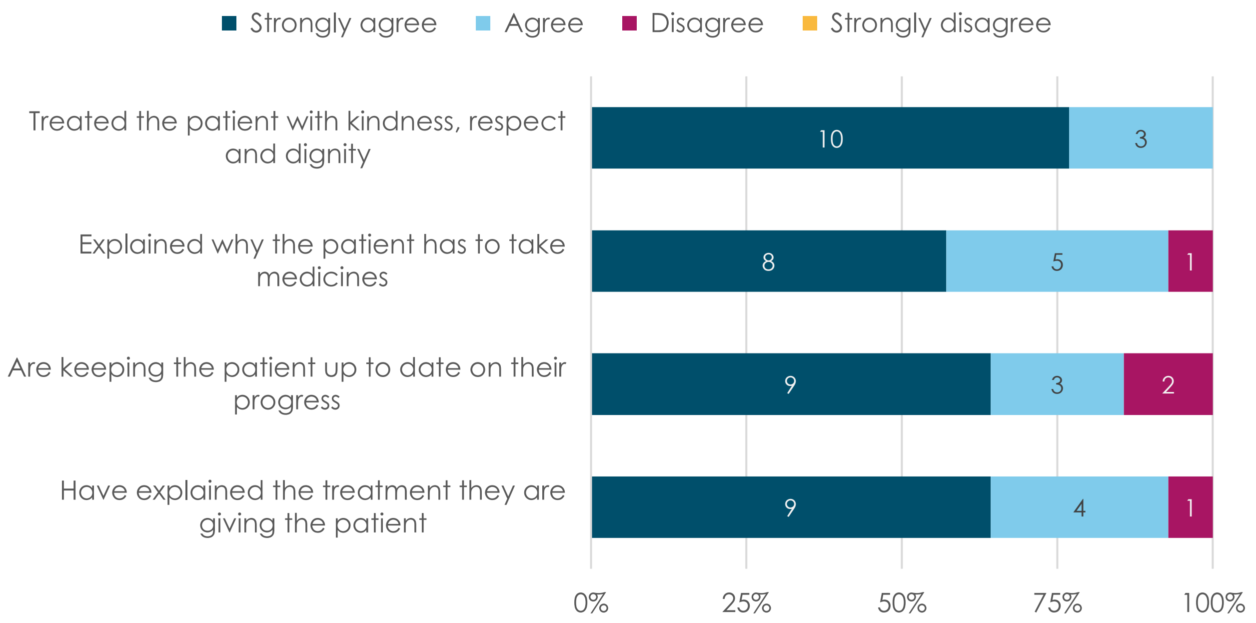

Figure 4 - Carers were asked whether they agreed/disagreed with these statements about elements of patient care

Duration of time spent on HaH programme

Nine carers told us that the length of time that the patient was on the HaH programme and the time that clinical teams spent during home visits was ‘about right’. Two carers were unable to answer this question as the patient was back in hospital and one carer was unsure. as they were not informed if that patient was still on the HaH programme. They said:

> “Not been informed about next steps, not sure if [patient] is still on virtual ward.”

Remote patient monitoring

Carers said that they were given contact details for HaH teams. One said that they had downloaded the digital app to submit patient healthcare readings. Most carers said that HaH teams responded to their telephone calls/emails quickly. However, one carer said that the HaH out-of-hours service at the weekend was not as prompt. They said:

> “There was a problem over the weekend. Had to call an out of hours number to leave a message. Somebody did get back to us. [Patient] was getting anxious, so I called 999.”

Two carers said that they had not phoned or emailed the HaH team so they could not tell us about response times.

Patient rehabilitation

We asked carers, apart from those on the Palliative and End of Life pathway, if HaH was helping the patient to get back to their usual activities. Two said 'absolutely', one said 'sort of', two said 'not at all'.

One carer told us:

> "I think [patient] could get more help."

While another carer had requested a referral to more specific rehabilitation treatment.

Benefits of HaH for patients (carers' perspective)

Most carers said that the patient preferred being at home. Three told us that being at home was better for the patient's specific care needs.

> "[The patient's] needs could not be successfully met in hospital due to the severe and complex nature of their condition. At home they have constant care, attention and monitoring."

