healthwatch
Dorset

Hospital at Home Service

Understanding the impact on family carers in Dorset

September 2025

Contents Page

Any enquiries regarding this publication should be sent to us at enquiries@healthwatchdorset.co.uk

The Healthwatch Dorset service is hosted by Evolving Communities CIC, a community interest company limited by guarantee and registered in England and Wales with company number 08464602. We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch Brand) when undertaking work on our statutory activities as covered by the licence agreement

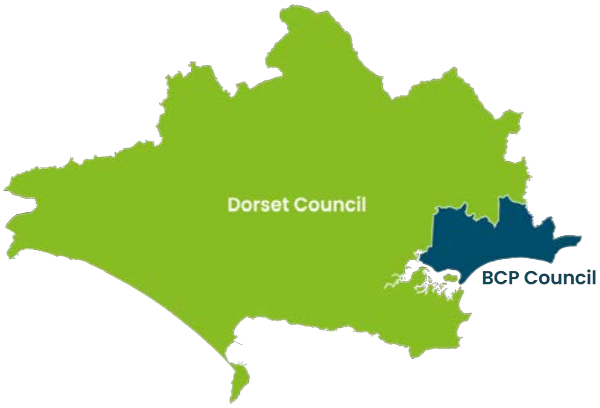
About us

Healthwatch Dorset is your health and social care champion.

We listen to your experiences of using local health and care services and hear about the issues that really matter to you. We are independent and impartial, and your feedback is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

As an independent statutory body, we have with the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared.

Healthwatch Dorset is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Dorset, which includes the unitary authority areas of Bournemouth, Christchurch and Poole (BCP) and Dorset.



Introduction

Background

Dorset Home First Service

In 2022 we published a report on the experiences of carers as they supported loved ones leaving hospital to recover at home. *Carers experiences of the Dorset Home First service* highlighted the challenges carers face and their ideas for how the service, known as 'Home First Dorset', could be improved. At that time half of the carers who shared their views with us (22 people) rated the overall service they received in hospital as 'poor', largely due to poor communications, lack of information, poor treatment of the patient, and dissatisfaction with the process.

Our report recommendations led to improved hospital processes to support carers by having a named contact for carers, staff training and wider use of Carer Passports and/or 'This Is Me' forms. We continue to work with our local NHS trusts to provide better information and support for carers and wanted to gather feedback on carers experience of Hospital at Home as a follow up project.


healthwatch
Dorset

Carers experiences of Dorset Home First service

Discharging patients from hospital and supporting them to recover at home

September 2022

Virtual wards to Hospital at Home

NHS England introduced a mandate to create 'virtual wards'. However, Hospital at Home is the preferred name for the programme, as the term 'virtual' didn't convey that people are seen in person by healthcare professionals.

The NHS is increasingly introducing Hospital at Home to support people at the place they call home, including care homes. Evaluation by the NHS so far shows that while carers recognise the benefits of patients being treated in their own home and having more independence, they experience an increased burden of care.

We wanted to speak to carers in Dorset to find out more and when we reached out to the Clinical Leads for Hospital at Home Wards across Dorset, they were keen to be involved.

The national driver

The ONS Census 2021 for England and Wales reveals a rise in the percentage of people who are providing care for more hours.

The Carers UK report *State of Caring 2023* states:

> Caring can come with high personal costs. Many carers find that their friendships and relationships are impacted, with less time to spend with family and friends. This can lead to loneliness and isolation, with carers feeling unsupported and undervalued. Carers are also often providing many different types of care, from clinical tasks to dealing with medication, and providing practical and emotional support. Juggling many different aspects of care, alongside other priorities such as paid employment or childcare, can be stressful, particularly if carers are not receiving the support they need.
>
> Many carers have their own health conditions and some feel that the demands of caring mean they are unable to prioritise their own health and wellbeing, by taking breaks or doing the things they enjoy. Concerningly, the huge pressures placed across the NHS, resulting in delays in obtaining both primary and secondary health care appointments, together with the record levels of demand for social care services, means many carers are not getting the support they need.

What is a family carer?

> An unpaid family carer is anyone who helps and supports somebody who, due to an illness, disability or mental health problem, cannot cope without their support.
>
> (NHS England)

For more information and support in Dorset, see Appendix 1 (page 16).

What is the Hospital at Home service?

A Hospital at Home service is an alternative to NHS bedded care, that is enabled by technology. Hospital at Home wards support patients who would otherwise be in hospital to receive the acute/short-term care, monitoring and treatment they need in their own home. This includes either preventing avoidable admissions into hospital or supporting early discharge out of hospital.

