

Care home support service

Engagement report

November 2017

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Foreword

Healthwatch Kirklees is the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care. We listen to what people like about services, and what could be improved, and we share their views with those with the power to make change happen.

When Healthwatch Kirklees heard that North Kirklees Clinical Commissioning Group (CCG) had some ideas which might improve health services for care home residents, we very much wanted to be part of the engagement process, to ensure that as many people as possible could hear about the ideas and have their say on things which may affect them in future.

Some of the ideas the CCG put forward involve better access to GP services for residents and using a Telehealth service, allowing carers and residents to have 24 hour access to clinicians via an online service. We know that too many people in care homes are taken to A&E when they've had an accident or become unwell; they often wait for long periods of time which can cause unnecessary distress and worry. We know that some of those people could be better cared if there was a more effective way for a clinician to carry out an assessment, sometimes without the patient having to leave their home, which would mean that only people experiencing serious, life threatening illness are taken to A&E.

People who live in care homes might find it more difficult than others to say what they think about health services available to them. Healthwatch Kirklees invested time and resource to engage with staff, residents and visitors in care homes to make sure everyone could have their say on the CCG's ideas.

We look forward to seeing how the CCG will progress their ideas, taking into account what people told us.

Clare Costello
Senior Adviser Healthwatch Kirklees

1.0 Executive summary

NHS North Kirklees CCG has identified the need to improve support into care homes as part of the Frailty programme. We have also been looking at the learning from the care home support service evaluation undertaken by NHS Greater Huddersfield CCG and that of the Enhanced Health in Care Home Vanguard. This work has resulted in the development of an outline model of a 'care home support service' which includes:

- Proactive/anticipatory holistic assessments and care planning
- Good End of Life Care
- 24 Hour Telehealth
- Education – Primary Care and Care Homes
- Stream-lined medical care provided by general practice

In a bid to commission equitable, high quality care with minimal variation, and after reviewing all of the supporting evidence, NHS North Kirklees CCG engaged with GP practices, care home residents, staff, relatives / carers, and the wider public to support the development of the service.

The engagement ran for 6 weeks, from Monday 11th September to Sunday 22nd October 2017. Two surveys were designed, one for GP practices and one for care home residents, staff, relatives / carers, and the wider public. An animation was also developed by Healthwatch Kirklees to help explain the ideas being presented <https://www.youtube.com/watch?v=MXdND3PoK5Y>

The GP survey was shared via our existing internal communication mechanisms and attendance at cluster meetings. We received **25 completed surveys, from 14 practices** (there are 27 practices in North Kirklees).

For the public survey, to ensure we gained views from both staff of care homes, and the residents and their families Healthwatch Kirklees **visited 12 care homes**, overall we received feedback from 16 of the 31 care homes in North Kirklees. They spoke to residents, their families / carers, and care home staff and supported them to complete the survey. They also raised awareness of the survey via social media advertising.

- **10,795 people** saw the advert
- **269 people** clicked to find out more about the advert

We also shared the survey via our existing communication and engagement mechanisms, including discussion at our quarterly engagement event and Patient Engagement and Experience Group meeting. The project leads also attended care home provider meetings. We received **230 completed public surveys**. Of these 35.8% (79) were from care home residents; 16.3% (36) from families / carers; 36.2% (80) from care home staff; and 2.7% (6) from VCS organisations.

The key themes from the existing data and the engagement were as follows:

1.1 What works well and what could be improved?

The public survey asked for views on what parts of the service worked well and what could be improved. The main themes raised across these questions were:

What works well?

- Most residents and their families / carers felt that the care they received in the care home was good, with many talking highly of the care home staff. They described their care homes as friendly places where they felt looked after. Some people did suggest that the care home staff would benefit from some further training / qualifications.
- Some of the respondents had either not been in the home very long or they had not had reason to need to see a GP or healthcare professional. However, of those people that had been ill most people reported that GPs were called when they were required, and most were happy with the care that they received.
- Some mentioned how their care home received regular visits from GPs, audiology, podiatry, district nurse, dieticians, opticians and dentists. Particular mention was made of the benefit of having a GP visit on a weekly basis to deal with non-urgent problems.
- Reference was made to the change to referrals now being online; one respondent felt that this change had made it more difficult. However, they did value the ability to now be able to refer a patient direct to physio, continence, respiratory without needing to wait for the GP.

What could be improved?

- Many felt that residents should receive regular reviews from their GP to assess their medication, health and wellbeing, and to support the development of a relationship between the resident and GP.
- Residents felt that there needed to be more care home staff in their care home, to allow them to have more one to one time with residents. Some people were concerned that due to staffing and funding issues, some homes were not able to provide a wide range of activities, or spend time with residents. This at times could lead to loneliness and isolation of residents.
- Care home staff requested that GPs undertake their visits at an agreed time, and avoid visiting during meal times as this was very disruptive for both residents and staff.
- Care home staff described how they would like to be able to access clinical advice on an urgent basis to avoid going to A&E.
- Care home staff talked about difficulties they have with ordering medication. They often have missing items / lost prescriptions. They also highlighted that they are unable to order medication online.