> "Anxiety is relieved as the hospital are not able to meet the needs of the patient. Having specialists directly is a far better set up and more specific needs are better addressed."

Benefits of HaH for carers

Most carers told us that they felt reassured that the patients were in the comfort of their own homes. They said:

> "Just seeing [patient's] face light up, being able to give them a hug. Seeing them in hospital for so long [before] was heart breaking. This service has been absolutely fantastic. It has been better for the family; we all take turns in staying with [patient]."

> "Whole experience, saves time, peace of mind. Have more control over [patient's] care."

> “I have peace of mind in the knowledge that I can contact the team via [HaH staff member] and receive a rapid response to any communication or call for help.”

One carer said that whilst they liked having the patient at home, they had no objection to them being in hospital if needed for better care. While another carer said that they would like to be more reassured that the patient is doing well at home. They told us:

> “Having [patient] at home [benefit] but I still want to feel reassured that [patient’s] ok. They don't explain all the readings and things that [patient] has to do and record on the app.”

Two carers said that the benefit of HaH was getting specialist support and guidance by people who understand the needs of the patient.

> “Complex symptoms [patient’s] managed daily with advice and support any time. This enabled us to keep patient out of hospital, specialist support.”

> “Having people to visit or over a phone to give support and advice who understand and can give proper guidance.”

Suggestions for service improvements

Most carers said that they were happy with the HaH service and would not change anything. They said:

> “I can't think of anything more that could reasonably be done for us. We are particularly grateful to [HaH staff member] for their kindness, compassion and professionalism, also for organising contact with other agencies who have also provided invaluable assistance.”

> “It's all working out very well even though [the patient’s] finished with the service we can still call them. I don't think it could work better.”

We heard the following suggestions for service improvements:

- provision of transport to hospital
- more home visits
- clearer explanation of readings on the digital app
- information about next steps – length of time on HaH.

One carer was positive about the care and treatment that the patient was receiving by the HaH team but said that they did not know how long the service would continue.

> "The next steps could be improved. We're a bit in limbo…[Patient] had three visits at home; will they get more? Other than that, the team have been amazing."

Another carer suggested better access to hospice care.

> "Having better access to hospice care. Having those needs met by consistent staff who are able to understand the patient's overall needs."

Staff feedback

Ten members of staff from HaH teams responded to the staff survey. All had been working in HaH teams for more than six months. They said the things they liked most about delivering HaH services were:

- being able to treat patients in their own homes and administer procedures that would otherwise be done in a medical setting i.e. IV antibiotic treatment
- patient satisfaction and offering a patient friendly service

Benefits to the patient

Staff echoed what we heard from patients and carers about the benefits of HaH for the patient - being in their own environments and getting treatments that they would otherwise receive at hospital.

> "Patients are in their own environments with support from medical and nursing staff, thereby reducing the risk of acquiring Healthcare Associated Infections. Family and friends are able to offer more support and will be able to supervise nutrition and activity."

> “They will call us immediately, if they feel, they are uncomfortable. Based on the SATS [oxygen] level, we will either arrange paramedics or our BIRS nurse will review the patient face to face.”

They also said that HaH is good for the patient’s general wellbeing.

> “It allows patients to be cared for in their own home, which can reduce stress and improve overall wellbeing. It also offers greater flexibility and convenience, as patients don’t need to travel to a clinic or hospital.”

> “Outcomes are better as the patients tends to get better sooner in their own environment. They are able to express their voice and opinion more clearly and easily as they know it is their own home environment. They feel safer that there is that support available for them when it is required.”

Biggest challenges for staff

When asked about challenges, most individual staff members gave **more than one single challenge**. These challenges included:

- communication between HaH teams working in different locations
- staff capacity to carry out face-to-face visits
- reliability of patients to give accurate readings on the digital app
- not being able to liaise with GPs for medication
- difficulty contacting patients and travelling to them by car
- lack of communication and support from senior management.

They said:

> “Patient unreliability in taking observations correctly or accurately. Limited / no back up when things go wrong.

> Difficulty in arranging Face 2 Face visit due to capacity.
> Inability to liaise with GP.
> Consultant reviews but then have to contact GP for medication.
> Often difficulty in contacting patients.”