Links to the NHS Trust websites in Dorset are detailed in Appendix 2 (page 16).

> Hospital at Home provides eligible patients with safe, effective person-centred care from specialist teams in the comfort of their own home.
>
> The care delivered is equivalent to that received in an acute hospital setting and will vary depending on the health and care needs of the patient. It is a safe and efficient alternative to in-patient bedded care. The benefits of this are reduced risk of infection and deconditioning and the possibility of getting well quicker in your own home environment, with access to support from friends and family.
>
> **Karen Bowers, Matron for Hospital at Home, University Hospitals Dorset** (News article)

What we wanted to find out

The aim of our Hospital at Home project was to listen to experiences from the carer's point of view, to gain a better understanding of the impact of caring for a patient on the Hospital at Home service. We wanted to learn more about Hospital at Home, as it is likely to be more widely used in the future, and we also wanted to raise awareness of unpaid carers.

This report summarises the key findings and aims to address the following questions:

1. What are unpaid carers' experiences of supporting someone using the Hospital at Home service across Dorset?
2. What are the benefits of the Hospital at Home ward for unpaid carers?
3. What challenges, if any, do unpaid carers face supporting someone on the Hospital at Home ward?
4. How, if any, could the Hospital at Home service improve the experience of unpaid carers?

What we did

We worked initially with a consultant from Dorset HealthCare University NHS Trust, to draft a survey. We were then joined by the clinical lead and matron of the Hospital at Home service (University Hospitals Dorset NHS Trust), who helped us to refine the survey. The survey was carried out in March and April 2025, and included both quantitative (closed-ended) and qualitative (free-form text) questions.

We connected with Hospital at Home service leads across Dorset in the West, North and East areas. Carers also included those of children using the paediatric Hospital at Home service.

We designed and used a flyer for the Hospital at Home teams to gain carer consent when visiting patients' homes. However, the most successful method of gaining interview consent from carers came through the use of a digital QR code linked to an MS form.

At the same time, we identified volunteers to carry out the interviews and decided that the interview method would be by telephone. Volunteers with DBS clearance had also received safeguarding training from an external provider. Volunteers were invited on telephone interview training which covered GDPR, confidentiality and effective communications skills. To increase their confidence, we ran practice interviews with them. The interview questions are detailed in Appendix 3 (page 16).

Once we gained consent from a carer, we shared their contact details with our volunteers who proceeded to complete the one-to-one telephone interview, which included gathering demographic information. 18 carers participated in the phone interviews, each taking on average 30 minutes to complete.

healthwatch
Dorset

What's your experience of Hospital at Home?

Hospital at Home (also known as a virtual ward) is an NHS service that provides short-term hospital care to patients in their own homes or nursing homes.

If you have supported someone through a Hospital at Home stay, as a carer, family or friend, we want to hear about your experience to help improve local services.

We're inviting you to take part in a short phone call (5-10 minutes) with a Healthwatch Dorset volunteer in February or March 2025. If you'd like to get involved, please provide your contact details overleaf and we'll be in touch.

We also gathered two specific case studies for this report (see page 13). All carer names have been changed to maintain anonymity.

Key findings

- The majority of people are overwhelmingly in favour of the Hospital at Home service.
- 83% of respondents rated Hospital at Home service as very good; 11% rated it as adequate and 6% as just OK. No one rated it as poor.
- Even though carers may have experienced stress, they still rated their Hospital at Home service experience good.
- 78% of unpaid carers usually provide care. Of those, only 42% were a registered carer with their GP or local council.
- 22% of unpaid carers don't usually provide care.
- 89% of respondents felt they were kept fully informed about treatment provided.
- 89% of people knew where to access further support should they need it.

What people told us

Carers survey and interviews

What are unpaid carers' experiences of supporting someone using the Hospital at Home service across Dorset?

> We couldn't fault the service. Staff arrived when they said they would and did what they said they would. It saved stress as I had a triple heart bypass 18 months ago and a heart attack pre-Christmas 2024.
>
> I couldn't wish for anything better, especially as my mother is partially sighted and the nurses have been there overseeing things. They were very thorough and phoned regularly to check how she was.
>
> With a long-term illness we found being home is better.

Unpaid carers felt that it was easy to get support through the Hospital at Home service.

