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Understanding the health, caring activities, and experiences of informal carers of patients in hospital at home services

Submission date 25/09/2025	**Recruitment status** Recruiting	☐ Prospectively registered
		☐ Protocol
Registration date 08/10/2025	**Overall study status** Ongoing	☐ Statistical analysis plan
		☐ Results
Last Edited 03/10/2025	**Condition category** Other	☐ Individual participant data
		☒ Record updated in last year

Plain English summary of protocol

Background and study aims

Hospital at Home (HaH) services, also known as Virtual Wards, enable patients to recover at home with frequent visits from health professionals, reducing the need for hospital stays. This approach is often preferred by patients and helps reduce pressure on hospitals. Informal, unpaid carers, such as family members and friends, play a crucial role in supporting patients by assisting with practical tasks, providing companionship, and patient monitoring. However, this role can be demanding and may negatively impact carers' well-being. There is limited research on the experiences of carers within HaH services.

This study aims to understand the experiences of carers of patients receiving care from HaH services in the NHS. It will explore carers' health and well-being, the tasks they perform, and the impact of caring. The study will also investigate what carers think about HaH care received and identify areas for service improvements to better support carers, recognizing their crucial role in patient care, patient outcomes and supporting the NHS.

Who can participate?

Participants must be:
- Caring for a family member or friend receiving hospital at home care during the first seven days of their treatment
- Aged 18 years or over
- Not paid for the care they provide (except for carers’ benefits and allowances)
- Likely to have face-to-face or other contact with the patient and be involved in organising or providing practical, emotional, or other support that assists the patient’s care or wellbeing
- Able to participate in English or with support from an interpreter and/or translated questionnaires

What does the study involve?

Carers will be asked to complete a questionnaire survey and/or interviews on two occasions: once whilst the patient is receiving HaH care, and once after they have been discharged. The survey includes questions about the carers health and wellbeing, their caring role, and the impact of caring. The survey will take approximately 20-30 minutes to complete and can be completed online, by post, by phone, or in-person. The interviews will explore carers experiences of being a carer, the care activities that they carry out, their perceptions of the HaH care received, and their support needs. The interviews will take approximately 45-60 minutes and can be completed online, by phone, or in-person.

What are the possible benefits and risks of participating?
An improved understanding of carers’ roles and support needs may lead to improved services and support for carers of patients receiving care from HaH services in the future. Some participants may find it useful to talk about their experiences. However, talking about experiences of caring and the caring role can be emotionally difficult and there is a possible risk that participating will cause some feelings of distress.

Where is the study run from?
London South Bank University (UK)

When is the study starting and how long is it expected to run for?
August 2024 to February 2027

Who is funding the study?
National Institute for Health and Care Research (NIHR) (UK)

Who is the main contact?
Professor Neil Brimblecombe: brimblen@lsbu.ac.uk

Contact information

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Principal investigator

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

Integrated Research Application System (IRAS)
356322

ClinicalTrials.gov (NCT)
Nil known

Protocol serial number
CPMS 70349

Study information

Scientific Title
A mixed methods study investigating the health, caring activities, and experiences of informal carers of patients in hospital at home services

Study objectives
Hospital at Home (HaH) services, also known as Virtual Wards, enable patients to receive acute care in their own home, with frequent visits from healthcare professionals. This model reduces hospital admissions and is often preferred by patients. Informal, unpaid carers (e.g. family or friends) are critical to the success of HaH, providing practical assistance, emotional support, and safety monitoring. However, this role can place significant emotional, physical, and financial

strain on carers. HaH services are expanding rapidly across the NHS, yet little is known about how this model affects carers' health and wellbeing. This study aims to explore the experiences of informal carers supporting patients during and after HaH care. It will assess the impact on carers' health, wellbeing, and finances; examine the nature of the caring tasks performed; and investigate carers' perceptions of the HaH model.

Ethics approval required
Ethics approval required

Ethics approval(s)
approved 12/08/2025, London South Bank University Research Integrity & Ethics Committee (London South Bank University, London, SE1 0AA, United Kingdom; +44 2078157815; ethics@lsbu.ac.uk), ref: EPH2425-0249

Study design
Multicentre convergent parallel mixed methods design

Primary study design
Observational

Study type(s)
Other

Health condition(s) or problem(s) studied
The health, caring activities, and experiences of informal carers of patients in hospital at home services

Interventions
Following their enrolment into the study, each carer will be invited to complete six short, validated questionnaires about their health, wellbeing, caring experiences and service use. Completion of the questionnaires will take approximately 30 minutes. Carers will complete the questionnaires a two time points, once within the first seven days of HaH starting, and again around five weeks after the patient has been discharged. The questionnaires can be completed online, by phone, or by post. In addition, some carers will be invited to take part in interviews. Interviews will take place at two time points, once within the first seven days of HaH starting, and again around five weeks after the patient has been discharged. Interviews can be undertaken in-person, on the telephone, or online. Each interview will take approximately 45 minutes. Expected average total length of participation will be approximately six weeks. There will be no further follow up after this point.

Intervention Type
Other

Primary outcome(s)
Self-reported carer health and wellbeing, as measured qualitatively and quantitatively (EQ-HWD, Zarit Burden Interview, semi-structured interviews), administered at two time points – during and after HaH care

Key secondary outcome(s))
1. Themes arising from carers reported experiences measured using semi-structured and carer activity interviews at two time points (during and after the patient's HaH care)

2. Identified relationships between carer characteristics and wellbeing and perceived burden measured using Zarit Burden Interview, the CO-OP WONCA, the Carer Experience Scale, the WEMWBS, and the EQ-HWB at two time points (during and after the patient's HaH care)
3. The demographic profile and contribution of unpaid carers supporting patients utilising HaH measured using the Carer Activity Interview at two time points (during and after the patient's HaH care)
4. Carer wellbeing, perceived burden, and psychological and physical status measured using the Zarit Burden Interview, the CO-OP WONCA, the WEMWBS, the EQ-HWB, and the Carer Experience Scale at two time points (during and after the patient's HaH care)
5. The economic impact on carers, including out of pocket expenses and health/social care use measured using the Client Service Receipt Inventory (CSRI) at two time points (during and after the patient's HaH care)

Completion date
01/02/2027

Eligibility

Key inclusion criteria
1. Informal carer
2. Not receiving payment for their caring role (excluding carer benefits or allowances)
3. Carer aged 18 years and over
4. Caring for someone receiving Hospital at Home care during the first 7 days of their treatment
5. Carer likely to have face-to-face or other contact with the patient and involved in organising or providing practical, emotional, or other support that assists the patient's care or wellbeing.
6. Carer able to give consent
7. Carer able to participate via English or with support from an interpreter and/or translated questionnaires

Participant type(s)
Carer

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Sex
All

Key exclusion criteria
1. Unable to give informed consent
2. Carers paid to support the patient (excluding carer benefits or allowances)
3. Carers aged under 18 years of age

Date of first enrolment

01/10/2025

Date of final enrolment
31/10/2026

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Central London Community Healthcare NHS Trust
Ground Floor
15 Marylebone Road
London
United Kingdom
NW1 5JD

Sponsor information

Organisation
Central London Community Healthcare NHS Trust

ROR
https://ror.org/008ngcp91

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
Metadata generated during the current study will be available via the London South Bank University repository. Requests should be made to Neil Brimblecombe: brimblen@lsbu.ac.uk

IPD sharing plan summary
Available on request