

ID

3869393056

NHS FUNDED NURSING CARE: CO-ORDINATOR / LEAD NURSE QUESTIONNAIRE

INSTRUCTIONS: Please enter numbers or ticks inside the boxes provided for each question using a black/blue pen as this form will be scanned automatically. Please enter 0 for any question to which the answer is 'none'.

Please write as clearly as possible any free text answers which will be entered manually. Any additional free text comments may be added on a separate sheet if desired but please write the ID number below on the separate sheet.

SECTION 1. Nursing homes

a) (i) Total number of Nursing Homes in your PCT

(ii) Total number of beds in all homes

b) Of these, how many homes are run by

(i) NHS

(ii) BUPA

(iii) Elizabeth Finn Trust

(iv) Other independent organisation/s

(v) Please state name/s of other independent organisation/s _____

SECTION 2. Resources

a) Number of RN's involved in RNCC determinations

Please send list of names, addresses and telephone numbers

b) What grade and type of nurses are carrying out determinations? Please tick all relevant

(i) F grade

(ii) G grade

(iii) E grade

(iv) consultant nurse

(v) CPN

(vi) LD

(vii) MH

(viii) Other Please state _____

c) Average total time for determinations per week for all RNs in your PCT Hours

d) Annual budget for RN determinations

(i) Training £ .

(ii) Travel £ .

(iii) Other budget relating to determinations £ .

(iv) Please state purpose of other budget _____

SECTION 3. Training

a) In addition to RCNN tool what current training is provided for RN's undertaking RNCC determinations?

Please tick all that apply

(i) DOH training

(ii) Regional training

(iii) PCT training

(iv) Other please state provider _____

b) Average number of formal training hours per RN

c) Is there provision for certification for RN's

No (GO TO SECTION 4) Yes

d) Who provides certification? Tick all that apply

(i) DOH

(ii) Region

(iii) PCT

(iv) Other please state provider _____

SECTION 4. Determinations

For existing self-funding residents assessed between 1st October 2001 and 31st March 2002

- a) Total number of RNCC determinations undertaken in this period
- b) Did all existing self-funding residents have RNCC determination carried out?
 Yes No Don't know
- c) Number of residents in each banding following determination
 (i) Low band (ii) Medium band (iii) High band (iv) Continuing care
- d) How many residents who were assessed were ineligible for banding?

For new residents assessed between 1st April 2002 - 30th June 2002

- e) Number of RNCC determinations
 (i) Total undertaken in this period (ii) Total completed before admission to a home
- f) Number of residents in each banding following determination
 (i) Low band (ii) Medium band (iii) High band (iv) Continuing care
- g) How many residents who were assessed were ineligible for banding?
- h) Do you have systems in place to ensure that individuals receive their assessment and appropriate information before they are actually admitted to a home?
 Yes No Under development

SECTION 5. Continence aids and specialist equipment aids April 2001 - March 2002

- a) How many continence assessments have taken place?
- b) Number of residents requiring continence aids
- c) Number of continence aids in relation to bandings
 (i) Low band (ii) Medium band (iii) High band (iv) Continuing care
- d) Which of the following does the PCT do in relation to specialist equipment aids?
 (i) supply aids to the home (ii) pay a fee to the home (iii) supply aids plus pay a fee to the home
- e) How many specialist equipment assessments have taken place?
- f) Number of residents requiring specialist equipment
- g) Number of specialist equipment aids in relation to bandings
 (i) Low band (ii) Medium band (iii) High band (iv) Continuing care
- h) Please list types of specialist equipment provided (*one per box*)

1	4	7
2	5	8
3	6	9

Other equipment _____

SECTION 6. Quality assurance of RNCC determinationsa) How is quality assurance managed? *Tick all that apply* (i) Spot checks of RN bandings (ii) Monthly audit using DoH audit toolIf using audit tool what was the start date? / (Month/Year numeric) (iii) Other *please state* _____

b) Is there consistency of decisions made across the range of bandings in your PCT?

 Yes No Don't know*Please would you send us a copy of any consistency analyses you have undertaken. Thank you.***SECTION 7. Confidence in RNCC tool**

What is your level of confidence in the following?