> The nurses were on the phone when I needed them. I was provided with an oxygen level monitor. I knew we were able to go into hospital if it was needed and then he would easily be discharged back to Hospital at Home. Plus, it felt very speeded up as an experience of care and understanding of what the young person needed.
>
> We felt so supported they had all the answers and they kept us up-to-date.
>
> There was specific technical information given, for example, how to check oxygen levels. It could have been scary but we always had the right people around us.

89% of respondents felt they were kept fully informed about treatment provided.

> His BP/oxygen was monitored each day. I was kept informed which made me more confident that everything was OK.

What are the benefits of Hospital at Home for unpaid carers?

Carers shared the impact the service had on them personally.

> They really helped my anxiety. They were such lovely people and so kind, I couldn't fault them.

Some carers commented that not as much time off work was needed and they were able to keep to a normal routine.

> It doesn't affect our home life so much, as my daughter(patient) can go still to school, so my husband doesn't need to take time off, which he did in the past when she was treated in hospital.

Carers felt that the patient received a fast service.

> Staff identified that one of the drugs needed to be stopped and the GP was informed very quickly, so this was beneficial.
>
> It all happened so quickly and smoothly - we saw the GP, then sent to an assessment unit, kept in a ward overnight for observation then came out with the Hospital at Home service.

Carers reported the service was better for the patient, including those with dementia, and in turn this benefitted the carer.

> Dad really needs us, and his dementia symptoms are worse when he is away from us. He loves his home and his collections, and he would have had none of that in a hospital.
>
> She would never have got such good care in hospital. She could rest and sleep without all the ward noise and bright lights.

Long-term stoma care

In one case the patient had lived with a stoma for 16 years. Her husband said that in the past when she needed to go into hospital the nurses hadn't always been familiar with or experienced with stomas. It had been better having the team at home, so the patient's husband (and carer) could still help to look after the stoma for his wife.

> Obviously had baby been in hospital he would have been more closely monitored but for us it was less stressful being at home in our own environment. I felt baby was happier too. It meant we could live life, while he got the care he needed, which was so nice.
>
> It has been completely different, being cared for at home and has meant he hasn't come home with more pressure sores.
>
> It was more personalised because he was the focus in his own home.

Carers found it allowed easier to access to services than going into hospital.

> We would have had trouble getting to the hospital for physio as neither of us drive.. The service has avoided waiting times, hanging about at the hospital and the costs of getting there.

However, some carers felt that the patient would have received a better experience if in hospital, with more treatment and supervision in hospital, and doctors on standby.

> If she would have been in hospital she would be getting more physiotherapy. At the moment, she is only getting what I am doing and I am an 82 year old man.
>
> If Mum was in hospital she would have had food and health monitoring all the time. Being housebound, care would have been better in hospital, as apart from me (son) popping in, she didn't have any care at home.

What challenges, if any, do unpaid carers face supporting someone on Hospital at Home?

A number of themes emerged from the carers responses to this question.

Emotional impact and stress

> There is an emotional impact on me because I am worried about him and it has been a three month rollercoaster. It's just worry about how he is. There is an impact on being there for him so much and escorting him to all his appointments.
>
> I must consider him all the time, for example, make extra food. Everything takes longer as I have to help with feeding and do extra jobs like taking the dog out. It's added to my stress and makes me feel tired. I do extra washing. I also have to take his blood pressure and feedback the information by phone twice a day.
>
> I was given clear instructions but I had more to do than I thought I would, for example, I had to strip wash him and help him with toileting. There were actually complex needs and a carer's burden. The burden was mentally difficult, in terms of wondering how long this would last for.
>
> Dad lives with my brother and I live in a different county. However, my brothers had to take time off work. The infections that my Dad (a dementia sufferer) had, made him weak and caused falls. I did feel more stress and I did have less sleep. I had to dash back after a holiday to help so that was stressful.

Sleep

> It was a complete shock to be his carer for a fortnight. We've been married over 65years and this is the first time as a carer. Some nights I had no sleep and he stayed in the chair because he couldn't move.
>
> Caring also affected my sleep as I was up three or four times in the night.
>
> She has to sleep downstairs and I am upstairs. I must go to her whenever she needs me so it can impact sleep but not often.

Financial

For a small proportion of the people we spoke to there was a financial implication of caring.

> It was added stress, something extra to fit in and a financial loss of pay as I had to provide more care than I normally do. I took unpaid time off from work for when Mum was due home but her discharge was cancelled three times.

Services not joined up

> The physios said they could do no more until my wife gets her anxiety under control. Anxiety tablets don't work and she needs psychological intervention but no psychologist or OT has come.

Inconvenience for the unpaid carer

While some people found Hospital at Home was more convenient; a small minority did find it disruptive to be the carer.

