

Topic Guide 1a

Questions for Patients with Experience of Hospital Discharge (Time 1 Interview)

At the start of the interview:

- ✓ *Go over the study's aims and the importance of their involvement.*
- ✓ *Explain this is the first of two interviews, with the second occurring in three months' time.*
- ✓ *Explain about confidentiality and anonymity, right to withdraw from the study/ or stop the interview if they are feeling unwell.*
- ✓ *Explain that the interview will last around 45-60 minutes.*
- ✓ *Obtain informed consent by ensuring the interviewee signs the consent form.*

Interview 1: To take place shortly after discharge from hospital (3-7 days)

(Background information)

I would like to begin by asking for some background information. Can you please:

- Confirm residency/accommodation and contact details - Ask about what will be the best way to keep in touch.
- Age
- Employment Status (if not employed, access to welfare benefits or other sources of income).
- Relationships: married or partner/divorced/estranged/single; Any children: number and age of children; responsibility for/parental access.
- Health record/history: any health conditions or dependencies you have had/or may have had in the past?
- Treatment services: what treatment services or care and support services are you currently receiving or have accessed in the past? Do you currently have a key worker?

(Context)

Can you tell me about the events leading-up to your last stay in hospital when you were admitted to [insert name of ward]?

- What was the reason for your admission to hospital?
- Did you come in through Accident and Emergency (A&E)? What happened there?

- [If appropriate to ask] Do you think this admission to hospital could have been prevented?
 - Access to services /support (e.g. primary care)
- Had you been in hospital before this time? If so when?

(Mechanisms)

What are your thoughts about your recent stay in hospital?

What treatment/care did you receive while you were in hospital?

When you were admitted to [the ward], were you asked whether you were homeless/no fixed abode on arrival or did you chose to reveal this information to hospital staff?

- How did you feel about disclosing this information [or]
- Why did you decide to withhold this information?

[In sites with specialist homeless hospital discharge schemes] Can you tell me how you came to be referred to [insert name of scheme]?

- What does this scheme do?
- Were you given any information about this scheme?
- Was the scheme able to help you or not? If yes, how? If no, why not?
- What was your overall view of this scheme?

NB: Explain that you now want to look in more detail about the process of being discharge from hospital, that is leaving the hospital and getting things arranged in the community.

Were you involved in any discussions about what might happen when you left hospital? If yes, by whom?

- Was there a meeting?
- [If relevant] Was your key worker [from outside the hospital] involved in planning for your discharge?

What arrangements, if any, were made as a result of these discussions? Which services (if any) were arranged for you:

- Housing
- Health (Primary Care/Intermediate Care)
- Social care
- Other

- Did people explain things to you clearly or not? Were you given any written information about these arrangements? If yes, was it easy to understand?

How long were you in hospital for? Was it longer than expected? If so, why?

Looking back, is there anything that could be changed for the better, and why?

- How did the staff treat you? Was there anything that the staff did to make you feel this way?
 - Explore elements of good practice [and/or] poor practice as appropriate.

(Outcomes)

What has happened since you left hospital?

- Are the plans that were made for you working?
 - Do you feel you have been given enough help and support to manage?
 - What, if anything, do you think could be done to meet your needs better?
 - Has anything happened that you did not expect?
- What do you expect to happen in the next few weeks? What would you like to see happen?
 - Securing accommodation
 - (Re)connecting with primary care and other services
 - Recovery
 - Reablement (promoting self-care)
 - Improved health and well-being
 - Other

[If relevant] How did this experience of being discharged from hospital compare to any others you have experienced? What made the difference, if any? What worked well/not so well?

Do you have any suggestions around what could be done to improve the experience of hospital discharge for people who are homeless?

Topic Guide 1c (Time 2)

Questions for Follow-up Interviews with Patients (3 months after the initial interview)

How have you been keeping since we last met?

Are you still receiving support from [services/professionals listed in discharge care/support including specialist homeless discharge scheme]?

- If yes, is the support still the same or has it changed at all?
- If no, what happened ? Were you happy that the support ended?

Have you become involved with any new services/professionals/workers?

