

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

<b>Submission date</b> 25/09/2025	<b>Recruitment status</b> Recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 08/10/2025	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 03/10/2025	<b>Condition category</b> Other	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> 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](mailto:brimblen@lsbu.ac.uk)

## Contact information

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Public

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## **Additional identifiers**

### **Clinical Trials Information System (CTIS)**

Nil known

### **Integrated Research Application System (IRAS)**

356322

### **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 at 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](mailto:brimblen@lsbu.ac.uk)

**IPD sharing plan summary**

Available on request