> The Hospital at Home service did not understand the fact I worked and didn't live with my mum, so some blood pressure readings were missed as mum couldn't manage them without me. Phone calls were fitted in around the team rather than me, as the carer.

Communication

A lack of communication and information was noted by some carers.

> The doctors didn't speak to me (son) directly, so I didn't know what or how taking the readings would help. There was no explanation.
>
> The involvement of the family needs to be increased, with greater communication. We didn't get any poster/leaflet with phone numbers on.
>
> Exchange of information needs to be improved then it would have been less stressful on me. I didn't know if she was going to die soon and neither of us knew what a blood pressure reading meant.

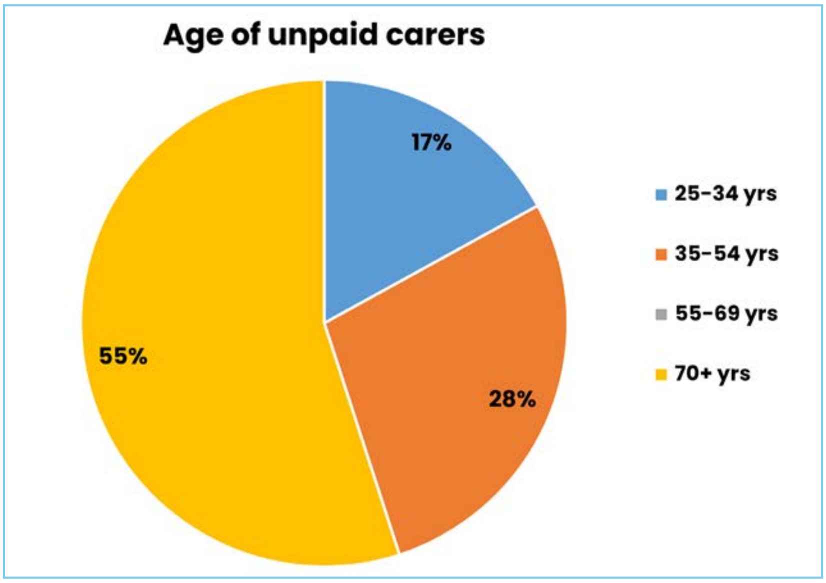
Aftercare

Some carers were not happy with the aftercare available.

> He needs physio to get more movement. They said we'd have it when we came home but we haven't.
>
> My wife needs to go to a gym or day centre with proper rehabilitation which has not happened.

Who responded to the survey?

78% of respondents usually provide care to the patient using the Hospital at Home service, while 22% don't usually provide care. Of the 78% who do, only 42% were a registered carer with their GP and/or council.



For the respondents we interviewed, the headline demographic data is as follows.

- **Gender:** 17% carers were male, 83% female.
- **Ethnicity:** 100% White (British, Irish, any other White background).
- **Age:** 25-34 yrs = 17%, 35-54 yrs = 28%, 55-69 yrs = zero, 70+ yrs = 55%.
- **Disability:** 39 % of carers considered themselves to have a disability.

Key insights

1. **Service is good**

   The majority of carers we spoke to were in favour of Hospital at Home service with 83% rating the service as very good. People told us that the outcomes for the person they care for were better because they were in their own home. Most people we interviewed felt they had good support and information from the Hospital at Home service.

2. **Capacity of carers**

   Where people had a less positive experience, they felt the support would have been better in a hospital setting. In several cases, the carers we spoke to were themselves elderly and/or had long term health issues. It would have helped if the Hospital at Home team had assessed carers' capacity to provide support at home by asking about their work or other caring commitments, understanding their confidence to use technical/digital equipment, and knowing whether they were living in or visiting to provide care. Many carers reported extra stress or emotional pressure, including a lack of sleep so it is important that their ability to provide necessary care is monitored.

3. **Contingency plans**

   What contingency plans does the service have in place if the carer is not able to provide care, and are these plans made with and shared with the carer? Carers who do not usually undertake care or who do not live with the patient reported that they missed calls with staff to register health readings, as staff had not asked about the carers usual schedule of visits to the patient.

4. **Signposting**

   Some carers felt that more signposting could be provided. Also, some of the people we spoke to felt that the patients' physiotherapy or mental health needs were not being met. A joined-up way of thinking is required between all services to provide a holistic approach and support both physical and mental health and wellbeing. The Hospital at Home service team would benefit from having closer links to the voluntary and community sector to help them signpost people to other forms of support in their community.

