Protocol V 2.51

Evaluating Discharge to Assess pathways in Kent, Surrey and Sussex

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Collaborative Partners:

- Dartford Gravesham and Swanley Health and Social Care Partnership
- East Sussex Health and Social Care Partnership
- Surrey Downs Health and Social Care Partnership

Contents

1.0 Background

Funding from NHS England for a new discharge to assess (D2A) programme was commenced by the government during wave 1 of COVID-19(HM Government, 2020) The funding was introduced as a mechanism for improving the appropriateness of long term care needs following discharge from acute care, with up to 4-weeks of post-discharge care costs covered by the NHS. It aims to reduce acute length of stay (LOS) by moving the point of detailed assessment for ongoing care from the acute hospital into the community with the funding allowing for a full assessment 4-6 weeks post discharge.

The prompt discharge of patients is clinically safer while enabling capacity for planned and unplanned admissions. It allows for a period of rehabilitation prior to the assessment of long term needs and for that assessment to take place within a more suitable environment than an acute hospital ward.

Prior to COVID, D2A programmes were not centrally funded and a more piecemeal approach to their delivery was in place. The expanded programme of D2A implemented during and after wave 1 of COVID, i.e. the summer of 2020, differs across places and providers, sometimes because of structural differences but also to preference and knowledge of the teams. This means that while D2A exists across Kent, Surrey and Sussex (KSS) there is likely to be learning and best practice that can enhance the quality, safety and effectiveness of care across the three emergent Integrated Care Systems (ICSs) of Kent and Medway, Surrey and Sussex.

1.2 Hospital discharge operating model

The D2A model is based on the following 4 pathways for discharging people (HM Government, 2020):

Pathway 0: Simple discharge – no additional support needed

The patient is able to return to their normal life with no need for additional health and social care.

Pathway 1: Home with additional support

The patient is able to return home but will require support. This could be either or both of:

a. Community based rehabilitation via an Intermediate Care Service, rapid community response services or other community agencies.
b. A short or long term package of care.

If this is under D2A, the patient will receive a single trusted assessment in hospital followed by a period of support / rehab at home and then a full assessment after 4/6 weeks to establish long term needs.

Pathway 2: ***Community rehabilitation in a non-acute in-patient bed***

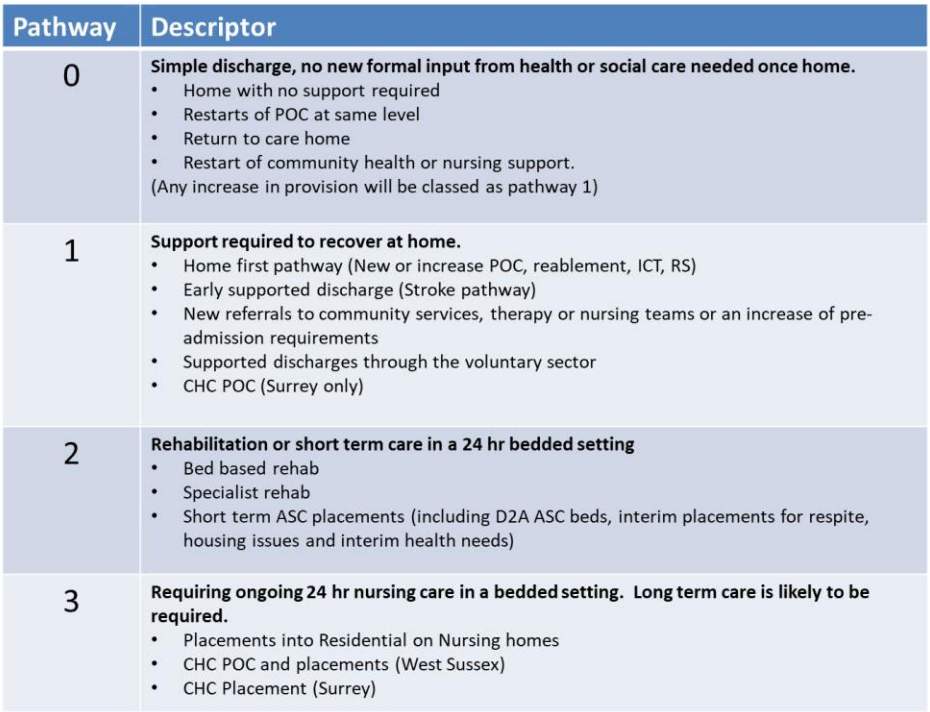
The patient is unable to return home in the short term and requires support in a non-acute bed, either a community hospital or a care home. The patient will receive rehabilitation with the aim of returning home in 4/6 weeks.

Under D2A, the patient will receive a single trusted assessment in hospital followed by transfer to the non-acute bed. A full assessment is completed at the end of the period to establish ongoing needs.

Pathway 3: ***Complex patients and End of Life Care Patients***

If the patient has complex needs and is unlikely to be able to return home and may need long term care, or is an end-of-life care patient and will need support at home OR admission to a nursing home.

These pathways are summarised in Table 1 below:



Pathway	Descriptor
0	**Simple discharge, no new formal input from health or social care needed once home.** • Home with no support required • Restarts of POC at same level • Return to care home • Restart of community health or nursing support. (Any increase in provision will be classed as pathway 1)
1	**Support required to recover at home.** • Home first pathway (New or increase POC, reablement, ICT, RS) • Early supported discharge (Stroke pathway) • New referrals to community services, therapy or nursing teams or an increase of pre-admission requirements • Supported discharges through the voluntary sector • CHC POC (Surrey only)
2	**Rehabilitation or short term care in a 24 hr bedded setting** • Bed based rehab • Specialist rehab • Short term ASC placements (including D2A ASC beds, interim placements for respite, housing issues and interim health needs)
3	**Requiring ongoing 24 hr nursing care in a bedded setting. Long term care is likely to be required.** • Placements into Residential on Nursing homes • CHC POC and placements (West Sussex) • CHC Placement (Surrey)

The three ICSs across Kent, Surrey, and Sussex have identified D2A as a key service change and priority which can contribute to system sustainability, improve flow and access, improve processes and outcomes, and support post-pandemic (and intra-pandemic) working.

The project will evaluate the needs, impacts and capacity within the range of community settings; it will analyse the experiences of service users and informal carers and it will develop measures for evaluation and ongoing monitoring and management of D2A pathways.

A guide to implementation will be produced that contributes to system and regional needs aligned to these new approaches for service delivery. Its insights will be relevant nationally and shared nationally.

The project builds on an initial pilot evaluation by the Applied Research Collaboration for Kent, Surrey and Sussex (ARC KSS) funded rapid evaluation of the East Surrey Hospital Discharge Programme.

2.0 Aims

The aims of this project are to:

a) Evaluate the impacts, capacity, processes and barriers across primary, community, Voluntary, Community & Social Enterprise (VCSE) sector, and social care and other stakeholders

b) Evaluate the experiences and outcomes of service users and informal carers
c) Develop outcome and process measures as part of the evaluation for use in ongoing monitoring and management of the pathway

The evaluation will include pathways 1 and 2 only. Service users discharged under pathway 0 do not require any further input from health or social care services. As this evaluation aims to capture the complexity of integrated working, it was felt that this pathway was least relevant. The relatively small proportion of service users discharged under pathway 3 have highly complex and specialist needs including End of Life Care and are not discharged under a D2A pathway and are therefore also excluded from this evaluation.

The project will ensure that a greater understanding of the impacts and requirements of services outside hospital is developed, which will be disseminated and implemented to maximise recovery capacity while improving care and outcomes for service users. The final product of the evaluation will be a rapid insights guide of best practice and a set of measures for use by place-based health and care partnerships (the local partners within urgent care pathways, i.e. place-based partnerships within an ICS and described as "Places" for the purpose of this evaluation) on the implementation and management of discharge to assess.

3.0 Study Design

This project will evaluate D2A across KSS to provide a series of rapid insights using a mixed methods, case study design over 16 months ensuring that early learning can be disseminated and implemented throughout the lifetime of the study.

Three Places will be identified by considering the local structures and their diversity. The study consists of 4 Work Packages (WP) which will inform each other.

Semi-structured interviews and focus groups with staff providing the community aspects of D2A (WP1), and interviews with service users and informal carers (WP2) will be conducted. The evaluation team will work to develop outcome and process measures as part of WP3. WP4 'Dissemination and Implementation' will be supported by the other 3 WPs throughout the project.

3.1 Project plan

Agreement to fund the evaluation was given in Dec 2021 with a requirement to complete the work by March 2023. The evaluation has been divided into six quarters although Q1 is shortened.

The initial two quarters are focused on the governance and set up. Q3 and Q4 are focused on data collection. Q5 is for analysis and report writing. Q6 is for dissemination and implementation of findings.

Quarter 1 (December 2022):

- Contracts with AHSN / ARC / Universities in place
- Convene project board
- Agree project board TOR
- Agree project team
- Convene project group

Quarter 2 (January 2022 to March 2022):

- Ethics approval
- Recruit service user forum and co-produce interview topics
- Identify places / case studies
- Gain provider / Place agreements
- Stakeholder workshops to agree access and to co-produce interview topics
- Comms plan agreed
- Researcher recruitment completed
- Agree final access protocol for service users

Quarter 3 and 4 (April 2022 to September 2022):

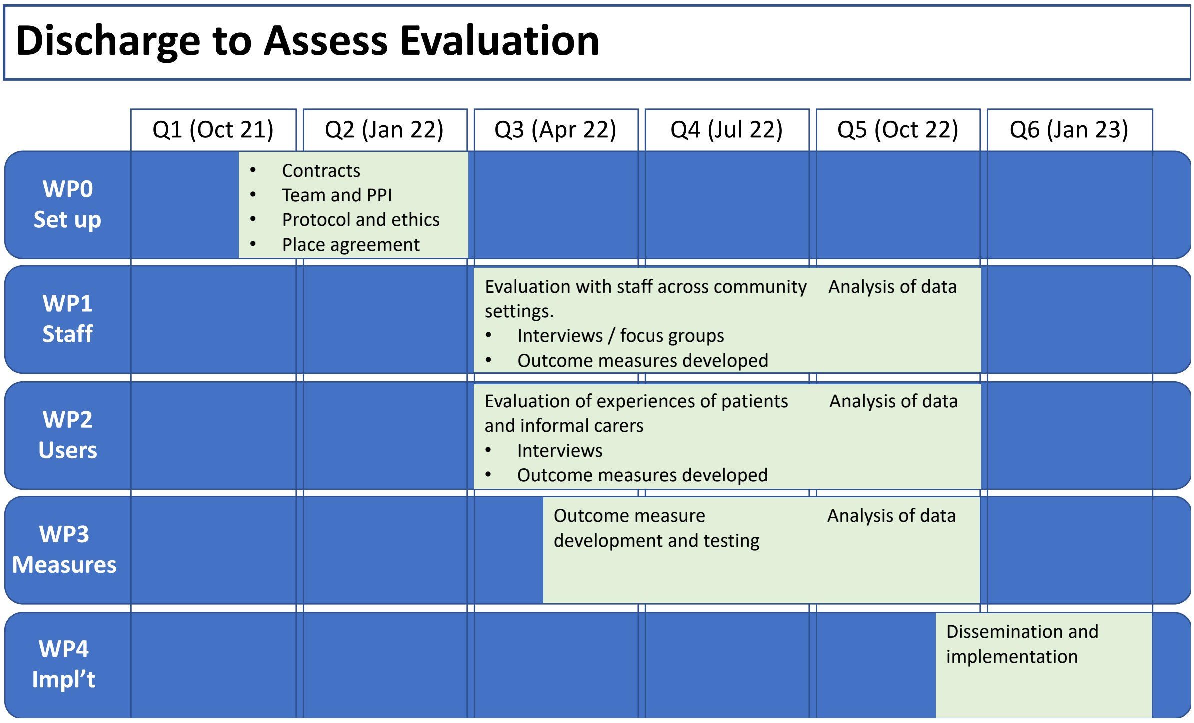
- Identify and interview staff
- Service user interviews
- Draft measures
- Test measures
- Agree measures