- If yes, how was this handover [transition] managed? How were you involved in these discussions, if at all?

Have you visited A&E or been back to hospital since we last met [outpatient/ inpatient]? If yes, why?

Looking back on your stay in hospital in [insert month] do you feel that you were given enough help and support to manage when you left hospital?

- Is there anything else that could have been done? If yes what?

Thinking about the support you received during your stay and directly afterwards, what would you say has been the overall impact of your being in hospital back in [month]?

- Would you say that this caused things to change for you a little or a lot or not at all?
 - Health/Wellbeing
 - Housing
 - Overall Situation

[If relevant] What role, if any, did [insert name of specialist homeless hospital discharge scheme] play in this?

Topic Guide 2

Questions for Health, Housing and Social Care Practitioners Working in Specialist Homeless Hospital Discharge Schemes

At the start of the interview:

- ✓ *Go over the study's aims and the importance of their involvement.*
- ✓ *Explain about confidentiality and anonymity, right to withdraw from the study at any time.*
- ✓ *Explain that the interview will last around 45-60 minutes.*
- ✓ *Obtain informed consent by ensuring the interviewee signs the consent form.*

(Contextual Background)

Can you tell me about homelessness in this area?

- Is 'rough sleeping' an issue? What about other types of homelessness (e.g. people living in temporary or insecure accommodation)?
- Would you say that homeless people are well served in this area?
 - Impacts of austerity measures locally

(Mechanisms – Resources & Skills)

I would like to ask you about the scheme in which you work. What is your role in the scheme?

- What is your job title? (e.g. 'housing link worker')
- How long have you worked for [insert name of scheme]?
- Where did you work before? What is your professional background or training?
- What attracted you to working in this scheme?
- How does working in this scheme differ to working in other kinds of homelessness services?
- Which aspects of your job do you enjoy the most? Which aspects do you enjoy the least?

Does [insert name of hospital] have a discharge protocol for homeless people? [If yes]
How does this inform your work?

Can you tell me about what is typically involved in the process of discharge planning for someone who is homeless?

- What happens on admission? Are enquiries routinely made about a patient's accommodation status? If yes, by whom?
- Are people given a notional discharge date on admission? If yes, please describe the procedure.
- Can you describe the decision-making process which underpins decisions about when someone is ready for discharge from hospital?
 - What is your involvement in reaching these decisions?
 - Who else is involved in making these decisions?
 - Where are these decisions usually made (e.g. at a meeting)?
 - What happens if there is a disagreement about readiness for discharge?

What resources (if any) does this scheme have direct access to when arranging a patient's discharge from hospital? Is this helpful?

- Accommodation
- Personal budgets

Which other services would you typically arrange for homeless patients on discharge from hospital?

- Housing
 - Health (Primary Care/Intermediate Care)
 - Social care
 - Other
- How would these services be involved in discharge planning?
 - Are there any issues which might typically arise when trying to engage with these outside services?
 - Does this ever result in delayed discharges?
 - How is a 'delayed discharge' identified and recorded?
 - Where delayed discharges occur, what would you say are the most common causes? **[Use the Show Card – see below]**

Thinking about the relationships you have described with these services:

- What has facilitated or enabled these frequent contacts [and/or] positive relationships to develop [or]
- What do you think has prevented more frequent contact [and/or] positive relationships from developing?

How is the patient involved in discharge planning?

- In deciding which services will be organised for them once they have been discharged from hospital?
- In decisions about where they will be discharged to?
- Are patients given written information relating to their discharge?

How long do patients typically remain involved with the scheme once they have been discharged from hospital? What is the nature of this involvement?

How is exit from the scheme managed?

- Is readmission ever an issue? What could be done to prevent this?
- Is self-discharge ever an issue? What could be done to prevent this?

Thinking about the majority of the homeless patients you work with, was hospital admission the only way of caring for and treating them or do you think that they could have used another service?

(Mechanisms - Integration)

NB: Explain that you now want to look in more detail at relationships between staff in the scheme and the hospital.

How do you work with ward staff and other staff at the hospital?