5. **Carer support**

   Only a third of people we spoke to were registered as a carer (33%). All Hospital at Home service staff should have a good understanding of what a carer is and be able to identify and redirect those who are not registered as carer to further support. This is also an opportunity to identify those who don't identify themselves as carers. Caring can creep up on you and carers may be missing out on support services.

   Note: During this project, we followed up with signposting for those who didn't identify themselves as carers.

Staff interview

Jamie-Lee White is a specialist intermediate care nurse for the Poole Intermediate Care Service (PICS) which includes Hospital at Home. In our survey we heard from carers but we also wanted to learn about the other side of the service, from a nurse's point of view. She told us about her professional role in the Hospital at Home service.

How are patients referred to the Hospital at Home service?

> I probably see about 12 patients on the Hospital at Home ward during a four-day week. We get referrals from the GP or the hospital. And then if we feel like they're suitable and we can manage them in the community, we put them on the Hospital at Home system. This service is for people that should really be in hospital and are unwell, but we try to manage them at home instead. Sometimes it's patient choice if they want to go on Hospital at Home, or we might go on their blood results or their presentation. There's something called a National Early Warning Score (NEWS) which the observations are based on. The carer doesn't have to be living with the patient, although most of them are, it can just be someone who pops in regularly.

What is your normal day like in the Hospital at Home service?

I work from 8 am until 6.30 pm. We have a virtual team meeting each morning with Cliff Kilgore (Clinical Lead for virtual wards, Dorset County Hospital NHS Trust) to sort out our workload, to discuss the patients on Hospital at Home and to make on going plans for them. It's a joint multidisciplinary team meeting with Cliff, some advanced clinical practitioners and the nurses. We decide what needs doing, for example, it might be blood tests, clinical reviews or catheters and intravenous fluids. Then between all the staff, we decide who's going to go and see the patient that day.

We are out on the road most of the day and cover the whole of Poole. We use our own cars and get paid mileage. We have to carry all of the equipment in our cars that we need for the day. The number of visits a patient gets depends how poorly they are. Sometimes we go in twice a day but usually it's just once.

Do you have any involvement in determining who the carer is going to be, or the suitability of the family member or unpaid carer who is going to help the patient at home?

Yes. Availability of a family or friend carer to support the patient on Hospital at Home is part of the criteria of whether they're going to stay at home. We also have Rehab Assistants, who are paid carers we can put in short term if needed.

We look at who is at home and if the main carer can manage. They might also have health issues themselves, for example, because they're off their legs or is quite anxious about the patient staying at home – then we'd probably have to admit the patient to hospital if the carer is not going to manage. But if the carer feels they can cope, then we keep the patient at home. We will ask the family or friend, if they're happy to provide care. If they're not happy, we can use a Rehab Assistant, if they're available.

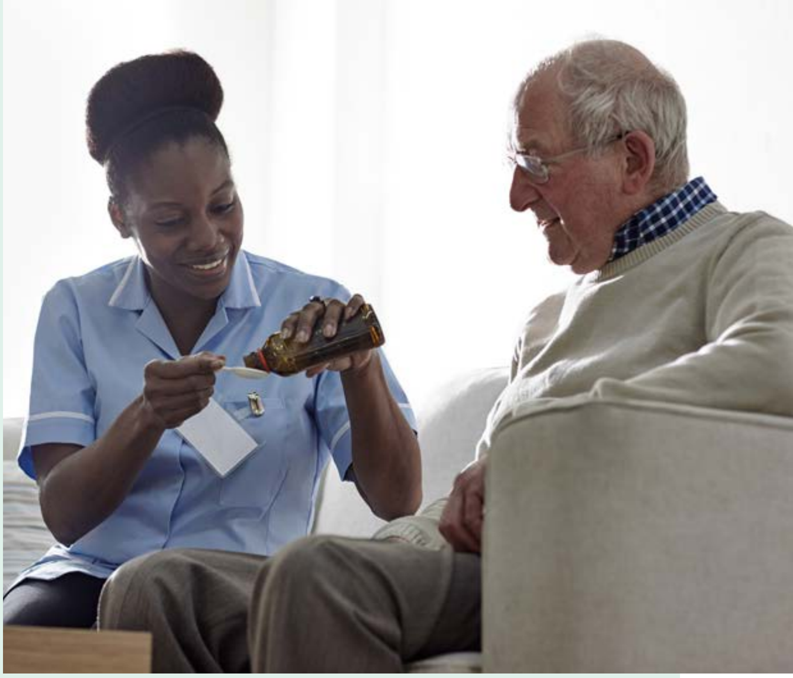
We monitor how the carer is getting on informally when we visit. If we felt that the carer wasn't coping, we would put in the Rehab Assistant, depending on our capacity, as they can work at short notice, otherwise the patient would be admitted to hospital. We use our experience to weigh up the risks and benefits of the patient being with the family carer at home.