PLEASE CIRCLE ONE NUMBER

	PLEASE CIRCLE ONE NUMBER				
	Very high				Very low
a) RNCC tool to achieve correct banding	5	4	3	2	1
b) Banding agreement by residents/relatives	5	4	3	2	1
c) Banding agreement by nursing home staff	5	4	3	2	1

d) Have any changes been made to the RCNN tool documentation?

 No Yes *if Yes please send a copy of any changes*

e) How are banding decisions made?

 (i) Always on documentation evidence plus meeting with resident **GO TO SECTION 8** (ii) Sometimes on documentation evidence only (iii) Always documentation evidence onlyf) If on documentation evidence only is this due to lack of time? Yes Nog) Other reason for documentation evidence only *Please state* _____**SECTION 8. Appeals**

How many appeals have been raised against RNCC banding decisions?

If none please enter 0

a) 1st October 2001 to 31st March 2002 b) 1st April 2002 to 30th June 2002.

c) Number of appeal outcomes rebanded for 1st October 2001 to 31st March 2002

(i) Higher (ii) Lower (iii) No change

d) Number of appeal outcomes rebanded for 1st April 2002 to 30th June 2002 /

(i) Higher (ii) Lower (iii) No change e) How are appeals resolved? *Tick all that apply* (i) Re-determination by co-ordinator who is also lead nurse (ii) Re-determination by co-ordinator (iii) Re-determination by lead nurse (iv) Re-determination by other person/s please state job title _____ (v) Other method, Please describe _____

f) Are original RN assessors present at any stage of the appeal process?

- No Yes Sometimes

g) Is there any system of RN retraining following appeals procedures?

- No Yes Sometimes

SECTION 9. Your perception of relationships between the NHS (RNs carrying out determinations) and nursing homes
PLEASE CIRCLE ONE NUMBER

	Very good			Very poor	
	5	4	3	2	1
a) RNs and senior personnel in homes	5	4	3	2	1
b) RNs and nursing care staff in homes	5	4	3	2	1
c) NHS budget managers and senior personnel in homes	5	4	3	2	1

d) How are relationship problems identified? *Tick all that apply*

- (i) Routine RN documentation review
 (ii) Established RN reporting system
 (iii) Other please state _____

e) How are relationship problems resolved? *Tick all that apply*

- (i) RN (re) training
 (ii) Co-ordinator/lead nurse intervention
 (iii) Other please state _____

SECTION 10. This questionnaire was completed by. *Please tick as appropriate*

- (i) Co-ordinator who is also lead nurse (ii) Co-ordinator (iii) Lead nurse
 (iv) In my PCT: There is 1 post There are 2 posts

Optional information which will NOT be entered into a computerised database:

Post	<i>Please delete as appropriate</i>	
	Co-ordinator also lead nurse / Co-ordinator	Lead nurse
Title	Ms / Mrs / Mr / Dr	Ms / Mrs / Mr / Dr
Initial		
Surname		
Telephone		

THANK YOU FOR YOUR HELP

Please return **this questionnaire** and RN questionnaires as well as the **list of RN names, addresses and telephone numbers** and **any other documentation** e.g. determination consistency analysis, in the **FREEPOST** envelope provided to:

Carol Davies, CHESS, WBS, University of Warwick, Coventry CV4 7AL

ID

9404178676

NHS FUNDED NURSING CARE: RN QUESTIONNAIRE

INSTRUCTIONS: Please enter numbers or ticks inside the boxes provided for each question using a black/blue pen as this form will be a scanned automatically. Please enter 0 for any question to which the answer is 'none'.

Please write as clearly as possible any free text answers which will be entered manually. Any additional free text comments may be added on a separate sheet if desired but please write the ID number below on the separate sheet.