Quarter 5 (October 2022 to December 2022):

- Data analysis of service users and stakeholders experiences and needs
- Measures deployed and running on three places

Quarter 6 (January 2023 to March 2023):

- Completion of report and guide
- Agree and implement dissemination plan
- Agree and implement implementation plan



Discharge to Assess Evaluation

	Q1 (Oct 21)	Q2 (Jan 22)	Q3 (Apr 22)	Q4 (Jul 22)	Q5 (Oct 22)	Q6 (Jan 23)
WP0 Set up	• Contracts • Team and PPI • Protocol and ethics • Place agreement					
WP1 Staff			Evaluation with staff across community settings. • Interviews / focus groups • Outcome measures developed		Analysis of data	
WP2 Users			Evaluation of experiences of patients and informal carers • Interviews • Outcome measures developed		Analysis of data	
WP3 Measures			Outcome measure development and testing		Analysis of data	
WP4 Impl’t					Dissemination and implementation	

3.2 Public and Community Involvement and Engagement(PCIE)

We will involve and engage stakeholders and patients and public advisers throughout the different stages of this evaluation, from the co-production of topic guides for interviews and focus groups with PPI advisers and stakeholders to the dissemination and implementation of findings.

The topic guides for interviews and focus groups included in this document (*Appendices 1, 5, 6)* will be used as initial drafts for the co-production of the evaluation material.

3.2.1 Patient and Public Involvement (PPI)

We are working closely with the ARC KSS Public & Community Involvement, Engagement & Participation Team Lead, Pippa Shaw, and currently recruiting 4 public contributors with different experiences and backgrounds to sit on the PPI panel. Public contributors should have lived experience of being discharged or caring for someone discharged on the pathways evaluated in this project.

An expression of interest email has been sent out and potential public contributors will be interviewed and selected by members of the research teams, following Equality, Diversity and Inclusion criteria and recommendations. They will be remunerated at a level that is fair and commensurate with the nature and demands of the activity. Details of activities and payment have been included in the expression of interest email. One member of the PPI panel will also represent the panel and patient voice on the project's board meetings (4 in total).

The PPI panel will meet every three months throughout the evaluation process and its main activities will include:

- support to the representative on the project board
- Support with the design of Interviews and Focus Groups Topic Guides to ensure that they are meaningful from a patient and public perspective
- input into the analysis of the qualitative data, ensuring that the analysis is enhanced with service users' view point
- input into the development of dissemination materials, including a plain English summary.

A nominated contact point within the project team for public involvement will deal with all the communications, ongoing engagement with group, feedback, and with practicalities of dealing with accessibility issues and payments.

3.2.2 Stakeholder Engagement Workshop

The research team will organise an engagement workshop with PPI advisers and stakeholders across Kent, Surrey and Sussex around Mid-March. The aim of the workshop is to explore concurrent themes, sensitivities and current understandings of the Pathways and to co-produce Interview and Focus Group Topic Guide accordingly. The workshop will be divided into two parts: in the first half, attendees will be asked general questions about their understanding of the pathways, what should be evaluated and whom should be included in the evaluation. In the second half of the workshop, we will focus more closely on the topic guides and key areas they should cover. The final Interview/Focus Group questions will be directly informed by this workshop.

Stakeholders will be identified and invited to the workshop through existing contacts, Community of Experiences and Networks from ARC KSS and KSS AHSN.

3.3 Work package 1 (WP1): evaluation of the impacts, capacity, processes and barriers of D2A with stakeholders along the care pathway.

The impacts, capacity, processes, and barriers across primary, community, VCSE, and social care and other stakeholders in respect of D2A will be evaluated qualitatively through focus groups and semi-structured interviews with stakeholders along the care pathway.

As part of the agreement process with places, we will identify the range and contacts of stakeholders involved in the local D2A pathway. We anticipate that stakeholders in this evaluation will include:

- Community health service providers
- Adult social care commissioners
- Adult social care Executive Lead
- Adult social care providers (i.e, residential and domiciliary care)
- Domiciliary care workers
- Voluntary sector providers
- Personal Assistants (PAs)

3.3.1 Stakeholder focus groups

Focus groups are a method of data collection particularly suitable for exploring the exchange of experience and knowledge within and across groups and workplace cultures (Kitzinger, 1995), and for obtaining a collective view of group process and norms (Bloor et al., 2001).

They will be used to collect data from teams working across the D2A process. One focus group will be conducted with staff from a range of stakeholders (e.g., care commissioners and providers, care workers, volunteers, etc.) in each of the three places identified, totalling three focus groups comprising of around 6 people. The focus groups will explore key themes such as the processes involved, how communication works, perceptions of capacity and skills, roles and relationships including trust, the extent to which care is co-ordinated, person-centred care, the nature of impacts on service users and the service, effectiveness, and sustainability of service delivery. Aspects that appear successful, as well as areas for improvement, will be discussed. It will be particularly important to explore care transitions. The focus groups will be guided by a Topic Guide (*Appendix 1 is a draft version*), be no more than an hour in duration and be audio-recorded with permission. The final Topic Guide will be co-designed with stakeholders and PPI contributors as outlined in 3.2.1 and 3.2.2 and *Appendix 1* will be used as a blueprint.

The focus groups will be facilitated by at least one researcher and take place using an online communication platform such as MS Teams or Zoom at a date and time convenient to participants. Verbal consent will be gained at the beginning of the focus group (*Appendix 2*) and will be audio-recorded.

3.3.2 Stakeholder interviews

Individual, semi-structured interviews will be conducted with staff from across the range of community providers, commissioners, and the voluntary sector. Semi-structured interviews are a qualitative method commonly used in health research to explore a topic in-depth (Dejonckheere & Vaughn, 2019). Interviews will follow the same Topic Guide (*Appendix 1*) as focus groups for continuity but will be tuned to the individual interviewee’s experience and role within the D2A process. For example, interviews with members of social care discharge teams will reflect social care settings and those in the voluntary sector will be nuanced to their role. These insights will be used to help identify and shape appropriate process and outcome measures.

Up to 10 stakeholders will be invited to take part in the interview in each Place, for a total of up to 30 interviews. Interviews will last between 45 and 60 minutes and will be audio recorded with permission. They will be conducted by a researcher and take place using an online communication platform such as MS Teams or Zoom or via telephone, depending on the interviewee’s preference, at a date and time convenient to participants. Depending on COVID-19 measures, the researcher(s) may be able to offer face-to-face individual interview as an option. Consent (*Appendix 2*) will be verbal and audio recorded.

3.3.3 Stakeholder Recruitment

Stakeholders are a diverse group of people with different roles across community services related to D2A, including care commissioners, care providers, and GPs and seldom-heard groups such as care workers, personal assistants, and volunteers. We anticipate that the recruitment of stakeholders will be complex and a range of recruitment channels and processes will be explored.

H&CPs will be privileged channels for stakeholder recruitment as they will have an overview of key contacts and will have agreed to be part of the evaluation. The team will identify and contact CCG Lead Commissioner and Social Care Lead Commissioner in each site. They will be independently contacted to ask to map out relevant stakeholders (social care providers, community service providers, voluntary sector) and key people to contact for each site. The research team will also use existing contacts to identify potential participants. Researchers will contact stakeholders using contact details provided by Leads, on the basis they are publicly available and not personal contact details, and will provide them with Participant Information Sheet for interviews and focus groups (*Appendices 3 and 4*). Potential participants will be asked to indicate whether they prefer to take part in the interview or focus group. Contact details will be collected and stored securely by researchers on password-protected laptops. Potential participants will be contacted via telephone or email by a researcher to arrange a date for the interview or to attend the Focus Group. The researcher will go through the consent form and get verbal consent from the participant at the point of data collection (*Appendix 2*). Consent will be audio-recorded.

AHSN and ARC KSS Implementation Managers and Community of Experiences (CoEs) will also be used as a vehicle for stakeholder recruitment, particularly for those participants who are more dispersed, such as care workers and people in the voluntary sector. ARC KSS Social Care and Public Health theme has CoEs developed in Homecare, Dementia and the VCSE sector (further details on AHSN and ARC KSS CoEs are given in section 3.7). These will be used to recruit stakeholders for interviews and focus groups. Participant Information Sheets (*Appendices 3 and 4*) will be circulated with the members of the relevant CoEs and potential participants will be invited to get in contact with the researchers to arrange an interview date or to attend a focus group.

3.4 Work package 2 (WP2): evaluation of D2A process through the experiences of service users and informal carers

Up to 30 individual semi-structure interviews will be used to gain insights in the experiences of service users and informal carers related to D2A. Questions will be co-designed with the PPI forum using *Appendix 5* as blueprint and will be designed to understand what works well, what doesn't and why in the interviewee's view so that we can identify those practices and aspects that led to positive experiences and outcomes, thus providing learning for the wider NHS and social care providers.

Informal carers play an important part in care transition and post-discharge, and the literature suggests that their experiences should be included in hospital discharge evaluation and studies more (Ewing et al., 2018; Uhrenfeldt et al., 2018; Waring et al., 2016). In this evaluation, informal carers have been identified has an independent group of participants and will be interviewed separately from the service users they care for. However, we recognise that some service users might prefer to have an informal carer with them during the interview or need a carer to do the interview for them, for example in the case of participants with cognitive impairment (Rand et al., 2017). In this eventuality, researcher will categorise these as service user interviews and will follow the Topic Guide for service users *(Appendix 5)*, but they will also accommodate for experiences of the informal carers to be registered and this will be taken into account in the analysis of the data.

3.4.1 Service users and informal carers interviews

Up to 10 service users and informal carers will be invited for an interview in each of the three Places identified, for a total of up to 30 interviews and with a majority of interviewees being service users but allowing for at least two carers in each Place. Only people discharged on pathways 1 and 2 will be interviewed in this evaluation, and researcher will aim to recruit an even number of service users from either pathways in each site. Interviews will follow a Topic Guide (*Appendices 5 and 6*) and will explore aspects such as the overall experience of care, the extent to which needs were identified and met in an holistic way, participation in care, the quality of care and how co-ordinated it was, effects on health, wellbeing, quality of life and care transitions. Interviews will consider key outcomes and impacts and these insights will be used to help identify and shape appropriate process and outcome measures in WP3.