Do carers get any background information about the treatment? Are they involved in a treatment plan?

Yes, carers are involved in the treatment plan, although that is usually just a conversation and if they're available or present. Also, if the patient has not got the cognitive ability to process the information, then we would involve the carer more.

Do you schedule calls with carers?

No, not often. The carers don't generally have to call us; the patient is checked when we visit. It can be ad hoc if we see the carer.



Do you have any carer awareness training or offer any signposting to carers organisations or are there any carer organisations involved with Hospital at Home?

We don't have any carer awareness training; it's just down to using our experience. If we think about it, we ask if the carer wants to be registered with their GP or wants a carer's assessment from social services, but it's not a consistent thing we do. We aren't involved with any carer organisations.

Do you have to train the carer in what to do?

Yes, sometimes we'll offer support, especially if there's a new piece of equipment, we will show them what to do. Mostly it is safely advice if the patient gets worse and what to look out for, as we don't work overnight. This is very strict.

Is the carer involved in the discharge arrangements?

Yes, they should be. We usually either ring the carer or see them if we're on a visit with them and check that they're happy that the patient is back to their baseline. We use the carer's judgement as well because usually they know the patient best.

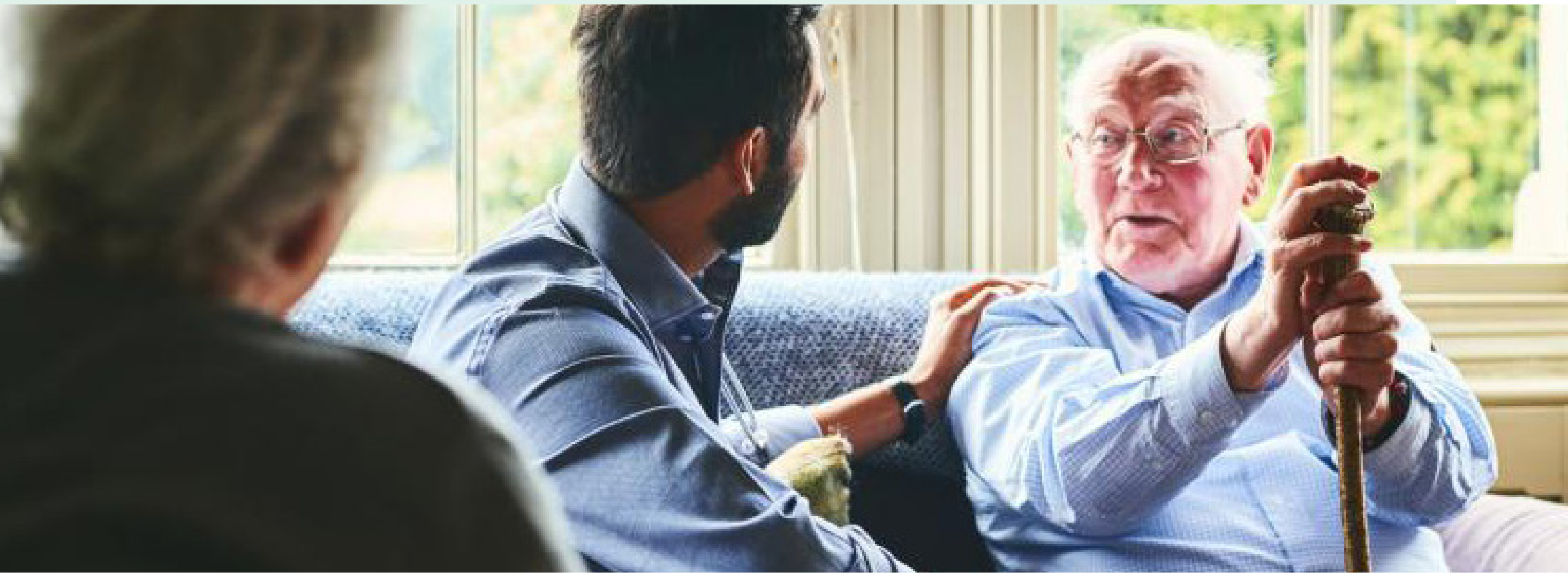
As happens quite often, if someone wasn't happy that the patient was ready to be discharged, we might keep them on Hospital at Home a bit longer to support them or try to refer to them a different service, like social services or send them back to the GP, to put in that extra support in for them.