SECTION 1. Nursing homes

a) Total number of Nursing Homes in which you carry out RNCC determinations

- (i) NHS homes (ii) BUPA homes (iii) Elizabeth Finn Trust homes
 (iv) Other independent/s

b) Please state name/s of other independent organisation/s _____

c) Total number of beds in homes in which you carry out RNCC determinations

SECTION 2. Training

a) What is your nursing grade and type? Tick all relevant

- (i) F grade (ii) G grade (iii) E grade (iv) consultant nurse
 (v) CPN (vi) LD (vii) MH
 (viii) Other Please state _____

b) How much training time did you have to undertake determinations? Hours

c) Who provided your training? Tick all that apply

- (i) DOH (ii) Region (iii) PCT (iv) Other please state provider _____

d) Who provided certification? Tick all that apply

- (i) No-one (ii) DOH (iii) Region (iv) PCT
 (v) Other please state, provider _____

SECTION 3. Determinations**For existing self-funding residents between October 2001 and 31st March 2002**

a) How many RNCC determinations did you undertake for existing self-funding residents?

b) Did all existing self-funding residents have RNCC determination carried out?

- Yes No Don't know

c) Number of residents in each banding following determination

- (i) Low (ii) Medium (iii) High (iv) Continuing care

d) How many residents who were assessed were ineligible for banding?

For new residents assessed between 1st April 2002 - 30th June 2002

- e) RNCC determinations you undertook for new residents in this period
 (i) Total undertaken (ii) Total completed before admission to a home
- f) Were any self-funding residents requiring RNCC determination omitted for any reason? Yes No
- g) Number of residents in each banding following determination
 (i) Low (ii) Medium (iii) High (iv) Continuing care
- h) How many residents who were assessed were ineligible for banding?
- i) How long, on average, does one determination take? Hours

SECTION 4. Continence aids and specialist equipment aids April 2001 - March 2002

- a) How many continence assessments have you undertaken?
- b) Number of residents requiring continence aids
- c) Number of continence aids in relation to bandings
 (i) Low band (ii) Medium band (iii) High band (iv) Continuing care
- d) How many assessments have you undertaken for specialist equipment aids?
- e) Number of residents requiring specialist equipment aids
- f) Number of specialist equipment aids in relation to bandings
 (i) Low band (ii) Medium band (iii) High band (iv) Continuing care
- g) Please list types of specialist equipment aids provided (*one per box*)

1	4	7
2	5	8
3	6	9

Other equipment _____

SECTION 5. Confidence in RNCC tool

What is your level of confidence in the following?

PLEASE CIRCLE ONE NUMBER

	Very high					Very low				
	5	4	3	2	1	5	4	3	2	1
a) RNCC tool as a means of establishing correct banding										
b) Banding agreement by residents/relatives										
c) Banding agreement by nursing home staff										
d) How would you rate ease of use for the RNCC tool ?										

e) Who monitors the determinations? *Tick all that apply*

- (i) Coordinator who is also lead nurse (ii) Coordinator (iii) Lead nurse
 (iv) No-one (v) Other please state job title _____

f) How often does monitoring take place? *Tick all that apply*

- (i) Weekly (ii) Monthly (iii) Other *please state how often* _____

g) Please tell us about any changes made to the RCNN tool documentation, if none GO to question (i) in this section.

- (i) Changes agreed by PCT No Yes (please send a copy of any changes whether or not agreed)

h) If there have been changes to RCNN tool who suggested the changes? *Tick all that apply*

- (i) Coordinator (ii) Lead nurse (iii) RNs (iv) Other please state _____

i) Do you agree with the annual time scale for RNCC determinations?

- Yes No *Any comments?* _____

j) Are there clear protocols for re-determination of residents due to change of nursing requirements?

- Yes No don't know under development

k) Would you ever band a resident higher or lower than the outcome of the RNCC tool suggests?

- No **GO TO QUESTION (l) IN THIS SECTION**
 If Yes *Please tick only one as appropriate*
 (i) Always Sometimes

Please state reason/s _____

l) How are banding decisions made?

- (i) Always on documentation evidence plus meeting with resident **(GO TO SECTION 6)**
 (ii) Sometimes on documentation evidence only
 (iii) Always on documentation evidence only

m) If on documentation evidence only is this due to lack of time? Yes No

n) Other reason for documentation evidence only *Please state* _____

SECTION 6 Appeals

a) How many appeals have been raised against RNCC banding decisions made by you?
 If none please enter 0

(i) October 2001 to 31st March 2002

(ii) 1st April 2002 to 30th June 2002.

b) How are appeals resolved? *Tick all that apply*

- (i) Re-determination by co-ordinator
 (ii) Re- determination by lead nurse
 (iii) Re- determination by other person/s please state job title _____
 (iv) Other method, Please describe _____

c) Are you usually involved in the appeals process? No Yes Sometimes

d) If there have been appeals on any of your determinations have they maintained your original banding?