Limited demographic data (e.g., age, gender, ethnicity, etc.) will also be collected for service users in order to describe the characteristics of the sample to determine the degree to which it is representative of the study population (*Appendix 7*).

Interviews will last about 45 minutes to minimise fatigue and will be audio recorded with permission. They will be conducted by a researcher and take place remotely using either telephone or an online communication platform such as MS Teams or Zoom, depending on the interviewee's preference, at a date and time convenient to participants. The researcher(s) may be able to offer face-to-face individual interview as an option depending on the COVID-19 measures in place at the time of data collection. Consent will be verbal and audio recorded.

Participants will be offered a small incentive of a £20 voucher to be interviewed.

Participants will also be offered the opportunity to answer the questions in an online survey that is structured in the same way as the interview schedule and which uses the University's survey site. These participants will not be eligible for the £20 vouchers however they will be entered into a prize draw for a £50 voucher. All documents that are shared with participants before and after interviews (see above) will be available on the online survey micro-site. Recruitment to the online survey will be through social media, mailings from established organisations, e.g. Healthwatch, and via established user groups.

3.4.2 Service users Inclusion and Exclusion Criteria

Service users will be invited to participate if they:

- Have been discharged home or to a care facility under D2A pathways 1 or 2
- Were living at home prior to acute hospital admission (their own home or supported living / residential care facilities)
- Are able to understand and converse in English
- Have been / are being discharged from an acute hospital in one of the three Places selected for evaluation

Service users will be excluded if they:

- Have not been discharged under pathways 1 or 2

- Have not been discharged in one of the three Places selected for evaluation
- Were not living at home or in a care facility prior to acute hospital admission
- Are unable to understand and converse in English

3.4.3 Informal carers inclusion and exclusion criteria

Informal carers will be invited to participate if they:

- Care for a person discharged / being discharged on D2A pathway 1 or 2 in one of the three Places identified for evaluation
- Care for a person living at home or in a care facility
- Are able to understand and converse in English

Informal carers will be excluded if they:

- Do not care for a person discharged / being discharged on D2A pathway 1 or 2 in one of the three places identified for evaluation
- Do not care for a person living at home or in a care facility
- Are not able to understand or converse in English

3.4.4 Service users and informal carers recruitment

The recruitment channels and procedures described below will be discussed and agreed with each Place.

Service users

Service users will be recruited either through hospital discharge coordinators or social care leads, depending on processes agreed with Place and with regard to COVID-19 measures and hospitals and social care capacity at the time of recruitment. Service users fulfilling the inclusion criteria will be identified and told about the evaluation by the discharge coordinators. Depending on COVID-19 measures and/or pressure on hospital staff, a researcher will be based with the discharge team in each acute hospital. Either the researcher or discharge coordinators will provide service user with a Participant Information Sheet (*Appendix 8*) and they will explain it before asking whether they would agree to be interviewed about four weeks after discharge. If they would like to take part, permission will be sought for their contact details using an expression of interest form (*Appendix 9*). In case initial contact is made by the discharge coordinator, permission will be also sought for their contact details to be passed to the research team. Service users may wish to have a friend, family member, informal carer or advocate with them at the time of the interview, which will be also indicated in the expression of interest form. Names and contact details will be collected and stored securely by researchers on password-protected laptops.

Recruitment may be incentivised through the use of a prize draw of a voucher both for interviewees and for staff recruiting them. In addition a £20 voucher may be offered to participants who are interviewed should other recruitment drives fail; in this instance all users and carers who have been interviewed will be eligible for this. Social media may be used in the recruitment and a poster or memes / info graphics will be used (Appendix 18). Should participants complete the online survey only, they will not be eligible for the £20 voucher.

The participant will be contacted directly by the researcher by telephone after 2-3 weeks from the initial contact in hospital to arrange a suitable time to conduct the interview which will be approximately 3-4 weeks following discharge. The researcher will go through the consent form and get verbal consent from the participant (and friend or family member if present) at the point of data collection (*Appendix 10*). Consent will be audio-recorded.

Service users recruitment through social care leads will follow the same procedures described above. Service users fulfilling the inclusion criteria will be identified and told about the evaluation by the social care lead, who will provide them with a Participant Information Sheet (*Appendix 8*) and explanation about the evaluation. If they agree to be interviewed, permission will be sought for their contact details using an expression of interest form (*Appendix 9*) and for their contact details to be passed to the research team. If they wish to have a friend, carer or family member present during the interview, this will be indicated in the expression of interest form. The participant will be contacted directly by the researcher by telephone at least 72 hours after the initial contact to arrange a time for the interview. The researcher will go through the consent form and get verbal consent from the participant (and friend or family member if present) at the point of data collection (*Appendix 10*). Consent will be audio-recorded.

Informal carers

Informal carers are a dispersed group and we anticipate that their recruitment might be complex. For this reason, informal carers will be recruited through three channels. In case an informal care giver is identified at the time of discharge, the discharge coordinator or researcher will provide them with a Participant Information Sheet (*Appendix 11*) and explain it. If the carer agrees to be contacted for an interview about four weeks after discharge, permission will be also sought for their contact details to be collected through a Expression of Interest form (*Appendix 12*). Names and contact details will be stored securely by researchers on password-protected laptops. The participant will be contacted directly by the researcher by telephone after 2-3 weeks from the initial contact to arrange a suitable time to conduct the interview which will be approximately 3-4 weeks following discharge.

If it impossible to identify an informal carer at the time of discharge, the researcher will ask patient who have an informal carer and took part in the evaluation, whether they would be happy for their carer to take part in a separate interview. In case of positive answer, the researcher will send, via email or post depending on the participant's preference, an Information Sheet (*Appendix 11*). The participant will be contacted directly by the researcher by telephone after 72 hours from receiving the Information Sheet to arrange a suitable time to conduct the interview. The researcher will go through the consent form (*Appendix 10*) and get verbal consent from the patient at the point of data collection. Consent will be audio-recorded.

Finally, informal carers will be recruited through ARC KSS Informal Carers Community of Experience. The Participant Information Sheet (*Appendix 11*) will be circulated with the members of the Community of Experience and potential participants will be invited to get in contact with the researchers to arrange an interview date.

3.5 Work package 3 (WP3): measures and metric

Development of outcome and process measures to facilitate the evaluations and for use in ongoing monitoring and management of the pathway.

3.5.1 Link to WP1 and WP2

In additional to official guidance and research, the insights, learnings, and recommendations captured through WP1 and WP2 will help shape development of process and outcome measures within an evaluation framework for the D2A pathway. For example, if interviews note barriers such as insufficient training, then it may be suitable to adopt a process measure on training provision.

We will use a focus group within WP1 to understand whether staff across agencies believe that the preliminary measures suggested are appropriate for measurement, and whether there are any that they believe hold high importance.

3.5.2 Development of measures

Various sources of information and insight will be used to identify appropriate measures, such as, but not limited to:

- Literature review of clinical guidance and best practice
- Identification of best practice, and enablers and barriers, through the interviews conducted under WP1 and WP2
- Identification of NHS targets and criteria
- Learnings from other organisations and ICSs
- Exploring existing data sources and routine measures (across settings and organisations)
- Exploring how different measures can be compared and correlated for wider insight

The team will seek to explore potential process and outcome measures that provide insight across the system, staff, and service users.

Consideration of ethics and information governance (IG)

Relevant ethical and IG guidance and laws will be followed when sourcing relevant data and measures. For example, informed consent for surveys and interviews in WP1 and WP2, and where relevant, data sharing agreements and Data Protection Impact Assessments (DPIAs).

3.5.3 Testing and agreement

The testing and agreement of measures will involve a number of processes that may include, but are not limited to:

- **Testing within the three Places identified**: each Place will be identified by the research team to ensure a variety of different settings across Kent, Surrey, and Sussex (KSS). Testing of measures across these three Places will support in identifying whether the measures are suitable across the ICSs and whether meaningful outputs are generated.

- **Measurement plan**: identifying potential measurement plans to ensure that the measurements are clear and coherent, and provides a sustainable process for future measurement across the KSS region. Interviews within WP1 may support in identifying how data across settings can be collated effectively. Measures are relevant and collectable across KSS, providing real-world insight, with the potential for scale.
- **Agreement with stakeholders**: working with stakeholders as part of WP1 (and WP2 where applicable) to ensure that the proposed measurement plan is appropriate and meaningful.

3.6 Data analysis

Interviews and focus groups from WP1 and WP2 will be transcribed and qualitative data will be subject to content analysis using Flick's (2014) approach. This requires bringing a predetermined template to the data usually fashioned from the instruments (in this case the interview and focus group schedule). The researchers will read the transcriptions to familiarise themselves with the data and NVivo will be used to aid analysis. Transcribed data and quotes will be sorted into the predetermined categories and coded according to the origin of the quotes. Each category will then be analysed into themes using the quotes to justify interpretation. Data that does not easily fit into the predetermined categories will be set aside and separately thematically analysed, so that all data is optimised. To ensure a credible and unbiased analysis, once the transcripts have been coded, researchers will review the coding as a whole and agree upon the final analysis outcome

The analysis will be shared with the PPI panel to help the researchers interpret and understand the findings.

3.7 Work package 4 (WP4): Dissemination and Implementation

A programme of engagement across KSS ICSs has already been delivered as part of the project development. A key recurrent theme relating to discharge and the need for reduced occupancy of acute beds was a clear message from the ICSs, but coupled with concerns over pathways and capacity / workforce challenges in community and social care. The findings from this evaluation are therefore already highly anticipated.

The evaluation programme board includes senior representatives from each ICS plus the chair of the regional committee supporting discharge development. We also have the support of the NHSE national team who are leading on D2A and the project team are working closely with them, which will include dissemination and implementation.

The dissemination and implementation of findings will be led by the ARC KSS Implementation Manager – Social Care, together with support from the wider ARC KSS implementation team members that support the Primary and Community Care and Living Well with Dementia themes. The ARC KSS implementation team are hosted by KSS AHSN; and lead on stakeholder engagement across each ICS.

The team are developing key Communities of Experience (CoE) and networks with a number of key stakeholder groups, including

- HomeCare
- Informal carers
- VCSE sector
- Dementia – clinical, strategic and action groups

Alongside academia, membership of the CoEs is primarily drawn from across Kent, Surrey and Sussex and is made up of members of the public, service providers, commissioners, and other health and social care organisations, for example Skills for Care, local Care Associations, Carers groups and AgeUK. The aims of these communities include knowledge exchange, to ensure the views and experiences of those accessing, delivering or commissioning services are sought and considered in relevant research projects; and also to provide platforms for the dissemination and ultimately the implementation of research findings into practice.

At the end of the project, the outputs will include a best practice and implementation guide to D2A, and this will be disseminated across Kent, Surrey and Sussex. During the project life, an implementation ‘task and finish’ group will be convened and, through these networks, we can ensure full engagement across the system to support dissemination and mobilisation of project outputs including early findings. A communications and implementation plan will be developed, incorporating the organisation of a launch event/webinar. There is also the potential for the provision of further project management/ implementation support from KSS AHSN to assist in the development and rolling out of new pathways.

The guide will also be made available to other ICSs and wider health and social care. This will be facilitated and supported through the wider AHSN and ARC networks, and also our links with NHSE.