- Do you have shared ward rounds/multi-disciplinary meetings
- Is there a jointly agreed discharge plan?

How do you think staff in the hospital perceive the scheme to be working?

How would you describe your relationships with staff in the hospital?

- What has facilitated or enabled these frequent contacts [and/or] positive relationships to develop [or]
- What do you think has prevented more frequent contacts [and/or] positive relationships from developing?

How do you think staff in the hospital understand the work of the scheme?

- Does your scheme deliver any formal training to staff in the hospital around the issue of homelessness?
 - What about opportunities for more informal learning and information sharing?
 - Do you think this scheme will always be needed or do you see hospital staff being able to fulfill your role in the future?

(Outcomes)

What outcomes would you typically expect to see arising from a 'good discharge'? What outcomes would you typically expect to see arising from a 'poor discharge'?

- Securing accommodation
- (Re)connecting with primary care and other services
- Recovery
- Reablement (promoting 'self-care')
- Improved health and well-being

- How do you capture and record information about these outcomes?

What is your view of the scheme's effectiveness in delivering these outcomes?

In your view, is there anything else that could be done to improve practices surrounding the discharge of homeless patients?

Thank You

Show Card: Where delayed discharges occur for homelessness patients, what would you say are the most common causes?

- (i) acute hospital factors
- (ii) primary/community health factors
- (iii) social care factors
- (iv) housing factors
- (v) relationships between hospital and primary care and/or social care services or housing services?
- (vi) financial factors?
- (vii) factors relating to the patient or carer e.g. their choice of care home placement or lack of carer available at home?
- (viii) other reasons?

Topic Guide 3

Questions for Hospital Staff Working Outside of Specialist Homeless Hospital Discharge Schemes

At the start of the interview:

- ✓ *Go over the study's aims and the importance of their involvement.*
- ✓ *Explain about confidentiality and anonymity, right to withdraw from the study at any time.*
- ✓ *Explain that the interview will last around 45-60 minutes.*
- ✓ *Obtain informed consent by ensuring the interviewee signs the consent form.*

(Contextual Background)

Can you tell me about your role in [insert name of hospital]? How long have you worked here? What is your professional background?

- Ward Nurse/Doctor/Manager
- Discharge Coordinator
- Intermediate Care Coordinator
- Social Worker/Safeguarding Coordinator
- Other

Is homelessness or a patient's housing situation an issue you would come across in your day to day work? If yes, how frequently?

Do you work with adults with multiple and complex needs linked to drug and alcohol issues and/or mental health issues? If yes, how frequently?

If the participant answers NO to both these questions - Thank the participant and conclude the interview.

If YES –

Go to SECTION B in sites with a specialist hospital discharge scheme

OR

Go to SECTION C in sites with no specialist hospital discharge scheme

SECTION B: Sites with Specialist Homeless Hospital Discharge Schemes.

NB: These questions are designed to enquire about homelessness discharge practices without making assumptions about the role of the specialist scheme therein (i.e. in some areas the specialist scheme may not be involved until quite late in the discharge planning process or may only set out to address 'housing' aspects of the discharge)

(Mechanisms – Mainstream resources and skills)

Does [insert name of hospital] have a discharge protocol for homeless people? [If yes]
How does this inform your work?

Can you tell me about what is typically involved in the process of discharge planning for someone who is homeless?

- What happens on admission? Are enquiries routinely made about a patient's accommodation status? If yes, by whom?
- Are patients given a notional discharge date on admission? If yes, please describe the procedure.
- Can you describe the decision-making process which underpins decisions about when someone is ready for discharge from hospital?
 - What is your involvement in reaching these decisions?
 - Who else is involved in making these decisions?
 - Where are these decisions usually made (e.g. at a meeting)?
 - What happens if there is a disagreement about readiness for discharge?

Which services would you typically arrange for homeless patients on discharge from hospital?