- Not applicable no appeals **GO TO SECTION 7**
 Always Sometimes Never

e) Please state number of appeals outcomes banded

(i) Higher (ii) Lower (iii) No change

f) Is there staff training following appeals procedure

No Yes Sometimes

SECTION 7. Quality assurance of RNCC determinations

a) How is this managed? *Tick all that apply*

(i) Spot checks of RN bandings
 (ii) Monthly audit using DoH audit tool
 If using audit tool what was the start date? / (Month/Year numeric)
 (iii) Other *please state* _____

SECTION 8. Your perception of relationships between the NHS (RNS carrying out determinations) and nursing homes
PLEASE CIRCLE ONE NUMBER

	Very good	4	3	2	Very poor
a) RNs and senior personnel in homes	5	4	3	2	1
b) RNs and nursing care staff in homes	5	4	3	2	1
c) NHS budget managers and senior personnel in homes	5	4	3	2	1

d) How are relationship problems identified? *Tick all that apply*

(i) Routine RN documentation review (ii) Established RN reporting system
 (iii) Ad hoc intervention on a complaint (iv) Other *please state* _____

e) How are relationship problems resolved? *Tick all that apply*

(i) RN (re) training (ii) Co-ordinator/lead nurse intervention
 (iii) Other *please state* _____

SECTION 9. Problems with determination process

a) Are there any problems with the determination process? No GO TO SECTION 10. Yes

b) From the list below please rank (1-7) the possible problems in the process of RNCC determinations
e.g. if you think 'lack of care plans' is the most important rank as 1.

(i) Lack of training

(ii) Lack of time for the determinations

(iii) Lack of patient care documentation in nursing homes

(iv) Lack of care plans in nursing homes

(v) Lack of support / co-operation from senior managers in Nursing Homes

(vi) Lack of support /co-operation from nursing care staff in Nursing homes

(vii) Lack of understanding by Nursing Home staff of the RNCC tool/process

(viii) Lack of relative involvement

c) Other possible problems *Please state* _____

SECTION 10. Improvements to the determination process

a) Are there any (other) changes you would like to make to the RNCC tool to improve the process of banding?

No Yes *please describe below*

b) Could the determination system be improved for RNs?

No Yes *please describe below*

c) Are there any other issues and challenges for RNs carrying out determinations?

No Yes *please describe below*

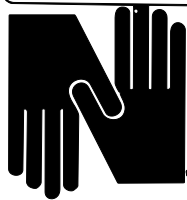
SECTION 11. Optional information which will NOT be entered into a computerised database:

	<i>Please delete as appropriate</i>
Title	Ms / Mrs / Mr / Dr
Initial	
Surname	
Telephone	

THANK YOU FOR YOUR HELP

Please return your questionnaire and any additional documentation i.e. changed RNCC tool, to your co-ordinator in the next 3 weeks. You may seal your questionnaire in an envelope if you wish. Alternatively please post directly to:

Carol Davies, CHESS, WBS, University of Warwick, Coventry CV4 7AL



Royal College
of Nursing

THE UNIVERSITY OF
WARWICK

Dear Colleague

NHS FUNDED NURSING CARE IN CARE HOMES

This collaborative research study is being undertaken by the Royal College of Nursing Institute and the Centre for Health Services Studies (CHESS), University of Warwick, funded by the Department of Health.

The study is investigating the experiences of key independent nursing home groups/person run homes involved in determination of residents eligible for free NHS funded nursing care. **THIS IS A HIGHLY IMPORTANT AREA OF RESEARCH.**

What we would like from you

We would like to speak to someone in your nursing home group who may be able to respond to a questionnaire, copy enclosed, by telephone interview held at your convenience. Information sought includes:

- Description of your home
- Determination activity data and outcomes, if available
- Appeals against the determination outcome
- Continence aids and specialist equipment use
- Confidence in RNCC tool used for assessing NHS contribution for nursing care
- Quality assurance processes
- Possible improvements to the determination process
- Staff training and resources
- Developing relationship with NHS

What will happen next?