4.0 Management and Governance

The project has been commissioned by NHS England via the NIPP programme. The Kent Surrey and Sussex AHSN hold the contract with NHS England for this programme and have subcontracted the following work packages:

- WP1 to the ARC KSS who will subcontract with the Universities of Kent, Surrey and Sussex for its delivery.
- WP2 to the ARC KSS who will subcontract with the Universities of Kent, Surrey and Sussex for its delivery.
- WP3 to Unity Insights for delivery
- WP4 will be provided by the AHSN

The contract will be reported on quarterly to NHS England and managed through an agreed set of KPIs (*Appendix 14*).

The project will be managed through a Project Board chaired by the lead executive at the AHSN. It will comprise of senior representatives from the AHSN, the ARC, each ICS, commissioners, local authority, providers, NHS England, the principal investigator and a patient representative. It will meet quarterly. See *Appendix 15* for the Terms of Reference.

A project group of researchers will be convened to deliver the project. This will be led by the principal investigator and will report into the Project Board.

5.0 Ethical and Regulatory Considerations

High ethical standards will be maintained throughout the project. Researchers will comply with the requirements of the General Data Protection Regulation (GDPR) 2016 and Data Protection Act 2018 with regards to the collection, storage, processing and disclosure of personal information.

All data will be rendered anonymous through a coding system that only the researchers will have access to, and participant confidentiality will be maintained. Data will not be traceable to individual participants in any project reports or publications and in general a collective identifier such as ‘participant 1’ will be used in transcripts however where it is required for analysis and understanding, generalised roles may be identified but not names or places. Any other identifiable information that may be shared such as family names, places of work will be anonymised.

Telephone and any face-to-face interviews and focus groups will be recorded on encrypted devices (i.e., dictaphones). To safeguard confidentiality, only audio-recorded interviews and focus groups taking place on videoconferencing platforms such as Zoom or MS Teams will be collected. For security reasons, these platforms will be accessed using university accounts.

All data will be stored in password-protected laptops and will be uploaded to dedicated folders in a secure shared drive which only researchers will have access to on the cloud-base collaboration platform Glasscubes. Data will be deleted from laptops once transferred. Emails which contain any personal identifiable information, for example, the email addresses of staff and service users, will be deleted once data collection is complete, within 8 weeks. Personal data will be anonymised and any data that can be linked back to any participant will be destroyed three months after the end of the project. Anonymised and analysed coded data will be safely stored on University computers and destroyed five years after the end of the project.

Researchers will provide prospective participants with information on the study by hand or by post or via email. All participants will receive the relevant Participant Information Sheet (*Appendices 3,4,8,11*) at least 72 hours before the interview or focus group. They will be invited to contact the researcher(s) for any questions or clarifications on the research and their involvement. Consent will be obtained verbally by the interviewer using a consent script (*Appendices 2 and 10*) at the start of the recorded interview/focus group and they will invite the participant to ask any questions or clarifications they might need before starting the interview/focus group. Consent will be audio-recorded. It will be stressed that the decision to take part in the research is voluntarily and that they can withdraw at any moment. Participants will be able to withdraw their consent to their interview to be used in the evaluation up until the point of data analysis. Service users and informal carers will be reassured that their decision to take part or to not take part will not in any way affect the care they receive. Should a participant become distressed during an interview, the recording will be paused and the interview will be carried on only if they feel able and comfortable to continue. Should a participant decide to withdraw during an interview, the data collected up to that point will be deleted. Participants in focus groups will be reminded that they are free to leave any time during the discussion if they feel uncomfortable or distressed. Should a participant withdraw during a focus group, the researchers will not include any of the participant's contribution as data.

Participants will be encouraged to expand on their experiences of their care however, it is noted that these questions could draw upon sensitive experiences which they may not wish to share, or experience psychological discomfort through recounting them. This is especially of concern due to the isolating nature of pandemic restrictions, where participants may not have been able to explore these experiences in depth yet (Golden-Biddle & Locke, 2006).

This is mitigated by reassuring the participant that they can halt the interview at any time, that they do not need to expand on anything they feel uncomfortable with, and by being intuitive of the participants' behaviour and language throughout the interview. A debrief document (*Appendix 13*) will be given to each participant post-interview, which will include a list of local and national mental health support organisations, as well as local health and social care contacts.

5.1 Involving participants lacking mental capacity

This evaluation will not exclude service users with mild cognitive impairment or lack of capacity to consent so to guarantee that vulnerable individuals "have equitable and opportunity to participate" (Shepherd, 2016, p. 6). From ongoing discussions with colleagues and PPI advisors in relation to D2A the recommendation to include this vulnerable population in the evaluation has strongly emerged. It is likely that service users with cognitive impairment (e.g., dementia, Alzheimer's, etc.) and their carers have specific needs and experiences of D2A. Taking part in the evaluation will guarantee that these will be part of recommendations and guidance for service improvement hence benefiting them.

Since interviews are a main method of data collection in this interview, researchers will follow the code of practice for "non-interventional research where consent is legally required" (NHS,

2019) in line with the Mental Capacity Act (2005) (MCA) and the Mental Capacity Act 2005 Code of Practice (EPA, 2017) as they are the most appropriate to safeguard participants with cognitive impairment.

The researchers will always start from the assumption that the person has the capacity to make the decision in question and will make every effort to encourage and support the person to make the decision themselves. Participant Information Sheets will be revised by the PPI panel to make sure that the language is clear.

Capacity to consent can change over time and it will be assessed on the following four criteria: a) The person understands information given to them; b) They are able to retain that information long enough to be able to make the decision; c) They are able to weigh up the information available to make the decision; d) They are able to communicate their decision by any means. The assessment will be made by the researcher in consultation with other professionals (e.g., discharge coordinator or care provider). Prior to data collection, researchers in this evaluation will undertake HRA e-learning course "Research Involving Participants Lacking Mental Capacity" and further support will be sought from experienced colleagues from the ARC KSS Dementia theme if needed.

If participants cannot do one or more of the four things listed above, they will be considered lacking capacity to consent and the researchers will identify a personal consultee, most likely a next of kin or informal carer, who can advise on their behalf. Paid care workers won't be considered eligible as personal consultee. The researchers will provide the personal consultee with a consultee declaration form (*Appendix 16*) and consultee participant information form (*Appendix17*) along with a Participant Information Sheet (*Appendix 11*) and Consent Form (*Appendix 10*). The consultee will then advise on behalf of their relative if they think they would have been happy to take part in the study if they could make that decision. The consultee will then take part in the interview along with the participant.

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Appendix 1: DRAFT Stakeholders Focus Groups/Interviews Topic Guide

Evaluating Discharge to Assess pathways in Kent, Surrey and Sussex

I/we would like to ask you some questions about your experience of being part of a team involved in delivering Discharge to Assess (D2A) Pathway 1 and Pathway 2.

1. **Experience of Discharge to Assess (D2A)**

What is:

a) *Your general understanding of what Discharge to Assess is there to achieve?*

b) *Your experience of being involved with D2A? What is easy to deliver and what is challenging?*

c) *What are the main changes to the way in which service users care needs are now assessed and met? What are your views about these changes?*

2. **Collaboration and Care Co-ordination**

a) *In your opinion, has D2A had any effect on the way professionals work together in a co-ordinated and collaborative way across settings (e.g., hospital, primary care, social care, VSCE, etc.)?*

b) *What has or has not changed?*

c) *How would you describe the way professionals now work together? (clear roles and responsibilities; shared goals)*

d) *What are your perceptions of how information is now shared?*

Are you able to draw some conclusions about what works better and why? (leadership, engagement, information sharing, care planning, culture, relationships)

3. **Impact on service users**

a) *What are your views on how D2A has impacted on service-users receiving care? (outcomes – admission avoidance, health and wellness, self-management, positive experience, crisis management, seamless care)*

b) *What are your views about transitions of care between services for service users? (smooth/or not smooth, rapid/slow, how information is shared, duplication of assessment)*

4. **Capacity and skills**

a) *What are your views on the skills needed to deliver D2A?*

b) *What training and support have you had to deliver the care on this pathway?*

c) *What is your view of the local capacity, i.e. staff and community beds, and its ability to meet the demand of the pathway?*

5. **Sustainability**

a) *In your opinion, what is needed to ensure D2A continues to move forward?*

b) *What are the 'active ingredients' that could be passed on to other areas to help them succeed?*

c) *Are there any stumbling blocks that still need to be overcome? (politics, workforce changes, working environment, culture, relationships, resources, funding/finance)*

Is there anything else you would like to add?

Thank you

Appendix 2: Consent Script (Stakeholder Focus Group/Interview)

Evaluating Discharge to Assess pathways in Kent, Surrey and Sussex

Hello, my name is *[name of researcher].* Thank you for agreeing to take part in this focus group/interview *(delete as appropriate)* as part of the evaluation of Discharge to Assess in *[Place]*

Have you read the Participant Information Sheet, which was sent to you in advance?

Do you have any questions regarding this evaluation?

[chance to ask any questions]

As part of the ethical process, I need to ask a few questions.

Can you all confirm that:

- You have read the information sheet on the above project and have had the opportunity to consider the information, ask questions and have had these answered satisfactorily?
- You understand that your participation in the evaluation is entirely voluntary and that you can withdraw at any time without giving a reason and without detriment to yourself?
- You understand that your data will remain confidential?
- You agree to this interview/focus group *(delete as appropriate)* being audio-recorded?
- You understand that we will use anonymous quotes in reports, other publications and presentations but you will not be able to be identified from these?
- You agree to take part in this interview/focus group *(delete as appropriate)* today.

Thank you.

Appendix 3: Participant Information Sheet (Stakeholder Interviews)

Evaluating Discharge to Assess pathways in Kent, Surrey and Sussex

Invitation to Participate in a Service Evaluation

We are researchers at the Applied Research Collaboration (ARC) Kent Surrey and Sussex (KSS) and are doing a review of recent changes to hospital discharge and post-discharge services, particularly a pathway known as Discharge to Assess (D2A). You are receiving this letter because you are involved in managing or delivering this service. We would like to invite you to take part in this service evaluation. This information sheet explains why it is being done and what it would involve for you. Please do contact us if you have any questions. Our contact details are at the end of this information sheet.

Purpose of the study

Locally and across the Country, hospitals and community health and social care services are working together to try to improve people's experience of being discharged from hospital safely and timely. Discharge to Assess (D2A) model funds and supports people to leave hospital rapidly with minimal assessment and to continue their care and assessment out of hospital, either at home or in a community setting. While this means patients spend less time in hospital, it does mean more support is needed in the community and we want to work out if the right support is there.

The team of researchers at ARC KSS will be evaluating the processes and outcomes of D2A. They would like to understand your overall experiences and perceptions of D2A, what the 'successful ingredients' are that are making a difference to service delivery and what could be improved, replicated in other areas and sustained.

Why have I been invited?

We want to find out from people like you who are involved in managing or delivering D2A and post-discharge care what you feel the impact has been on service users, what works well and what does not, the effectiveness and level of collaboration and where you see improvements can be made.

What will happen?