> “Capacity to visit all the patients. Challenges around the type of treatments we can provide in the home.”

> “Ensuring we have the correct documentation, the correct drugs and having clinical governance.”

> “Travelling to get to the patients, congested roads and parking area. Further development of pathways with social care providers and primary care - as patients do say, if the social services care could be increased or if they could get more information and review of their condition when they are beginning to become unwell.”

> “Communication from senior leadership with regards to expectations and ongoing service development.
> Weak governance structure potentially exposing staff to errors.
> Long process to make decisions which directly affect the team and patients.
> Large geographical area covered-less desirable place of work in terms of staff recruitment.
> Access to relevant and meaningful data to improve the service.
> Protected Time to develop staff due to lack of staff to cover the service with high expectations for large patient numbers.”

> “For me, the biggest challenges are ensuring clear communication and coordination between teams, especially when we're working across different locations. Additionally, adapting to rapidly changing circumstances, such as unexpected complications or treatment adjustments, can sometimes add pressure.”

> “When patients are monitored via Docobo App, patients might not update the SATS [oxygen level] readings. Virtual Ward nurse keeps calling the patients from morning and if not, they need to plan for Face-to-Face Visit.”

> “When the patient becomes unwell sometimes difficult to go and assess them. Sometimes difficult to get hold of patient when alerting.”

“Traffic - trying to get to patient home on time.”

> “Co-operation between services.”

Awareness of training/personal development opportunities

Half of the staff said that they were very aware or aware of training opportunities to support their role and personal development. While the other half said that they were not aware.

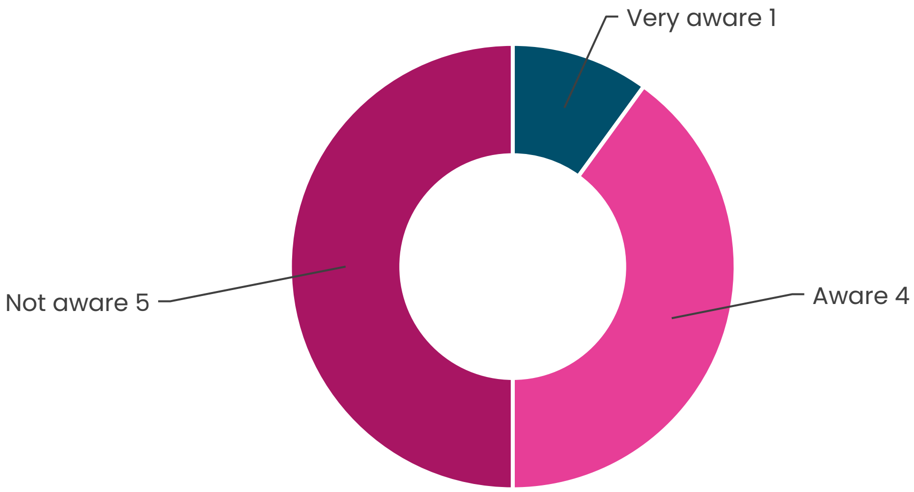

Figure 5 - Awareness of training/personal development opportunities amongst staff

Suggestions to make the HaH service better

When asked what could make the service better, one member of staff said ‘none’, four members gave single responses and five gave more than one single suggestion in their response.

These suggestions included:

- improved communication from senior management
- further staff collaboration within teams
- raising awareness of the service
- more baseline assessments e.g. bloods, an electrocardiogram (ECG)
- improved technology for remote monitoring and communication
- expanding pathway to different services to cut waiting times for patient referrals from primary to secondary care professionals.

They said:

> “Further collaboration within the teams to work more closely together.”

> “There is some confusion which department is leading with clinical governance and who takes responsibility once HaH discharges the patient. Improved communication from a senior level with guidelines would be helpful.”

> “Raising awareness of service.”

> “Need more baseline assessments, for example, bloods maybe ECG etc.”

> “Review of question set.
> Link into GP for discharge letter.
> Duplication with doing on docobo and RIO.”

> “The capacity for HaH services needs to increase.”

