

# HOSPITAL AT HOME

A Lived Experience

[Mervyn Eastman](#)



**W**hen my wife Joy, was hospitalised earlier this year, the clinicians finally located the cause of her serious health condition.

It followed several months of countless A & E visits, days (and nights) of tests and mystified General Practitioners and Casualty resident doctors.

The necessary surgical procedure was not available at any of our local hospitals and we were advised that whilst she waited for a relevant specialist, and day hospital bed she be discharged under the Hospital at Home service (HaH).

I was aware of HaH and the original pilot projects ( *via Telecare*) for decades, but certainly did not have any direct personal experience. That lack led to a total misjudgement on my part – indeed

I feared the worst. How on earth could the scheme possibly compensate and compare with in-patient care?

Surprisingly I did not take into account the developments now over many years in acute clinical services, equipment, technologies, and medication and professional skills plus much else that now underpin HaH today. I'd find out soon.

The rhetoric from those that provide the service gave a positive picture . Joy

would remain under hospital directed care by specialist physicians and other health related staff with responsibility in providing her with effective monitoring and if necessary direct

re-admission should that be required.

We were promised 24-7 days a week of reliable care – “*yeah that'll work*”!

The experience started with the arrival (in person) of a package that included various remote monitoring equipment, a pulse oximeter, blood pressure kit, an IT Tablet, which facilitated real time

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information (twice a day) via a remote digital platform.

A telephone call came within a couple of hours from the HaH Team, taking Joy through the equipment.

Additionally they provided a home visit every couple of days to take blood tests and a reassuring monitoring telephone call, including from the Consultant or resident doctor.

The lines of communication were outstanding and above all reliable. When they promised a time of their call, they kept to it.

What struck us were the intangibles.

A sense of assurance, a home environment that was safe, being in control, patient centred but above all peace of mind. It was, in reality a collaborative integrated approach founded on *TRUST* ...

...through effective and enhanced communication,

- *FEEDBACK* – via regular telephone calls and visits,
- *AUTONOMY* and
- *ATTACHMENT* but above all
- *SAFETY*.

BUT what if.....?

- We lived without any family or friendship support( or ageing, without children)
- Home conditions were environmentally challenging
- Lived with an abusive partner
- Unable to use the technologies
- Living with a cognitive impairment
- The assessment of HaH eligibility was causal or based on ageist assumptions

HaH, is of course subject to regulatory and governance obligations but CQC has had a pretty questionable reputation. Was our very positive experience the norm?

*From our experience we would without hesitation judge the service and the Team as Outstanding.*

*So where was this Team based?*

*A shout out for St Margaret's Hospital, Epping and Princess Alexandra Hospital, Harlow. Essex*

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