We would like questions 1 to 6 to be completed by an appropriate senior nursing staff member of your home. Then we would like questions 7 to 10 to be completed by you, the manager.

On completion

Please return the questionnaire in the FREEPOST envelope enclosed with this letter within 3 weeks of receipt, if possible.

Confidentiality

All information will remain entirely confidential and no individual or organisation will be identified in the research report.

Contact person

Should you have any further questions regarding this request, please telephone or email the person below to discuss any aspect of this research.

Carol Davies, Senior Research Fellow, University of Warwick 02476 522317 or 523985 (secretary)
Email Carol.Davies@warwick.ac.uk

Thank you very much for your help.

Yours sincerely

Alison Kitson
RCN

Carol Davies
University of Warwick

Royal College of Nursing
of the United Kingdom
20 Cavendish Square
London W1G 0RN
Telephone 020 7409 3333
Fax 020 7647 3458
www.rcn.org.uk

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ID []

INSTRUCTIONS: PLEASE TICK OR ENTER A NUMBER WHERE ASKED (ENTER 0 IF NONE).

1. Nursing home description

Please tick the best descriptions of your homes or enter actual numbers as appropriate

- a) Nursing Home organisation (i) NHS (ii) BUPA (iii) Other independent organisation

If other, please state name of other organisation

b) Total number of residents in Nursing Homes

c) Number of your residents in each age band (i) <25 years (ii) 26-35 years (iii) 36-45 years (iv) 46-55 years (v) 56-65 years (vi) 66-75 years (vii) 76-85 years (viii) 86-95 years (ix) 96-105 years (x) >105 years

d) Predominant type of health care provided

- (i) Physically impaired (ii) Mentally impaired (iii) Physically & Mentally impaired (iv) Learning difficulties (v) Other please state

2 Resources

a) What grade and type of nursing homes staff are involved in the RNCC determination process? Please tick all relevant

- (i) Nursing home manager (ii) Nurse G grade (iii) Nurse F grade (iv) Nurse E grade (v) Nursing assistant (vi) MH trained (vii) Other Please state

b) Resource implications for nursing home staff for each RNCC determination

Average nursing home staff time per determination

c) Can you break this time down into the following?

(i) Document preparation time

(ii) Resident preparation time

(iii) During determination

(iv) Explaining outcome to residents

(v) Explaining outcome to relatives

d) Do you budget for nursing home staff time for RNCC determinations (i) Yes (ii) No

e) Have your Nursing Homes charges changed following introduction of NHS Funded Nursing Care, if yes please indicate:

- (i) increasing charges (ii) decreasing charges

3. What is your perception of the relationships between Nursing Homes and NHS Staff

PLEASE CIRCLE ONE NUMBER

	Very good					Very poor				
	5	4	3	2	1	5	4	3	2	1
a) Senior personnel in homes and NHS budget managers										
b) Senior personnel in homes and NHS Staff										
c) Nursing care staff in homes and NHS Staff										

d) Are there any relationship problems in the following areas? *Tick all that apply*

(i) Determination process of banding

(ii) Receipt of payments

(iii) Other please state _____

e) How are any relationship problems resolved?

Please state _____

4. Appeals

How many appeals have been raised against RNCC banding decisions in your Nursing Home?

If none please enter 0

a) 1st October 2001 to 31st March 2002

b) 1st April 2002 to 30th June 2002.

c) Between 1st October 2001 to 31st March 2002 number of appeal outcomes rebanded.