Are services that you might refer them to joined up, such as physical and mental health services for example?

We do work quite closely with social services, but with mental health services there's not really any joined up work at the moment.

What do you think of the service and do you think it's manageable for the nurses?

I think it's a good idea because we're keeping people who are quite unwell out of hospital and actually people generally recover better at home and are at less risk of other things. People like being at home. Most days, things are manageable and absolutely fine, which is good. If we continue to expand, we'll probably need more staff.



Case studies

Mica's story

The impact of a child's health on family life

Mica has a child who suffers with a long-term condition. In the past her child has spent four/five days in hospital on a regular basis, then comes home for a 'rest'. This has resulted in a lot of school absence and disruption to life's normal routine.

> It's made a great impact on normal routine, as it's not a normal routine for a child.

In the past, Mica has had to take time off work while her daughter was in hospital in a specialist paediatric unit. Mica felt that the paediatric team at the hospital provided her with clear instructions and the skills she needed to provide carer support for her child at home, they also shared information with her local Poole Hospital. As a result of the Hospital at Home service, even though she has been impacted financially by being unable to accept paid overtime, home life has been less disrupted: Her daughter can go to school, her husband doesn't need to take time off of work and she also has more time to care for her younger daughter.

Sandra's story

Health professional becomes a family carer

Sandra is a health professional who cared for her father on the Hospital at Home service. She described how she found it to start with, being her father's carer on the Hospital at Home service.

> It was stressful initially as Dad suddenly became unwell on a Friday when GP services might have been out of the question and he needed to be seen face-to-face. It was positive that there was reassurance there would be help on the weekend. Dad was given stronger pain relief and a Hospital at Home ward.

She felt that service was quick and effective.

> The response time was fast. It felt good that follow up was going to be so quick. We actually talked to Hospital at Home without needing to see the GP or phoning 111, which was amazing. We got the prescription from them and saw a nurse consultant. He was seen as a part of the surgical pathway and was treated in the acute phase; then there was surgery a couple of weeks later.

While Sandra acknowledges that being a health professional made it easier for her to care for her dad, she feels confident that the team would have been able to work just as successfully with someone who needed more support and information, as the instruction from the medical staff was 'very clear'. She thinks that if her father had had to go into hospital, that his waiting times for pain relief would have been slower and it wouldn't have been in his best interest.

> If you can stay at home its always going to be better than going to hospital and maybe catching an infection etc. I think this is the future of healthcare, especially for older, more frail patients.

Recommendations

Based on our findings we recommend the following actions to help improve the overall experience and accessibility of Hospital at Home for carers

1. **Increase awareness and understanding of Hospital at Home**

   Improve public facing information about the Hospital at Home service. Each NHS trust should have a dedicated, easy to understand Hospital at Home webpage, including FAQs addressing common concerns and information specifically designed for carers and family members..

2. **Communication and information exchange**

   Carers need to be involved from the initial conversation about arrangements for the patient using the Hospital at Home service. This will help identify where more support is required and make sure that carers aren't missing phone calls or readings because staff are calling while they're at work or have other commitments.

3. **Carer identification**

   A consistent approach across all teams should be used so that Hospital at Home service staff have a good understanding of what a carer is and are able to identify and offer signposting to carer support. We recommend that Hospital at Home teams communicate with the carer at the outset to have a clear understanding of the role which the carer 'normally' plays in supporting the patient. Also that the Hospital Carers Lead works with the Hospital at Home team to ensure that carers of people using the service are receiving the same support they would if they were in hospital.

4. **Continue to gather lived experience**

   The Hospital at Home service team should set up a continuing process of gathering feedback from patients, family members and carers and show how that feedback is used to improve the service. Specific areas of focus could include feedback from individuals who identify as male and also those from ethnic minority communities, as these were underrepresented in our data.

Next steps

This report includes recommendations for how the Hospital at Home service in Dorset can be further improved. We have shared our findings with the Dorset Hospital at Home Steering Committee and leading consultants to help their development of better services in the community. We will also share our report with Healthwatch England.

Stakeholder response

Cliff Kilgore, Consultant Practitioner Older People at Dorset County Hospital NHS Trust, said that the aim for Hospital at Home is to provide interventions for acute health crisis while preventing deconditioning to people living with frailty.