- Housing
- Health (Primary Care/Intermediate Care)
- Social care
- Specialist homeless hospital discharge scheme
- Other
- How would these services be involved in discharge planning?
- Are there any issues which might typically arise when trying to engage with these services?
 - Does this ever result in delayed discharges [that is where someone may stay in hospital for longer than needed]?
 - How is a 'delayed discharge' identified and recorded?
 - Where delayed discharges occur, what would you say are the most common causes? **[Use the Show Card – see below]**

Thinking about the relationships you have described with these services:

- What has facilitated or enabled these frequent contacts [and/or] positive relationships to develop [or]
- What do you think has prevented more frequent contact [and/or] positive relationships from developing?

How is the patient involved in discharge planning?

- In deciding which services will support their discharge or be organised for them once they have been discharged from hospital?
- In decisions about where they will be discharged to?
- Are patients given written information relating to their discharge?

What scope is there for 'follow-up' once the patient has been discharged?

(Mechanisms – Additional resources provided by the specialist homeless discharge scheme)

Explain that you now want to look in more detail at the Specialist Homeless Discharge Scheme which is attached to this hospital [NB: Some of these issues may have already been covered above]

You mentioned [or] Are you aware of [insert name of specialist hospital discharge scheme]?

- How did you find out about the scheme?
- What is your experience of referring patients to this scheme?

How does the scheme work?

- What is its role within the hospital?
- What additional resources does it bring?
 - Extra staffing (capacity)
 - Expertise in homelessness
 - Direct access to accommodation
 - Access to personal budgets
 - Other

How does the scheme engage with staff at this hospital?

- Shared ward rounds/multi-disciplinary meetings
- Jointly agreed discharge plan?

How would you describe your relationships with staff in the scheme?

- What has facilitated or enabled these frequent contacts [and/or] positive relationships to develop [or]
- What do you think has prevented more frequent contact [and/or] positive relationships from developing?

(Outcomes)

What outcomes would you expect to see arising from a 'good discharge'? What outcomes would you expect to see arising from a 'poor discharge'?

- Securing accommodation

- (Re)connecting with primary care and other services
- Recovery
- Reablement (promoting self-care)

What is your view of the scheme's effectiveness in delivering a 'good discharge'?

- Do you think the scheme works to enhance understanding of the issues relating to homelessness among hospital staff? If yes, in what ways?
- Do you think this kind of specialist provision will always be needed or do you see this as a short term measure to enhance skills/capability within the hospital?

In your view, is there anything else that could be done to improve practices surrounding the discharge of homeless patients?

Thank you

SECTION C: Sites Without Specialist Homeless Hospital Discharge Schemes

(Mechanisms – Mainstream resources and skills)

Does this hospital have a discharge protocol for homeless people? [If yes] How does this inform your work?

Can you tell me about what is typically involved in the process of discharge planning for someone who is homeless?

- What happens on admission? Are enquiries routinely made about a patient's accommodation status? If yes, by whom?
- Are patients given a notional discharge date on admission? If yes, please describe the procedure.
- Can you describe the decision-making process which underpins decisions about when someone is ready for discharge from hospital?
 - What is your involvement in reaching these decisions?
 - Who else is involved in making these decisions?
 - Where are these decisions usually made (e.g. at a meeting)?
 - What happens if there is a disagreement about readiness for discharge?

Which services would you typically arrange for homeless patients on discharge from hospital?

- Housing
- Health (Primary Care/Intermediate Care)
- Social care
- Other
- How would these services be involved in discharge planning?
- Are there any issues which might typically arise when trying to engage with these services?

- Does this ever result in delayed discharges [that is where someone may stay in hospital for longer than needed]?
- How is a ‘delayed discharge’ identified and recorded?
- Where delayed discharges occur, what would you say are the most common causes? **[Use the Show Card – see below]**

Thinking about the relationships you have described with these services:

- What has facilitated or enabled these frequent contacts [and/or] positive relationships to develop [or]
- What do you think has prevented more frequent contact [and/or] positive relationships from developing?

Do you involve patients in discharge planning? If no, what are the reasons for this? If yes, how do you involve them?

In deciding which services will support their discharge or be organised for them once they have been discharged from hospital?

- Are patients given written information relating to their discharge?

What scope is there for follow-up once the homeless patient has been discharged?

