Evaluation of the Out-of-Hospital Care Models Programme for People Experiencing Homelessness

User preferences questionnaire to explore service user preferences for different types

LGA's Developing the Evidence Base webinar

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Evaluation of the Out-of-Hospital Care Models (OOHCM) Programme

Evaluation project:

- Commissioned by DHSC.
- King's College London, London School of Economics and Expert Focus.
- Sept 2021- August 2023.
- The overall aim: To evaluate local authority models of out-of-hospital care for people who are homeless.
- Study type: Qualitative interviews with some observation and economic analysis.
- As part of the larger evaluation project:
 - <u>User preferences questionnaire</u> to explore service user preferences for different types of models.

How does the questionnaire work?



- We ask people to answer a set of choices.
- Each time they choose over alternative models or types of out-of-hospital care (*Service A vs. Service B vs. Service where I received care*).
- Each model is described by several attributes (or characteristics).

What can you do with the results?



The questionnaire will help:

- To identify what characteristics of the model of care respondents value and
- To reveal how far people are willing to accept compromises on some aspects to gain more of others.

Attribute	Service A	Service B	The service where I received care
Location of care	Care in a hotel	Care in a hospital type step-down facility	
Frequency of care	Contact once a week	Staff on site 24/7	
Principal carer	A support worker delivering most of your care and support	A nurse delivering most of your care and support	
Which option would you choose? [Tick [√] only one box]	I would choose Service A	l would choose Service B	I would choose to stick with the service where I received care

Adapted from: Dixon S, et al. Health Expect. 2015

Example from the literature

• What characteristics of the service respondents' value?

• What is the relative values that people attach to these characteristics?

• What trade-offs people are willing to make?

• What is the uptake for alternative models on offer?

What we will cover today

Building a choice

(service A vs. Service B vs. the service where I received care):

Identifying the attributes and their levels



In preparation for the webinar ...

- We asked people to complete a form to help us design the user preferences questionnaire.
- **Objective of the form:** To identify the full range of characteristics which hypothetically could describe best an out-of-hospital care service.

Thank you for your help! 5 people completed the form



Location of care

- A homeless hostel 14%
- A self-contained house or flat
 - 18%
- A convalescence unit for homeless people leaving hospital – has the same facilities as a hospital **18%**
- A convalescence unit for homeless people leaving hospital – has the same facilities as a care home **18%**
- A convalescence unit for homeless people leaving hospital – has the same facilities as a homeless hostel 18%
- Any missing?

Professional Involvement within an MDT YES 100% (multidisciplinary team; most of the care provided by ...)



- Social worke ^{17%}
- Nurse **17%**
- GP 13%
- Care worke 13%
- Housing support worker ^{17%}
- Occupational therapist 13%
- Any missing?

9 % drug and alcohol team; psychologist

Frequency of professional involvement

YES 100%

• 0-1 contact per week

- 2-7 contacts per week 57%
- 2-14 contacts per week 29%
- Staff on site 24/7
- Any missing?

Outcome: main area they would receive most assistance with?

YES 100%

Physical health 23%

Mental health and addictions 29%

Personal care (getting washed and dressed) 23%

Housing and benefits 18%

Any missing?

6% housing related – support in maintaining tenancy



Duration: How long should care and support be provided after hospital?

A few days

- 1 week
- 4 weeks 33%
- 6 weeks 17%
- 3 months 17%
- More than 3 months
- Any missing? 33%: 8 weeks

YES 100% Service Value

- 1st Being treated with dignity and respect
- 2nd Being involved in decisions about my care and support
- 3rd Seeing the same staff regularly
- 4th Involving my family and friends

Any attribute missing?

- Being given good advice and options (one person)
- Focus of the service (e.g. move on to longer term accommodation, rehab including development of ADLs, clinical support, receiving personal care) (one person)

Let's agree together

Top 6-8 attributes and their levels

1- Location of care	(1) A homeless hostel; (2) A hotel; (3) A self-contained house or flat; (4		
	to 6) A convalescence unit for homeless people leaving hospital (same		
	facilities as a hospital; or same facilities as a care home; or same		
	facilities as a homeless hostel)		
2- Professional involvement within MDT	(1) Social worker; (2) Nurse; (3) GP; (4) Care worker; (5) Housing support worker; (6) Occupational therapist		
3- Frequency of care	(1) 2 to 5 contacts per week; (2) 6-10 contacts per week; (3) 11-15 contacts per week; (4) Staff on site 24/7		
4- Duration of care after hospital	(1) 4-6 weeks; (2) 7-9 weeks; (3) 10-12 weeks		
5- Outcomes	(1) Physical health; (2) Mental health and addictions; (3) Personal care (getting washed and dressed); (4) Housing and benefits		
6-Service value: Being treated with dignity and respect	(1) Yes; (2) no		
7-Service value: Being involved in decisions about my care and support	(1) Yes; (2) no		
8 -Service value: Seeing the same staff regularly	(1) Yes; (2) no		

Revised
choice

Attribute	Service A	Service B	The service where I received care
Location of main care	Care in a hotel	Care in a hospital type step- down facility	
Most of the care is provided by	A support worker	A nurse	
Frequency of care	2-5 contacts per week	Staff on site 24/7	
Main outcome: Assistance with	Physical health	Personal care	
Duration of care after hospital	4-6 weeks	7-9 weeks	
Being treated with dignity and respect	Yes	No	
Being involved in decisions about my care and support	No	Yes	
Seeing the same staff regularly	Yes	Yes	
Which option would you choose? [Tick [√] only one box]	l would choose Service A	l would choose Service B	I would choose to stick with the service where I received care

Next steps



Step 1: Identify attributes and attribute levels



Step 2: Design the Questionnaire, gain REC approval



Step 3: Data collection



Step 4: Analysis and reporting

Contact details

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