

Supplementary Material 2: Study materials for case study visits

1. Observation guide for case study visits

Aims

To describe how each theme covered below affects the operation of the hospital, the split between generalist and specialist care, and to identify any impact that this may have on patients.

Hospital geography

- Pay attention to where acute hospital services sit in relationship with each other. Are all acute services in close proximity to each other? Does the hospital geography create a boundary between the front door and the downstream wards?

Clinical workforce

- In each area visited, explore what consultant cover is provided and from which specialties this is drawn. Does this correlate with the survey answers?
- In each area visited, explore levels of staffing across all roles and grades – senior, mid-grade, junior doctors, nurses, ANP/ENPs, MDT.

ED – Function and interactions with the medical team

- Describe the function of the ED. Are any patients streamed immediately to any other areas/teams?
- Describe the rules for deciding which team a patient should go to. Are these written or unwritten?
- How are patients referred to the medical team? Who does this and how? Face-to-face or telephone call?
- What are any witnessed interactions between ED and medical staff like? Friendly and co-operative? Or more distant?
- Explore, if possible, how any disagreements about where a patient should go are settled.

AMU – Function and consultant care

- Describe the function of the AMU
- Is the AMU open or closed?
- If the AMU is open, describe how consultant care is coordinated
- If the AMU is closed, describe how specialist input is obtained

AMU – Communication and patient triage/disposition

- Describe how patients are allocated to consultants
- Describe how the MDT interacts with medical staff
- Describe how decisions are made about which downstream bed a patient should go to.
How are these decisions communicated to the receiving team?

Other wards (including downstream wards and specialist reas)

- Describe the function of the ward/area
- Describe how patients accessed this area. Where there any criteria for entry?
- What happens to patients after they leave this area? *Exclude discharge from hospital*

2. Topic guide for patient/carer focus groups

Introduction

Thank you for taking the time to talk to me today. My name is... I'm part of a research project that is investigating how care is organised, delivered and experienced in 12-to-15 smaller hospitals in England.

Introduce the second researcher and the service user observer (if attending).

We are particularly interested in whether there any differences in being cared for by different types of doctor. There are no right or wrong answers and we welcome your thoughts, views and experiences. Everything that you tell me will remain confidential within our research team. We do not attach your name to any documentation and your views will remain anonymous.

Check okay to talk, okay with recording, sign consent form (and ensure stored securely in the trust following the interview).

Opening

Could you please introduce yourself and tell the group a little bit about yourself and why you were interested in coming along today?

Contact with the hospital

Could you tell me about your/your relative's most recent hospital admission – can you tell me what happened?

Take a narrative approach to get the patient/relative to describe their experience and what mattered to them. Try to find out what sort of doctors looked after them and/or which wards they went to.

If you have not been admitted recently, what sort of contact have you had with the hospital?

Meeting needs

When thinking about the illness that brought you to hospital recently, do you think that the doctors were able to provide the care that you needed?

Did you have confidence that your doctor(s) had the right skills to look after your condition?

Was there anything that went well?

What could have been done better?

Introducing the concept of general medicine

From a professional perspective, there are two different types of senior medical doctor (or consultant) in hospitals. One type has expert skills in diseases relating to a single body organ or disease type. For example, cardiologists are experts in heart disease and rheumatologists are experts in the different types of arthritis. These doctors are usually called 'specialists'. The other type has a broader knowledge of all types of disease, but is not an expert in any single disease or body organ. For example, emergency doctors, acute physicians and health care of the elderly physicians are all able to look after patients with different types of disease, as well as patients with more than one disease. We call these doctors 'generalists'. It is important to note that the amount of time that both groups of doctors spend in training is the same and their qualifications are the same – just in different areas.

Do you have any questions about this?

Are you aware of having been treated by different types of doctors in the past?

Are you aware of being treated by a generalist doctor in the past?

Was there any difference in how these doctors approached you and your illness?

Patient perspective

I would now like you now to think about the experience of others, as well as your own.

Can you see any advantages in being treated by the different types of doctors?

Can you see any disadvantages in being treated by the different types of doctors?

What if you had a complicated illness and the GP was not sure what was wrong?

Hospital perspective

Present hospital's model of care and explain how it is generalist or specialist.

What sort of patients might benefit a lot from the way this hospital organises its care?

What might be better for these sort of patients?

What sort of patients might not benefit from the way this hospital organises its care?

What might be better for these patients?

If the group needs a prompt, select two patient stories – one dealing with a specialist presentation and the other with a generalist presentation – and explore the hospital's model through these.

Closing

Do you have any other thoughts about the ways in which different types of doctors work?

Do you have any other thoughts about how care is organised at this hospital?

Is there anything you would like to add?

Thanks and close.

3. Topic guide for staff focus groups during site visits

Introduction

Thank you for taking the time to talk to me today. My name is... I'm part of a research project that is investigating how care is organised, delivered and experienced in 12-to-15 smaller hospitals in England.

Introduce the second researcher and the service user observer (if attending).

We are particularly interested in the split between medical generalism and specialism, especially in terms of how hospital services are constructed. There are no right or wrong answers and we welcome your thoughts, views and experiences. Everything that you tell me will remain confidential within our research team. We do not attach your name to any documentation and your views will remain anonymous.

Check okay to talk, okay with recording, sign consent form (and ensure stored securely in the trust following the interview).

Opening

Could you please introduce yourself, tell the group what your role is and how long you have been working at this hospital?

Experience of providing care in this hospital

What is it like to work here?

What do you think of the model of care?

Overall, what is done well?

What could be better?

The model of care and the patient perspective

Do you think that it works well for patients with single organ disease?

Do you think that it works well for patients with complex disease? What about younger patients or those with cancer?

The model of care and the service perspective

What you think of the model of care from the service perspective? Is it easy to deliver?

Do you think that the resources are split appropriately between acute/unscheduled care and outpatient/scheduled care?

Are there ever tensions between trying to meet outpatient targets and caring for acute patients?

The model of care and the professional perspective

Do you think that the model of care works well for the consultants here?

Are there any groups for whom it is better or worse?

If you are a specialist and do some acute on-call, do you feel that you are able to maintain your generalist skills?

If you are a specialist, do you feel that you get enough time to meet revalidation requirements for your specialty?

If you are a generalist, do you feel that you get enough exposure to patients with single organ disease to keep up your skills?

If you are a generalist, are you able to keep up to date with changes in specialty areas?

Model of care and the typology

Present the preliminary typology to the group and explain where their hospital sits in this.

Do you have experience at working in hospitals with other models of care? How does this hospital compare with those?

In comparison with the other models of care just shown, what do you think are the strengths of this type of hospital?

In comparison with the other models of care just shown, what you do think are the weaknesses of this type of hospital?

Do you think that the good things about working in this hospital are due to the model of care? Or is due to other things about the organisation? *Can prompt with leadership, organisational culture, receptiveness to change, and good inter-departmental relationships etc.*

Do you think that any problems with working in this hospital are due to the model of care?
Or is it due to other things about the organisation?

Closing

Do you have any other thoughts on generalist and specialist working at this hospital?

Is there anything else that you would like us to know?

Thanks and close.