(i) Higher (ii) Lower (iii) No change

d) Between 1st April 2002 to 30th June 2002 number of appeal outcomes rebanded

(i) Higher (ii) Lower (iii) No change

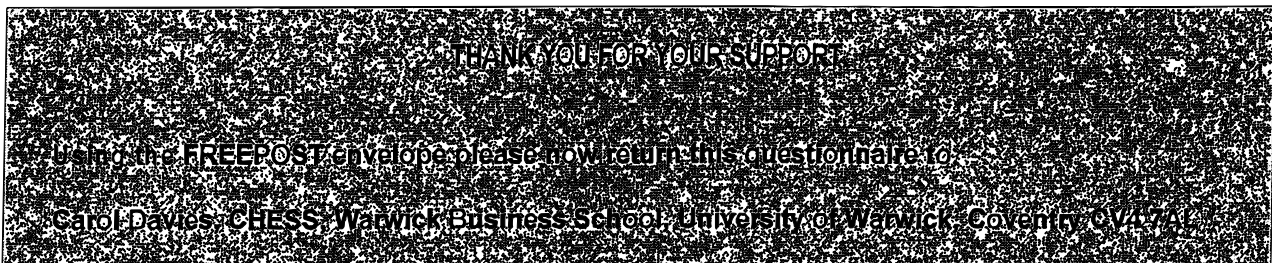
e) In the appeals process, are any care home staff involved?

(i) No (ii) Yes

If Yes please state job title _____

f) Are original RN assessors present at any stage of the appeal process?

No Yes Sometimes Don't know



ID

INSTRUCTIONS: PLEASE TICK OR ENTER A NUMBER WHERE ASKED (ENTER 0 IF 'NONE').

1. Determinations

For existing self-funding residents assessed between 1st October 2001 and 31st March 2002

a) Number of RNCC determinations undertaken 1st October 2001 and 31st March 2002 (excluding transfers)

b) Did all existing self-funding residents have RNCC determination carried out?

Yes No Don't know

c) Number of residents in each banding following determination

(i) Low band (ii) Medium band (iii) High band (iv) Continuing care

For new residents assessed between 1st April 2002 - 30th June 2002

d) Number of RNCC determinations undertaken 1st April 2002 and 30th June 2002 (excluding transfers from other homes)

e) Number of residents in each banding following determination

(i) Low band (ii) Medium band (iii) High band (iv) Continuing care

2. Continence aids and specialist equipment between April 2001 - March 2002

a) How many continence assessments have taken place between April 2001 and March 2002?

b) Number of residents requiring continence aids

c) Number of residents in each banding requiring continence aids

(i) Low band (ii) Medium band (iii) High band (iv) Continuing care

d) How many specialist equipment assessments have taken place between April 2001 and March 2002?

e) Number of residents requiring specialist equipment

f) Number of residents in each banding requiring specialist equipment

(i) Low band (ii) Medium band (iii) High band (iv) Continuing care

g) Please list main types of specialist equipment provided by NHS Funding (*One per box*)

1	4	7
2	5	8
3	6	9

3. Determination outcomes

a) In your experience, do outcomes of determinations match your expectations given your knowledge of residents?

PLEASE CIRCLE ONE NUMBER

Always Never
 5 4 3 2 1

b) Is the outcome of RNCC determinations monitored in your Nursing Home?

(i) No (ii) Yes

(iii) If Yes please state how _____

c) There is a requirement for annual determinations. Do you think determinations should be carried out

(i) annually (ii) more often (iii) less often (iv) don't know

4. Confidence in RNCC tool

What is your level of confidence in the following?

PLEASE CIRCLE ONE NUMBER

Very high Very low

a) RNCC tool to achieve correct banding 5 4 3 2 1

b) Banding agreement by residents/relatives 5 4 3 2 1

c) Banding agreement by nursing home staff 5 4 3 2 1

d) How are banding decisions made?

(i) Always on documentation evidence plus RN meeting with resident IF YES, PLEASE GO TO Q 5

(ii) Always on documentation evidence plus meeting with nursing home staff

(iii) Sometimes on documentation evidence plus meeting with nursing home staff

(iv) Sometimes on documentation evidence only

(v) Always documentation evidence only

e) If on documentation evidence only is this due to lack of time? Yes No

f) Other reason for documentation evidence only Please state _____

5. How is quality assurance of RNCC determinations managed? Tick all that apply

- (i) Spot checks of RN bandings (ii) Routine review of RN documentation
(iii) Don't know (iv) Not measured as far as I know
(v) Other *please state* _____

6. Improvements

From your perspective what would facilitate the process of RNCC determinations in nursing homes?

Tick all that apply

- (i) More information to nursing home staff about the RNCC determination tool
(ii) Extra payment for time required by nursing staff to support determination process
(iii) Improved patient care plans
(iv) Improved co-operation from senior personnel in Nursing Homes
(v) Other *please state* _____