We would like to invite you to take part in an interview with a member of the research team. This will be online using MS Teams or Zoom or by telephone, whichever you prefer. We would like to spend about 45 minutes talking through a range of subjects related to D2A and post-discharge care on the community, for example, team working and co-ordination, strengths and weaknesses of implementation, roles and responsibilities, impacts on service users, success factors and overcoming challenges. With your permission we would like to audio-record the interview so that we can better analyse it.

Do I have to take part?

It is entirely up to you whether or not you decide to take part. If you do decide to take part, you are free to withdraw at any time. The decision to take part or not will have no impact on your employment in any way.

Will my taking part in this study be kept confidential?

We would like to reassure you that any information collected about you will be coded and kept strictly confidential, and we will protect your identity. It will be stored on a password protected computer network at the University and will only ever be accessed by the evaluation team. Once the project is finished, data collected for the evaluation will be kept for a short period of up to three months. We will immediately destroy any personal data collected about you and anonymised data will also be destroyed after five years. You will not be identifiable in any written reports. Things you say during the interview may be directly quoted in written reports and publications, but your name or anything else that could make you identifiable will be removed.

The University of Kent's Privacy Notice can be found here:

https://cdn-researchkent.pressidium.com/ris-operations/wp-content/uploads/sites/2308/2020/06/GDPR-Privacy-Notice-Research.pdf

Benefits and risks of taking part

We will ensure that there are no risks to you by taking part in the study. Furthermore, any information you give us regarding yourself, or other health and care workers will not be shared with anyone. The information you give us will be a vital part of planning improvements to health and social care services and to improving the quality of care for people living in your area. As a thank you for participating, we

What will happen to the results of the study?

The results of the study will be used to develop guidance for services to improve hospital discharge and post-discharge services in the community. They may also be published in an academic journal and presented at health and social care conferences. Your participation in the research will be anonymous and any data collected from you will remain confidential.

Who can I contact if I have any further questions?

If you have any further questions about the study, please do not hesitate to contact:

Dr Jenny Monkhouse

Phone: Email: j.monkhouse@kent.ac.uk

OR

Dr Lavinia Bertini

Phone Email: l.bertini@bsms.ac.uk

Who can I contact if I want to make a complaint about the study?

If you are unhappy about any aspects of the study and wish to make a formal complaint, you can do this through contacting Nicole Palmer, Research Ethics and Governance Officer, University of Kent

Phone: 01227 824797 Email: N.R.Palmer@kent.ac.uk

What do I need to do next?

If you would like to take part, please contact:

Jenny Monkhouse, Research Fellow, University of Kent - j.monkhouse@kent.ac.uk

Or

Lavinia Bertini, Research fellow, Brighton and Sussex Medical School – l.bertini@bsms.ac.uk

Jenny or Lavinia will then contact you by email or telephone to arrange a convenient date and time for the interview to take place.

If you do not want to take part you do not need to do anything.

Thank you for taking the time to read this information

Appendix 4: Participant Information Sheet (Stakeholder Focus Groups)

Evaluating Discharge to Assess pathways in Kent, Surrey and Sussex

Invitation to Participate in a Service Evaluation

We are researchers at the Applied Research Collaboration (ARC) Kent Surrey and Sussex (KSS) and are doing a review of recent changes to hospital discharge and post-discharge services, particularly a pathway known as Discharge to Assess (D2A). You are receiving this letter because you are involved in managing or delivering this service. We would like to invite you to take part in this service evaluation. This information sheet explains why it is being done and what it would involve for you. Please do contact us if you have any questions. Our contact details are at the end of this information sheet.

Purpose of the study

Locally and across the Country, hospitals and community health and social care services are working together to try to improve people's experience of being discharged from hospital safely and timely. Discharge to Assess (D2A) model funds and supports people to leave hospital rapidly with minimal assessment and to continue their care and assessment out of hospital, either at home or in a community setting. While this means patients spend less time in hospital, it does mean more support is needed in the community and we want to work out if the right support is there.

The team of researchers at ARC KSS will be evaluating the processes and outcomes of D2A. They would like to understand your overall experiences and perceptions of D2A, what the 'successful ingredients' are that are making a difference to service delivery and what could be improved, replicated in other areas and sustained.

Why have I been invited?

We want to find out from people like you who are involved in managing or delivering D2A and post-discharge care what you feel the impact has been on service users, what works well and what does not, the effectiveness and level of collaboration and where you see improvements can be made.

What will happen?

We would like to invite you to take part in a focus group discussion with other stakeholders in the area (e.g., care commissioners and providers, care workers, volunteers, etc.) online using MS Teams or Zoom. We would like to spend about 1 hour talking through a range of subjects related to the programme, for example, team working and co-ordination, the nature of any changes, strengths and weaknesses of implementation, roles and responsibilities, impacts on patients, success factors and overcoming challenges. With your permission we would like to audio-record the focus group discussion so that we can better analyse it.

Do I have to take part?

It is entirely up to you whether or not you decide to take part. If you do decide to take part, you are free to withdraw at any time. The decision to take part or not will have no impact on your employment in any way.

Will my taking part in this study be kept confidential?

We would like to reassure you that any information collected about you will be coded and kept strictly confidential, and we will protect your identity. It will be stored on a password protected computer network at the University and will only ever be accessed by the evaluation team. Once the project is finished, data collected for the research will be kept for a short period of up to three months. We will immediately destroy any personal data collected about you and anonymised data will also be destroyed after five years. You will not be identifiable in any written reports. Things you say during the interview may be directly quoted in written reports and publications, but your name or anything else that could make you identifiable will be removed.

The University of Kent's Privacy Notice can be found here:

https://cdn-researchkent.pressidium.com/ris-operations/wp-content/uploads/sites/2308/2020/06/GDPR-Privacy-Notice-Research.pdf

Benefits and risks of taking part

We will ensure that there are no risks to you by taking part in the study. Furthermore, any information you give us regarding yourself, or other health and care workers will not be shared with anyone. The information you give us will be a vital part of planning improvements to health and social care services and to improving the quality of care for people living in your area.

What will happen to the results of the study?

The results of this evaluation will be used to develop guidance for services to improve hospital discharge and post-discharge services in the community. They may also be published in an academic journal and presented at health and social care conferences. Your participation in the research will be anonymous and any data collected from you will remain confidential.

Who can I contact if I have any further questions?

If you have any further questions about the study, please do not hesitate to contact:

Dr Jenny Monkhouse
Phone: Email: j.monkhouse@kent.ac.uk

OR

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Phone: 01227 824797 Email: N.R.Palmer@kent.ac.uk

What do I need to do next?

If you would like to take part, please contact:

Jenny Monkhouse, Research Fellow, University of Kent - j.monkhouse@kent.ac.uk

Or

Lavinia Bertini, Research fellow, Brighton and Sussex Medical School – l.bertini@bsms.ac.uk

The research team will arrange a convenient date and time for the focus group to take place.

If you do not want to take part you do not need to do anything.

Thank you for taking the time to read this information

Appendix 5: DRAFT Interview Topic Guide (Service User)

Evaluating Discharge to Assess pathways in Kent, Surrey and Sussex

Experience of being discharged from hospital and the care and support you received afterwards

Following your recent stay in hospital we would like to ask you about your experiences of being discharged from hospital and the care you received in the weeks following your discharge. The aim of these questions is to understand what worked well for you and what did not work so well.

1. **Thinking about when you were in hospital**
    a) *Were you told when you would be discharged/sent home or to place of residence (delete as appropriate)? Were any friends or family told when you would be discharged/sent home or usual place of residence?*
    b) *Did you feel you were ready to go home?*
    c) *Were you involved in the decision about when you would be discharged/sent home? If so how?*
    d) *Tell me about what happened on the day you were discharged? (e.g., was transport arranged for you? Did you receive information on medications and follow-up appointments? etc.)*
    e) *Were you told what would happen once you were back home? What care you would need, how it would be assessed and who would provide it? Did anyone discuss with you how services would be funded?*

2. **Thinking about after you were discharged from hospital, when you got home/place of residence**
    a) *Did you go back to the same place you lived in before you were admitted to hospital? If this was different, why was this? Where you involved in this decision? If so, how?*
    b) *Did anyone come to your home/place of residence to assess what care and support you might need now that you were out of hospital? Did you know they were coming to visit?*
    c) *How was this experience for you?*
    d) *Did you receive any care or support in the first few weeks after you got home? Do you know who provided this care or support?*
    e) *Did you have this care or support before you went into hospital or was it new for you?*
    f) *How was this experience for you?*
    g) *Do you know what is happening next in terms of your care and support?*

3. **Thinking about the different people caring for you and how they worked together**
    a) *How would you describe the way that they worked together?*
    b) *Did workers know all the important information about you?*
    c) *Do you think that the workers shared information with each other about you and your care, or did you find yourself having to repeat your story?*
    d) *Was the information you got from workers consistent?*

4. **Effects on health and quality of life**

These next questions ask about whether the care you received at home/place of residence after you were discharged from hospital has made a difference to your health and well-being.

a) *Do you feel your health and well-being has improved, stayed the same or got worse since you are back home/place of residence? In what way has it improved, stayed the same or got worse, and why do you think this has happened?*
b) *Do you feel that the care you are receiving is helping you to get back to do the things that you used to do and enjoyed doing before discharge from hospital? (i.e., hobbies, work, social life, etc.) In what way?*
c) *How do you feel about looking after yourself being independent or in control of your daily life? Did the care you received make a difference? In what way?*

5. **Overall impressions**

Overall, thinking about your discharge from hospital and the care you received when you got home/place of residence?

a) *What went well and what didn't go so well?*
b) *Did you think your needs were assessed adequately?*
c) *Where your needs met? If not, why not?*
d) *How would you describe the way that the people involved in your care treated you? (respect and dignity, listening, friendliness)*
e) *Is there anything we could do to make the service better? If so, what?*

Is there anything else you would like to add?

Thank you

Appendix 6: DRAFT Interview Topic Guide (Informal carers)

Evaluating Discharge to Assess pathways in Kent, Surrey and Sussex

Experience of discharge from hospital and the care and support you received afterwards

We would like to ask you about your experiences of caring for a person discharged from hospital, the care they received and the support you had in caring for them in the weeks following your discharge. The aim of these questions is to understand what worked well for you and what did not work so well.