> “Promotion of a workplace environment where employees can thrive and learn from each other.
> Clear structure in terms of line management and governance.
> Opportunities for staff to feedback regularly to senior leadership. “

> “The service could be improved by enhancing the technology and tools we use for remote monitoring and communication.”

> “More resources for HaH like community services.
> More awareness of the HaH pathways to GPs.
> Expanding the services to other pathways e.g. if Hospital surgical opinion is sought for a patient on HaH pathway internally rather than waiting for a referral from GP to the surgical consultant.”

Conclusion

We mostly heard positive feedback from patients and carers about their experiences of HaH. We could not do statistical significance testing between HaH pathways due the small and varied sample size from each service. However, we did notice some common factors particular to each pathway.

- Patients and carers receiving Frailty at home services were more unsure about their care and treatment. Some did not know if they were still on the HaH programme or if they had been discharged.
- Patients and carers receiving BIRS and OPAT services were more likely to self-monitor their progress with equipment given to them by HaH staff e.g. to take blood pressure readings and upload findings onto a digital app (Docobo). In other pathways such as Frailty and Palliative care at home the severity of illness is more intense, so a daily visit is needed. Staff on these visits will take the patient’s medical readings and report back to the consultant or multidisciplinary team for further review.
- Patients and carers receiving Palliative and End of Life services told us that HaH was more bespoke to their care needs which could not be met as fully at a hospital.

Appendix 1

More about our approach

Who we included

The primary aim of this project was to capture patient voices. However, to get a 360-degree view of the HaH service, we spoke to a small number of carers and staff.

We designed three questionnaires which were shared with HaH team leads at BHT for pilot testing. After which, it was agreed with BHT that:

- consent for patient participation would be collected by BHT
- a link to the staff survey would be circulated through internal communication channels at BHT
- patient and carer voices would be collected by HW Bucks apart from those on Palliative and End of Life pathways *(collected by HaH teams on this pathway).*

Who we will share our findings with

We have sent our findings to Buckinghamshire Healthcare NHS Trust and to Healthwatch England, the independent national champion for people who use health and social care services.

Appendix 2

Who did we hear from?

Please tell us your age

	Patients	Carers	Staff
26 to 35 years			2
36 to 45 years	2	1	1
46 to 55 years	4	1	4
56 to 65 years	5	5	3
66 to 75 years	10	1	
76 to 85 years	7	2	
86 and over	3	1	
Prefer not to say		2	
(blank)	7	3	
Grand Total	**38**	**16**	**10**

Please tell us your gender

	Patients	Carers	Staff
Man	21	4	1
Woman	13	9	9
(blank)	4	3	
Grand Total	**38**	**16**	**10**

Please tell us your ethnicity

	Patients	Carers	Staff
Asian / Asian British: Indian			2
Asian / Asian British: Pakistani	1	1	
Prefer not to say		1	1
White: Any other White background (please tell us below)			2
White: British / English / Northern Irish / Scottish / Welsh	30	9	5
(blank)	7	5	
Grand Total	**28**	**16**	**10**

Please tell us if you have a disability

	Patients	Carers	Staff
No	15	8	9
Yes	12	1	1
Prefer not to say	2	2	
(blank)	9	5	
Grand Total	**38**	**16**	**10**

Please tell us if you have a long term health condition

	Patients	Carers	Staff
No	5	4	6
Yes	25	2	4
Prefer not to say		3	
(blank)	8	7	
Grand Total	**38**	**16**	**10**

Please tell us if you consider yourself to be a carer

	Patients	Carers	Staff
No	26	2	8
Yes	3	7	2
Prefer not to say		1	
(blank)	9	6	
Grand Total	**38**	**16**	**10**

Please tell us your sexual orientation

	Patients	Carers	Staff
Heterosexual / Straight	24	8	9
Prefer not to say	1	1	1
(blank)	13	7	
Grand Total	**38**	**16**	**10**

IMD 2109 Quintile

	Patients	Carers	Staff
Quintile 2	1		
Quintile 3	11	2	
Quintile 4	11	3	4
Quintile 5 - least deprived	11	5	2
(blank)	4	6	4
Grand Total	**38**	**16**	**10**

If you require this report in an alternative format, please contact us.

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