(Outcomes)

What outcomes would you expect to see arising from a ‘good discharge’? What outcomes would you expect to see arising from a ‘poor discharge’?

- Securing accommodation
- (Re)connecting with primary care and other services
- Recovery
- Reablement (promoting self-care)
- Improved health and well-being

In your view, is there anything else that could be done to improve practices surrounding the discharge of homeless patients at this hospital?

Thank You

Topic Guide 5

Questions for Commissioners of Health, Housing and Social Care Services

At the start of the interview:

- ✓ *Go over the study's aims and the importance of their involvement.*
- ✓ *Explain about confidentiality and anonymity, right to withdraw from the study at any time.*
- ✓ *Explain that the interview will last around 45-60 minutes.*
- ✓ *Obtain informed consent by ensuring the interviewee signs the consent form.*

(Contextual Background)

Can you tell me about your role in [insert name of organisation]? How long have you worked here? What is your professional background?

- Acute Trust
- Clinical Commissioning Group
- Local Authority
- Other

What would you say are the main strategic issues or priorities being addressed by your organisation at the current time?

Is homelessness perceived to be an issue for the Acute Trust in this area? If yes, in what ways?

- Reducing delayed discharges - If yes, what would you say are the most common causes? [**Use the Show Card – see below**]
- Reducing length of stay
- Reducing readmission rates within 28 days
- Reducing emergency admissions
- Reducing frequent attendance at A&E
- Improving health and wellbeing
- Improving patient experience around safe/timely discharge e.g.
 - Reducing discharges onto the street
 - Preventing self-discharge

Are complex and multiple needs linked to drugs and alcohol and/or mental health issues perceived to be an issue for the Acute Trust in this area? If yes, in what ways?

- Reducing delayed discharges
- Reducing length of stay
- Reducing readmission rates within 28 days
- Reducing emergency admissions
- Reducing frequent attendance at A&E
- Improving health and wellbeing

- Improving patient experience around safe/timely discharge e.g.
 - Reducing discharges onto the street
 - Preventing self-discharge

What would you say is the extent of any overlap between homelessness and these other issues in terms of their impact on the Acute Sector? At a strategic level, are these issues usually addressed separately or together?

(Mechanisms & Outcomes)

- Which strategic partners are involved in addressing issues surrounding homelessness and its impact on the Acute Sector? Which agencies are absent?
 - Is there a steering group or other strategic body with responsibility for these issues?
- With regard to the issues you identified around hospital discharge, what action is being taken?
 - Nothing planned
 - Development of a homeless hospital discharge protocol
 - Development (or funding for) for a specialist homeless hospital discharge scheme
 - Other (explore as appropriate)

Section A: Questions on the Development of a ‘Homeless Hospital Discharge Protocol’

- How was the protocol developed?
- What does it aim to achieve?
- How was the protocol implemented?
- Who is responsible for the delivery and management of the protocol? How is it kept live?
- How is the protocol working?
- What are its strengths/weaknesses?

Section B: Questions on the Development of a Specialist Homeless Hospital Discharge Scheme

- What led to your organisation supporting/funding this initiative?
- When was the scheme launched? Was your organisation involved from the outset?
- Is the scheme commissioned or funded on the basis that it will deliver certain outcomes? What are these?
 - Facilitating safe/timely discharge
 - Reducing delayed discharges
 - Reducing length of stay
 - Reducing readmission rates within 28 days

- Reducing emergency admissions
 - Reducing frequent attendance at A&E
 - Improving health and wellbeing
 - Improving patient experience
 - Reducing discharges onto the street
 - Preventing self-discharge
- Can you tell me about how these outcomes are being measured and reported?
 - Are these outcomes being delivered as anticipated? Are there any unanticipated outcomes?
 - What does the scheme cost to run? Do you feel it is cost effective?
 - Do you think this kind of specialist provision will always be needed or do you see this as a short term measure to enhance skills/capability within the hospital? [If yes]
 - What can the scheme do to ensure its future sustainability?
 - How would you like to see the scheme develop in the future?

Looking back, what advice would you give to other commissioners who are interested in improving hospital discharge procedures for homeless people?

Thank You