General questions:

a) *Who are you caring for?*

b) *How many weeks of post-discharge care did you receive? Do you know who funded it?*

c) *How long have you been caring for [add name]? Did you use to care for them before?*

d) *From 1 to 5, with 1 very difficult and 5 very easy, how have you found caring for [add name] in the weeks post hospital discharge?*

6. **Thinking about hospital discharge**

a) *Did someone from the hospital staff tell you the date of discharge? If the date changed, were you informed of the new date?*

b) *Did you feel you were ready to care for your [add name] back home? Did you receive any specific support from nurses or hospitals staff (e.g., giving medications, how to change bandage, etc.)?*

c) *Were you involved in the decision about when they would be discharged/sent home? If so how?*

d) *Were you told what would happen once they were back home? What care they would need, how it would be assessed and who would provide it? Did anyone discuss with you how services would be funded?*

7. **Thinking about after the discharge from hospital, when [add name] got home/place of residence**

h) *Did* [add name] *go back to the same place they lived in before hospital admission? If this was different, why was this? Where you involved in this decision? If so, how?*

i) *Did anyone come to your home/place of residence to assess care and support* your [add name] *might need? Did you know they were coming to visit?*

j) *How was this experience for you? Were you involved in this process? Were your needs also taken into account?*

k) *Do you know what is happening next in terms of your care and support?*

8. **Thinking about the different people involved in post-discharge care and how they worked together**
    e) *How would you describe the way that they worked together?*
    f) *Did workers know all the important information about* [add name]*?*
    g) *Was the information you got from workers consistent?*
    h) *Was it clear to you whom to contact for help? Was it clear who the points of contact were for each service?*

9. **Effects on health and quality of life**

These next questions ask about whether the post-discharge care received at home/place of residence has made a difference

d) *Do you feel that* [add name]*'s health and well-being has improved, stayed the same or got worse since you are back home/place of residence? In what way has it improved, stayed the same or got worse, and why do you think this has happened?*
e) *How has your life been impacted by your caring responsibilities?*
f) *Do you feel that you have been supported in providing care to [add name]? In what ways?*

10. **Overall impressions**

Overall, thinking about your discharge from hospital and the care you received when you got home/place of residence?

f) *What went well and what didn't go so well?*
g) *How would you describe the way that the people involved the discharge and post-discharge care treated you? (respect and dignity, listening, friendliness)*
h) *Is there anything we could do to make the service better? If so, what?*

Is there anything else you would like to add?

Thank you

Appendix 7: Demographic Information (Service Users)

Evaluating Discharge to Assess pathways in Kent, Surrey and Sussex

Participant ID:

First of all, we'd like to start by getting some facts about you:

a) Age group:

18-30 ☐	31-40 ☐	41-50 ☐	51-60 ☐
61-70 ☐	71-80 ☐	81-90 ☐	90+ ☐

b) Gender:

Male ☐ Female ☐ Other ☐ Prefer not to say ☐

c) Ethnicity (*delete as appropriate*)

White/ Mixed or Multiple ethnic groups/Asian or Asian British/Black, African, Caribbean or Black British/Other ethnic group

d) Living Environment (prior to hospital admission)

Live in your own home ☐

Live in a residential care setting ☐

Other (*please specify*)…………………………………………………………………………………………………….

e) Who you live with

Live alone ☐

Live with spouse/partner ☐

Live with other family members ☐

Other (please specify) ……………………………………………………………………………………………………

f) Thinking about your last admission to hospital, how long did you stay in hospital?

Less than 1 week ☐

Between 1 and 2 weeks ☐

More than 2 weeks ☐

Appendix 8a: Participant Information Sheet (Service User – online survey)

Evaluating Discharge to Assess pathways in Kent, Surrey and Sussex

Dear Patient

We are researchers at the Applied Research Collaboration (ARC) Kent Surrey and Sussex (KSS), and we are doing a review of hospital discharge and post-discharge services in Kent.

If you would like to have your say about what it was like for you when you got discharged from hospital, please consider taking part in this study.

Why

Across the country, hospitals, community health and social care services want to ensure that people are discharged from hospital in a safe, appropriate and timely way. They want to ensure that people receive the care and support they need in the first few weeks after they leave hospital and in the longer-term.

We would like to ask you questions so we can understand your experience of the discharge and post-discharge health and care services (e.g., personal care, rehabilitation) and whether your needs were met when you got back to your place of residence. This work will help shape new discharge guidance which will benefit other patients' experiences.

What to expect

You will be invited to an interview either over the phone, or over an online platform like Zoom by Susie Walker or Jenny Monkhouse, who will call you at the agreed time. It is up to you how you would like to be interviewed.

The interview should take no longer than 45 minutes and can be done in 2 parts if this feels like too much. The interview will be audio recorded.

You are welcome to have someone with you for the interview, this person can help with the questions, or the phone / online platform, and can also help if you wish to take a break or leave the interview.

Will my taking part in this study be kept confidential?

Yes. The interview will be recorded but we would like to reassure you that any personal information will be anonymised and stored on a password protected computer network and will only be accessed by the researchers.

Things you say during the interview may be directly quoted in written reports, but your personal data (like any names, location) will be removed.

Once the interview has been completed, we will destroy any personal information collected, this includes any sensitive information you give us about yourself, your health or individual care workers or care settings. All anonymised data will be destroyed after five years.

We will not share any personal or sensitive information with anyone. We will ensure that there are no risks to you or anyone else involved in your care by taking part in the study. Taking part will not affect any care or benefits you receive.

Prize draw

We would like to thank participants by entering you into a prize draw for a £50 voucher. If you do not wanted to be entered into this draw, let us know.

Who can I contact if I have any further questions?

If you have any further questions about the study, please contact

Jenny Monkhouse on 01227 827914 or j.monkhouse@kent.ac.uk. If you reach a voicemail leave a message and I will get back to you.

What do I need to do next?

If you would like to take part, your care provider will ask your permission to pass on your contact details to Jenny Monkhouse who will then get in touch to arrange a convenient date and time to carry out the interview. Or you can get in touch with me direct.

If you do not want to take part, you do not need to do anything.

Thank you for taking the time to read this information

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https://cdn-researchkent.pressidium.com/ris-operations/wp-content/uploads/sites/2308/2020/06/GDPR-Privacy-Notice-Research.pdf If you would like a printed copy of this please get in touch and we can send it to you.

If you wish to make a formal complaint, please contact Nicole Palmer (Research Ethics and Governance Officer) on 01227 824797 or N.R.Palmer@kent.ac.uk

Appendix 8b: Participant Information Sheet (Service User – in person interview)

Evaluating Discharge to Assess pathways in Kent, Surrey and Sussex

Dear Patient

We are researchers at the Applied Research Collaboration (ARC) Kent Surrey and Sussex (KSS), and we are doing a review of hospital discharge and post-discharge services in Kent.

If you would like to have your say about what it was like for you when you got discharged from hospital, please consider taking part in this study.

Why

Across the country, hospitals, community health and social care services want to ensure that people are discharged from hospital in a safe, appropriate and timely way. They want to ensure that people receive the care and support they need in the first few weeks after they leave hospital and in the longer-term.

We would like to ask you questions so we can understand your experience of the discharge and post-discharge health and care services (e.g., personal care, rehabilitation) and whether your needs were met when you got back to your place of residence. This work will help shape new discharge guidance which will benefit other patients' experiences.

What to expect

You will be invited to an interview either over the phone, or over an online platform like Zoom by Susie Walker or Jenny Monkhouse, who will call you at the agreed time. It is up to you how you would like to be interviewed.

The interview should take no longer than 45 minutes and can be done in 2 parts if this feels like too much. The interview will be audio recorded.

You are welcome to have someone with you for the interview, this person can help with the questions, or the phone / online platform, and can also help if you wish to take a break or leave the interview.

Will my taking part in this study be kept confidential?

Yes. The interview will be recorded but we would like to reassure you that any personal information will be anonymised and stored on a password protected computer network and will only be accessed by the researchers.

Things you say during the interview may be directly quoted in written reports, but your personal data (like any names, location) will be removed.

Once the interview has been completed, we will destroy any personal information collected, this includes any sensitive information you give us about yourself, your health or individual care workers or care settings. All anonymised data will be destroyed after five years.

We will not share any personal or sensitive information with anyone. We will ensure that there are no risks to you or anyone else involved in your care by taking part in the study. Taking part will not affect any care or benefits you receive.

Thank you

We would like to thank participants by a £20 voucher which will be sent to you after the interview has been completed.

Who can I contact if I have any further questions?

If you have any further questions about the study, please contact

Jenny Monkhouse on 01227 827914 or j.monkhouse@kent.ac.uk. If you reach a voicemail leave a message and I will get back to you.

What do I need to do next?

If you would like to take part, your care provider will ask your permission to pass on your contact details to Jenny Monkhouse who will then get in touch to arrange a convenient date and time to carry out the interview. Or you can get in touch with me direct.

If you do not want to take part, you do not need to do anything.

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If you wish to make a formal complaint, please contact Nicole Palmer (Research Ethics and Governance Officer) on 01227 824797 or N.R.Palmer@kent.ac.uk

Appendix 9: Service User Expression of Interest Form

Evaluating Discharge to Assess pathways in Kent, Surrey and Sussex

Please provide the following information about the service user who has expressed an interest in taking part in the evaluation

Name (please print)

…………………………………………………………………………….

Telephone number

………………………………………………………………………………

Preferred times to be contacted

…………………………………………………………………………….

How would they like to take part in the interview – telephone/Zoom/MS Team (*delete as appropriate)*

Would the service user like a friend, family member, informal carer or advocate to be with them at the time of the interview? Yes/No (*delete as appropriate*)

If yes, please given their name and relationship to the service user

…………………………………………………………………………….

Thank you

Appendix 10: Consent Script (Service User)

Evaluating Discharge to Assess pathways in Kent, Surrey and Sussex

Hello, my name is [name of researcher]. Thank you for agreeing to talk to me about your recent experience of being discharged from hospital and the care you received after you came home/place of residence *(delete as appropriate)*

Before we start, I need to ask if you have had a chance to read the Participant Information Sheet, which was given to you. Are there any questions you have regarding this information or about taking part in the interview today?

As part of the ethical process, I need you to answer a few questions before we begin.

Can you please confirm that:

- You have read the participant information sheet and have had the opportunity to consider the information, ask questions and have had these answered satisfactorily?
- You understand that you are being asked to take part in a telephone/online *(delete as appropriate)* interview today?
- You understand that your participation in the study is entirely voluntary and that you can withdraw at any time without giving a reason?
- You understand that taking part will not affect the care and support you receive from health or social care services in any way?
- You understand that you do not have to answer any questions that you do not feel comfortable with?
- You understand that anything you tell us will remain confidential?
- You agree to this interview being audio-recorded?
- You understand that we will use anonymous quotes in reports, other publications and presentations but you will not be able to be identified from these?
- You agree to having a friend, family member or informal carer present? (*if relevant*)
- You agree to take part in this interview today?

Thank you

Appendix 11a: Participant Information Sheet (Informal Carers – online survey)

Evaluating Discharge to Assess pathways in Kent, Surrey and Sussex

Dear Carer

We are researchers at the Applied Research Collaboration (ARC) Kent Surrey and Sussex (KSS), and we are doing a review of hospital discharge and post-discharge services in Kent.

If you would like to have your say about what it was like for you and the person you care for when they got discharged from hospital, please consider taking part in this study.

Why

Across the country, hospitals, community health and social care services want to ensure that people are discharged from hospital in a safe, appropriate and timely way. They want to ensure that people receive the care and support they need in the first few weeks after they leave hospital and in the longer-term.

We would like to ask you questions so we can understand your experience of the discharge and post-discharge health and care services (e.g., personal care, rehabilitation) and whether your needs and the needs of the person you care for were met. This work will help shape new discharge guidance which will benefit other patients' experiences.

What to expect

You will be invited to an interview either over the phone, or over an online platform like Zoom by Susie Walker or Jenny Monkhouse, who will call you at the agreed time. It is up to you how you would like to be interviewed.