“There is significant evidence that inpatient care can lead to deleterious effects. Therefore, we should provide high levels of medical care outside of hospital when we can.“

NHS
Dorset County Hospital
NHS Foundation Trust

NHS
University Hospitals Dorset
NHS Foundation Trust

Thank you

Thanks to everyone who took part in our project, the carers who took the time to speak with us and the Healthwatch Dorset volunteers who gave up their time to train and conduct the interviews. Thank you Jamie-Lee White for talking to us to raise awareness of the Hospital at Home service. We also thank the regional Lead Clinicians and their teams for identifying the carers who we spoke to.

We would also like to acknowledge Healthwatch Suffolk for their *On the virtual Ward* report.

Appendix

1. Unpaid carer information and support in Dorset

- If the person you care for lives in the **BCP Council** area, contact BCP Carers Support.
  Tel: 01202 128 787 | Email: carersupport@bcpcouncil.gov.uk | Web:
- If the person you care for lives in the **Dorset Council** area, contact:
  1. Carer Support Dorset (until 21 Nov 2025)
     Tel: 0800 368 8349 | Email: admin@carersupportdorset.co.uk
  2. Help and Care (from 22 Nov 2025)
     Tel: 0300 111 3303 | Email: contact@helpandcare.org.uk

2. Hospital at Home websites for Dorset

Information about what the Hospital at Home service looks like locally can be found on the NHS Trust websites:

- **Dorset County Hospital** – dchft.nhs.uk/services/acute-hospital-at-home
- **University Hospitals Dorset** (Royal Bournemouth, Poole and Christchurch Hospitals) uhd.nhs.uk/visit/virtual-ward.

3. Telephone interview questions

1. Name/ref number of person being interviewed.
2. What is your relationship to the person you provided care for on the Hospital at Home?
3. Did you have to take time off from work to provide care?
   Yes/No
4. If YES, approximately how much time?
5. Please describe any impact which caring made on your normal daily routine/life.
   (Prompt: Positive or negative impact on own health and wellbeing. Examples: sleep/exercise/diet/isolation/stress/put off own health treatment)
6. Do you normally provide care for this person?
   Yes/No
7. If YES, are you registered as a carer with your GP and/or Council?
   Yes/No
8. How would you rate YOUR recent experience of the Hospital at Home?
   Poor/Adequate/OK/Very good
9. Can you tell me a bit more about why you feel this way?
   (Prompts: Did you feel supported? Did you get all the information you needed? Did you feel you could provide adequate care?)
10. Do you feel that you were kept fully informed about the treatment of the person you cared for?
    Yes/No
11. Additional comments (if needed)
12. Where did you get the knowledge from to provide the care you did?
    (Prompt: Common sense/prior knowledge or clear instructions from medical staff?)

13. Were you told how to access further support or what to do if you had a concern or worry about the person you cared for?
    Yes/No
14. If the person you cared for is still receiving an NHS service for the same condition, please tell us about it? *For example rehabilitation*.
15. How do you think the care and treatment the patient received at home, and your experience, differed from what it would have been if the patient had been treated IN hospital?
16. Is there anything the hospital could have done differently to improve your experience? Is there any extra resource that could have been provided which would have helped you? *(Prompt: Staff attitude? Waiting time? Access to information?)*
17. Is there anything else you would like to tell us about your experience that we have not asked you about?
18. How long was the person you cared for on the Hospital at Home? When was the person you cared for discharged from the Hospital at Home?

SECTION 2: Demographics (optional)

Age
- 0 - 24
- 25 – 34
- 35 – 54
- 55 – 69
- 70 +
- Prefer not to say

Gender
- Male
- Female
- Non-binary
- Prefer not to say
- Other (please state)

Ethnicity
- Asian or Asian British (Bangladeshi, Indian, Pakistani, any other Asian background)
- Black or Black British (African, Caribbean, any other Black background)
- Mixed (White & Asian, White & Black African, White and Black Caribbean, any other Mixed background)
- White (British, Irish, any other White background)
- Other Ethnic Group (Chinese, any other Ethnic group)
- I do not wish to disclose this

Disability
- Physical impairment
- Sensory impairment
- Mental health condition
- Learning disability/difficulty
- Long-standing illness
- Other

Which area of Dorset do you live?
- Dorchester
- Weymouth
- Bridport
- Bournemouth/Christchurch/Poole
- East Dorset
- North Dorset

Healthwatch Dorset
The Bridge
Chaseside
Bournemouth
BH7 7BX

healthwatchdorset.co.uk

0300 111 0102

enquiries@healthwatchdorset.co.uk