The interview should take no longer than 45 minutes and can be done in 2 parts if this feels like too much. The interview will be audio recorded.

You are welcome to have someone with you for the interview, this person can help with the questions, or the phone / online platform, and can also help if you wish to take a break or leave the interview.

Will my taking part in this study be kept confidential?

Yes. The interview will be recorded but we would like to reassure you that any personal information will be anonymised and stored on a password protected computer network and will only be accessed by the researchers.

Things you say during the interview may be directly quoted in written reports, but your personal data (like any names, location) will be removed.

Once the interview has been completed, we will destroy any personal information collected, this includes any sensitive information you give us about yourself, the person you care for or individual care workers or care settings. All anonymised data will be destroyed after five years.

We will not share any personal or sensitive information with anyone. We will ensure that there are no risks to you or the person you care for by taking part in the study. Taking part will not affect any care or benefits you or the person you care for receives.

Prize draw

We would like to thank participants by entering you into a prize draw for a £50 voucher. If you do not wanted to be entered into this draw, let us know.

Who can I contact if I have any further questions?

If you have any further questions about the study, please contact

Jenny Monkhouse on 01227 827914 or j.monkhouse@kent.ac.uk. If you reach a voicemail, please leave a message and I will get back to you.

What do I need to do next?

If you would like to take part, the person who gave you this letter will ask your permission to pass on your contact details to Jenny Monkhouse who will get in touch to arrange a convenient date and time to carry out the interview, or you can contact me direct.

If you do not want to take part, you do not need to do anything.

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Appendix 11b: Participant Information Sheet (Informal Carers – in person interview)

Evaluating Discharge to Assess pathways in Kent, Surrey and Sussex

Dear Carer

We are researchers at the Applied Research Collaboration (ARC) Kent Surrey and Sussex (KSS), and we are doing a review of hospital discharge and post-discharge services in Kent.

If you would like to have your say about what it was like for you and the person you care for when they got discharged from hospital, please consider taking part in this study.

Why

Across the country, hospitals, community health and social care services want to ensure that people are discharged from hospital in a safe, appropriate and timely way. They want to ensure that people receive the care and support they need in the first few weeks after they leave hospital and in the longer-term.

We would like to ask you questions so we can understand your experience of the discharge and post-discharge health and care services (e.g., personal care, rehabilitation) and whether your needs and the needs of the person you care for were met. This work will help shape new discharge guidance which will benefit other patients' experiences.

What to expect

You will be invited to an interview either over the phone, or over an online platform like Zoom by Susie Walker or Jenny Monkhouse, who will call you at the agreed time. It is up to you how you would like to be interviewed.

The interview should take no longer than 45 minutes and can be done in 2 parts if this feels like too much. The interview will be audio recorded.

You are welcome to have someone with you for the interview, this person can help with the questions, or the phone / online platform, and can also help if you wish to take a break or leave the interview.

Will my taking part in this study be kept confidential?

Yes. The interview will be recorded but we would like to reassure you that any personal information will be anonymised and stored on a password protected computer network and will only be accessed by the researchers.

Things you say during the interview may be directly quoted in written reports, but your personal data (like any names, location) will be removed.

Once the interview has been completed, we will destroy any personal information collected, this includes any sensitive information you give us about yourself, the person you care for or individual care workers or care settings. All anonymised data will be destroyed after five years.

We will not share any personal or sensitive information with anyone. We will ensure that there are no risks to you or the person you care for by taking part in the study. Taking part will not affect any care or benefits you or the person you care for receives.

Thank you

We would like to thank participants by sending you a £20 voucher after the interview has been completed.

Who can I contact if I have any further questions?

If you have any further questions about the study, please contact

Jenny Monkhouse on 01227 827914 or j.monkhouse@kent.ac.uk. If you reach a voicemail, please leave a message and I will get back to you.

What do I need to do next?

If you would like to take part, the person who gave you this letter will ask your permission to pass on your contact details to Jenny Monkhouse who will get in touch to arrange a convenient date and time to carry out the interview, or you can contact me direct.

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Appendix 12: Informal Carer Expression of Interest Form

Evaluating Discharge to Assess pathways in Kent, Surrey and Sussex

Please provide the following information about the service user who has expressed an interest in taking part in the evaluation

Name (please print)

…………………………………………………………………………….

Telephone number

………………………………………………………………………………

Preferred times to be contacted

……………………………………………………………………………

How would they like to take part in the interview – telephone/Zoom/MS Team (*delete as appropriate)*

Thank you

Appendix 13: Debrief document

Evaluating Discharge to Assess pathways in Kent, Surrey and Sussex

Sources of support

The researchers will take every necessary step to ensure that the study does not cause you any distress. However, if at any moment during your involvement in this evaluation, you feel the need for specific support, you might find it useful to contact the following services and organisations.

GPs: Your General Practitioner or Practice Nurse.

NHS – Mental health and wellbeing:
Web: www.nhs.uk/conditions/stress-anxiety-depression

Samaritans: A safe place to talk with someone by telephone or email
Web: https://www.samaritans.org/how-we-can-help/
T: 116 123 or email: jo@samaritans.org

Mind: Mental Health support
Web: https://www.mind.org.uk/about-us/contact-us/
Urgent enquiry: T: 0208 215 2243. Non-urgent enquiry: 0300 123 3393 or email info@mind.org.uk

SANE: Mental Health advice line
Web: sane.org.uk T: 07984 967 708

Age UK: Leading charity for older people
Web: ageuk.org.uk T: 0800 055 6112

Counsel and Care: Care support for older people, their families and carers
Web: http://www.careforcarers.org.uk/support/counsel-and-care
T: 020 7241 8555 Email: advice@counselandcare.org.

Carers Direct: Free, confidential information and advice for carers.
T: 0800 802 0202

Appendix 14: Milestones/ KPI Table

Milestones/ KPI Table

ARC/AHSN Collaboration: Kent, Surrey and Sussex

Project Title: Evaluating Discharge to Assess pathways in Kent, Surrey and Sussex

A. Metrics to be monitored at NIPP Project Management Level

Key Performance Area	KPI Ref	Activity	Target	How Milestones/ KPI will be measured	Delivery Timeframe
NIPP Assessment Framework	KPI-1a	- Planned delivery to NIPP assessment criteria and feedback from the NIPP Due Diligence Panel and NIPP Strategy Panel.	- Assessment Criteria and panel feedback/ recommendations are incorporated into delivery plan. - Key milestones are scheduled to match project rationale, Innovation theme, project reach and delivery methods.	- Project Plan actions address criteria/feedback. - Project performance assurance review at quarterly NIPP reviews. - Finalised proposal, project plan and cost templates are updated/baselined. - Milestones articulated in four distinct phases, quarterly reporting on progress per phase.	To be delivered in Q1
	KPI-1b	Project approvals	Contracts with AHSN / ARC / Universities in place Convene project board Agree project board TOR Agree project team Convene project group	Contracts in place Project board minutes Agreed TOR Team identified (roles and responsibilities agreed) Project group minutes	Q1
	KPI-1c	Project approvals	Ethics approval Identify places / case studies Gain provider / place agreements Comms plan agreed Recruitment completed	Ethics approval received Sites / places paper Agreements in place Comms plan Full team identified	Q2
	KPI-1d	Data collection	Identify and interview staff Agree access protocol for patients and complete interviews Draft measures Test measures Agree measures	Provider interviews x 30 Patient interview x 30 Measures drafted Measures tested	Q3/4 Q4/5 Q3/4 Q4/5

Key Performance Area	**KPI Ref**	**Activity**	**Target**	**How Milestones/ KPI will be measured**	**Delivery Timeframe**
				Measures agreed	Q5
	KPI-1e	Qualitative evaluation of patient / provider	Data analysis of patient and provider experiences and needs	Analysis completed. Early findings shared with KSS ICSs	Q5
		Outcome measures	Measures deployed and running on three sites	Measures in use	Q6
	KPI-1f	Finalise report / guide	Completion of report and guide	Guide and report	Q6
		Dissemination and implementation	Agree and implement dissemination plan	Plan agreed. Dissemination commenced	
			Agree and implement implementation plan	Plan agreed. Implementation commenced	
Generate Rapid Insights	KPI-2	Contribute to NHS Reset and Recovery, BCN and Regional Priorities by generating rapid insights in relation to discharge to assess	Rapid insights to ICSs	- A comprehensive Rapid Insights Implementation Guide and Toolkit produced for dissemination. - Provide implementation, adoption and spread recommendations (if appropriate).	Q6
Disseminate NIPP Outputs and Outcomes	KPI-3	Raise awareness of NIPP delivery and specific “Project” outputs. - Provide a Stakeholder Mapping. - Local health systems impacts are identified and quantified.	- Contact made with relevant stakeholders - Contribute to NIPP sharing and learning activities, events, publicity, and Comms.	- Stakeholders are mapped out. - Uptake of “Project”; shared learning activity (including events). - Contribution/ participation in sharing events and publicity. - Publications such as journal papers, reports (incl. ‘Final Report at Project End’, and ‘Contribute to NIPP Programme Summary Report’), and other presentations. - Media communication via web pages and/or social media	Q3 and Q6
ARC/AHSN Collaboration	KPI-4	- Demonstrate ARC/AHSN collaboration in project delivery - Clearly describe the roles and responsibilities/ contribution of each partner and other contributors to project delivery processes. - Monitor and mitigate against unintended consequences, risks, and issues.	- Input and activities are focused on building local knowledge and capacity for rapid implementation and evaluation studies. - Issues and risks are managed/ mitigated.	- Outline clear roles and responsibilities via project team profile/organogram. - Provide a RAG rating (self-assessment) on collaboration status in NIPP Quarterly report – including brief narratives of rating rationale, and risks/ issues mitigation.	Q1- Q6

Key Performance Area	KPI Ref	Activity	Target	How Milestones/ KPI will be measured	Delivery Timeframe
				- Escalate high risks/issues for programme-level resolution in quarterly reports (e.g. staffing-related slippages/issues *(for managing by exception at NIPP Programme/ AHSN Assurance levels).*	
Health Inequalities focus	KPI-5	- Work with local stakeholders to understand barriers and facilitators and aim to optimise and implement activities to ameliorate barriers. - Project plan focuses on addressing health inequalities issues at population health level.	- Ensure addressing inequalities is at the heart of work streams. - Established HI baseline, actions and milestones.	- Health profile of local populations to benefit is defined. - Application of appropriate HI/EDI model /toolkits (e.g. NHSEI Health Inequalities Matrix and/or ‘Core20Plus5’. - Application of EHIA principles, models and toolkits are documented.	Q1- Q6
Patient Outcomes and PPI	KPI-6	- Qualitatively and quantitatively assess potential patient impact and acceptability. - Incorporate PPI principles, contribution and activity into project delivery.	- Support co-production activities in partnership with relevant stakeholders.	- Quarterly project reporting on PPI - Use of patient/clinician questionnaires and surveys - PPI contributors/ Champions recruited.	Q2- Q5
Systems Engagement	KPI-7	- Gain and maintain support of relevant ICS partners, NHS Regional team(s) and national programmes. - Work with relevant ICS Partners and NHS Regional team to deliver project.	- Established regular engagement mechanisms (e.g. meetings, reports, surveys, etc.) - Consider viability for adoption and spread - Link with relevant national programmes and workstreams.	- Provide a RAG rating (self-assessment) on collaboration status in NIPP Quarterly report – including brief narratives of rating rationale, and risks/ issues mitigation. - Escalate high risks/issues for programme-level resolution in quarterly reports (e.g. staffing-related slippages/issues *(for managing by exception at NIPP Programme/ AHSN Assurance levels).* _	Q1- Q6
Financial Process Metric	KPI-8	- Maintain a budget that delivers value for money. - Measurable cost benefit identified in the project delivery. - Ensure sufficient capacity, expertise and other resources are committed to deliver the project.	- Established system improvement. - Keep withing budget allocations. - Avoid resource wastage. - Provide quarterly planned, actual and	- Contract management agreement signed off and monitored. - Quarterly financial data using Cost template. - Reporting on overspends and underspends.	Q1- Q6

Key Performance Area	KPI Ref	Activity	Target	How Milestones/ KPI will be measured	Delivery Timeframe
		- Monitor and mitigate against unintended consequences, risks, and issues. - Lead Project holder (AHSN) to provide NHS England and its agents with agreed data/reports on a regular basis.	variance data for project staffing allocation and other resource expenditure.	- Highlight risks to delivery, including resourcing in quarterly report.	

Appendix 15: Terms of Reference

Rapid Insights on Discharge to Assess: Project Board Terms of Reference

These terms of reference set out the purpose, membership, responsibilities and reporting arrangements for the Project Board (PB) for evaluative research into discharge to assess across Kent, Surrey and Sussex.

1. Purpose

1.1. The PB's purpose is to oversee, drive and facilitate an evaluation of the discharge to assess process and outcomes following the changes driven by the Department of Health's revised discharge policy in 2020 in response to COVID-19.

2. Responsibilities

2.1. To oversee and drive the project.

2.2. To agree the methodology and timeline for the evaluation

2.3. To ensure that stakeholders are appropriately engaged and to facilitate recruitment of evaluation participants.

2.4. To communicate issues, outcomes and risks to stakeholders and member organisations as needed.

2.5. To ensure that the project timeline is adhered to.

3. Methodology

3.1. Data collection and analysis to identify and agree case studies and quantitative impacts.

3.2. Examination of case studies through interviews and focus groups with staff and interviews with patients

3.3. Rapid insights and a guide to aid implementation of best practice.

4. Membership / Quoracy

4.1. Chair, AHSN: Medical Director: (Des Holden)
4.2. AHSN: Service Delivery Director (Pete Carpenter)
4.3. Sussex ICS representative
4.4. Surrey ICS representative
4.5. Provider representative (one person covering Sussex or Surrey rep role too)
4.6. Local authority representative (one person covering Sussex or Surrey rep role too)
4.7. ARC: Director (Stephen Peckham)
4.8. ARC: Public health theme lead (Jackie Cassell)
4.9. ARC: Social care theme lead (Julian Forder)
4.10. ARC: Health and social care economics theme lead (Heather Gage)
4.11. ICS: Regional discharge forum chair, Kent representative and commissioning rep (Caroline Selkirk or deputy)
4.12. Integrated care researcher (Julie MacInnes)

4.13. Patient / public rep
4.14. ARC: BCN Lead (Stuart Jeffery)
4.15. 50% plus one are required for quoracy.

5. Frequency

5.1. Meetings will be quarterly.

6. Project Overview Timeline

6.1. Sep 2021

    6.1.1. Set up, quantitative analysis and identification of case studies

6.2. Apr 2022

    6.2.1. Qualitative data collection / analysis of case studies

6.3. Jan 2023

    6.3.1. Final analysis, guide production, dissemination and implementation

7. Reporting / accountability

7.1. Individual members will be responsible for reporting to their organisations.

7.2. Notes of the meetings will be recorded and circulated.

7.3. The meetings will have an agenda circulated in advance.

8. Other governance

8.1. IG arrangements and data sharing will be agreed by the PB and member organisations in line with ethical approval.

9. Revision date

9.1. Aug 2021

Appendix 16: Consultee Information Sheet

Evaluating Discharge to Assess pathways in Kent, Surrey and Sussex

Introduction

We feel your relative/friend is unable to decide for himself/herself whether to participate in this research.

To help decide if he/she should join the study, we'd like to ask your opinion whether or not they would want to be involved. We'd ask you to consider what you know of their wishes and feelings, and to consider their interests. Please let us know of any advance decisions they may have made about participating in research. These should take precedence.

If you decide your relative/friend would have no objection to taking part we will ask you to read and sign the consultee declaration on the last page of this information leaflet. We'll then give you a copy to keep. We will keep you fully informed during the study so you can let us know if you have any concerns or you think your relative/friend should be withdrawn.

If you decide that your friend/relative would not wish to take part it will not affect the standard of care they receive in any way.

If you are unsure about taking the role of consultee you may seek independent advice.

We will understand if you do not want to take on this responsibility.

The following information is the same as would have been provided to your relative/friend.

Invitation to Participate in a Service Evaluation

We are researchers at the Applied Research Collaboration (ARC) Kent Surrey and Sussex (KSS) and are doing a review of hospital discharge and post-discharge services. You are being invited to take part in the evaluation because you have recently been discharged from hospital and have received care and support in your own home or in another place of residence such as your care home. This information sheet explains why the study is being done and what it would involve for you if you decide to take part Please do contact us if you have any questions. Our contact details are at the end of this sheet.

Purpose of the study

Locally and across the country, hospitals and community health and social care services are working together to try to improve people's experience of being discharged from hospital. They want to ensure that people are discharged from hospital in a safe, appropriate and timely way. Also, they want to ensure that people receive the care and support they need in the first few weeks after being discharged from hospital and in the longer-term. As researchers, we will be looking to understand your experience of the process of discharge and post-discharge health and care services (e.g., personal care, rehabilitation, etc.). We would like to know whether your needs were met when you got home, or to another place of residence such as a care home. We would also like to find out how your care was co-ordinated, how and if it helped with getting back to your daily life andif you needed any follow-on services.

Why have I been invited?

We want to find out from people like you who have received this service, whether you feel you have benefitted from it and generally what you think about the care you received.

What will happen?

We would like to invite you to take part in an interview with one of our researchers. This will be either over the telephone or using an online communication platform such as Zoom or MS Teams, it is up to you. We would like to ask you some more questions about your recent experiences of being discharged from hospital and the care and support your received once at home or in another place of residence, such as your care home. It will take about 45 minutes of your time and we would like to audio-record the interview with your permission so that we can better analyse it. You might want to have a friend or family member with you at the time of the interview, this is entirely up to you to decide.

Do I have to take part?

It is entirely up to you whether or not you decide to take part. If you do decide to take part, you are free to withdraw at any time. Your decision whether or not to take part will not affect the care and support you are receiving now or at any time in the future.

Will my taking part in this study be kept confidential?

We would like to reassure you that any information collected about you will be anonymised and kept strictly confidential, and we will protect your identity. It will be stored on a password protected computer network at the University and will only ever be accessed by the evaluation team. Once the project is finished, data collected for the research will be kept for a short period of maximum three months. We will immediately destroy any personal data collected about you and anonymised data will also be destroyed after five years. You will not be identifiable in any written reports. Things you say during the interview may be directly quoted in written reports and publications, but your name or anything else that could make you identifiable will be removed.

The University of Kent's Privacy Notice can be found here:

https://cdn-researchkent.pressidium.com/ris-operations/wp-content/uploads/sites/2308/2020/06/GDPR-Privacy-Notice-Research.pdf

Benefits and risks of taking part

We will ensure that there are no risks to you by taking part in the study. Furthermore, any sensitive information you give us regarding yourself, or health and care workers will not be shared with anyone. The information you give us will be a vital part of planning improvements to health and social care services and to improving the quality of care for people living in your area.

What will happen to the results of the study?

The results of the study will be guidance for services to improve hospital discharge and post-discharge services in the community. Results may also be published in an academic journal and presented at health and social care conferences. Your participation in the research will be anonymous and any data collected from you will remain confidential.

Who can I contact if I have any further questions?

If you have any further questions about the study, please do not hesitate to contact:

Dr Jenny Monkhouse
Phone: Email: j.monkhouse@kent.ac.uk
OR

Dr Lavinia Bertini
Phone Email: l.bertini@bsms.ac.uk

Who can I contact if I want to make a complaint about the study?

If you are unhappy about any aspects of the study and wish to make a formal complaint, you can do this through contacting Nicole Palmer, Research Ethics and Governance Officer, University of Kent

Phone: 01227 824797 Email: N.R.Palmer@kent.ac.uk

What do I need to do next?

If you would like to take part, your care provider will ask your permission to pass on your name and telephone number to researcher at ARC KSS. A member of the research team: Jenny Monkhouse, Lavinia Bertini will then call you to arrange a convenient date and time to carry out the interview.

If you do not want to take part, you do not need to do anything.

Thank you for taking the time to read this information

Appendix 17: Consultee declaration / consent form

Evaluating Discharge to Assess pathways in Kent, Surrey and Sussex

Hello, my name is [name of researcher]. Thank you for agreeing to talk to me today.

Before we start, I need to ask if you have had a chance to read the Consultee Information Sheet, which was given to you.

Are there any questions you have regarding this information or about taking part in the interview today?

As part of the ethical process, I need you to answer a few questions before we begin.

Can you please confirm that:

- You have been consulted about [name of potential participant]'s participation in this evaluation and had the opportunity to ask questions about the study and understand what is involved?
- In your opinion he/she would have no objection to taking part in the above study?
- You understand that you can request he/she is withdrawn from the evalaution at any time,without giving any reason and without his/her care or legal rights being affected?
- You understand that taking part will not affect the care and support [name of potential participant] receives from health or social care services in any way?
- You understand that [name of potential participant] does not have to answer any questions that they do not feel comfortable with?
- You understand that anything they tell us will remain confidential?
- You agree to this interview being audio-recorded?
- You understand that we will use anonymous quotes in reports, other publications and presentations but they will not be able to be identified from these?

Thank you

Appendix 18: Poster

FUNDED BY
NIHR | National Institute for Health and Care Research

NHS
Dartford and Gravesham
NHS Trust

Can you help?

We are looking for people to tell us about their experiences of being discharged (or caring for someone who has recently been discharged) from hospital and needed follow-up care or support as part of their discharge plan.

£50 Prize Draw!

WHO ARE WE?

We are a research team working across Kent, Surrey and Sussex

WHAT IS THIS ABOUT?

We are evaluating services that help patients leave hospital early on a scheme called Discharge to Assess.
We are looking at the skills, capacity and working relationships across the community that provide care and support to recently discharged patients.

WHAT WILL IT INVOLVE?

A 45 minute interview with our friendly researcher, over the phone or an online platform like Zoom.

No personal data from you or anyone else will be disclosed. Taking part will not effect benefits or care received.

WE ARE LOOKING FOR

Individuals over 18 who have recently been discharged, or who have cared for someone recently discharged, from Darent Valley Hospital.

To find out more please contact
Jenny Monkhouse on j.monkhouse@kent.ac.uk or 01227 827914 / 538420 .