1.2 Regular health and wellbeing reviews

There was overwhelming support from the respondents to both the public survey (**89.8%, 167**) and GP practice survey (**88.9%, 16**) for the proposal to introduce regular health and wellbeing reviews. The key themes raised were:

- Most people felt that this was a good idea as regular reviews would highlight any potential health problems that could be tackled sooner rather than later. In those homes where this is already happening it works well, and will help to improve patient care, as long as the resources are available.
- Whilst most patients are already seen on a regular basis for an existing health condition it was felt that regular reviews would ensure that their overall health and wellbeing would be looked at and not just their existing health condition. It would also mean those residents that are generally well are not missed.
- Some residents and their families really welcomed the idea, as for some there was a feeling that once a person moved to a care home little attention was given to their health and wellbeing. Regular reviews would provide residents and their families with the reassurance that they are being cared for.
- Some people wanted reassurance that the person doing the review has the appropriate skills, and knowledge of the resident. There was some concern that it could lead to an increase in the workload of the care home staff.
- It was felt that reviews should include diagnosing of long-term conditions e.g. diabetes or high blood pressure. And where appropriate end of life care planning should start at an early stage. Care plans should be shared with all relevant health professionals to avoid unnecessary attendance at A&E or hospital admission.

1.3 Telehealth

Overall, **72.4% (139)** of respondents to the public survey thought telehealth was a good idea however, when this was analysed by the different groups, **78% (58) of care home staff** thought it was a good idea, **64% (48) of care home residents** and **68% (22) of families / carers**, and **50% (9) of responses from GP practices**. The main themes raised were:

Care home staff

Care home staff were more supportive of the idea and could see the benefits to both GPs, care home staff and residents. In that they would be able to access advice quickly, it would save GP and care home staff time, it would reduce the number of ambulance call outs, visits to A&E and hospital admissions.

Care home staff did query how it would work in practice, and were concerned that their internet connections would not be reliable. And questioned whether they would be able to access it on a tablet / Ipad. They sought reassurance that this wouldn't make it more difficult for them to request a GP visit when appropriate.

Care home residents and their families / carers

Care home residents and their families / carers were concerned about how telehealth would work, and queried whether a diagnosis could be given without a physical examination or being able to do blood pressure checks. Many preferred being able to see a GP face to face especially for an urgent condition.

GP practices

Many were unsure if it would work, or how it would work in practice. Some felt that telephone consultations, that are already used, worked well and was faster and cheaper than telehealth. And that the money would be better spent on staff training and improved staffing for the homes.

1.4 One GP practice per care home

Overall, **58.1% (125)** of respondents to the public survey thought one GP practice per care home was a good idea however, when this was analysed by the different groups, **69% (52) of care home staff** thought it was a good idea, **48% (38) of care home residents** and **56% (18) of families / carers**. The main themes raised were

- Most care home staff felt that it was a good idea, as it would be easier for them to deal with just one GP practice when arranging visits and medication, currently they can contact up to 8 GP practices. This in turn would improve relationships between the care home and GP practice, and improve the quality and continuity of care.
- Some queried as to whether one GP practice would have the capacity to care for all the residents of the care home. They also wanted reassurance that the GP practice they are allocated genuinely wants to provide care to care home residents. Some reported negative experiences with GP practices who they felt didn't wish to care for care home residents.
- There was concern from care home staff, residents and their families as to the possible negative impact it could have on residents if they were no longer able to see their own GP. Many residents have been with the same GP for many years and want to maintain that continuity of care, moving to another GP could cause stress and anxiety for the resident and their family. Many felt that it should be the resident that chooses who their GP is.
- Some residents had already changed their GP when they moved to their care home; they felt that as long as the GP had access to their medical records, was professional, caring and did a good job then it wasn't a problem.

GP practices were asked for their views two different ideas, firstly 'one practice per care home' **38.9% (7)** of GP practices supported this idea, secondly the idea of 'one specialist care home practice' **55.6% (10)** supported this idea.

In the comments provided there was some support for one practice per care home but most felt that one specialised provider or fewer number of practices to cover all care

homes would work better. The level of care provided would be standardised and the care homes would have one point of contact as opposed to potentially 27 practices.

There was some question as to how this could be practically implemented, and some were concerned about taking away patient choice, and depriving patients of existing, valued relationships with GPs, to be replaced with a new GP.

1.5 End of life care

A question around the proposal of good end of life care was only asked in the GP practice survey. Of those that responded, **87.5% (14)** supported the idea. They thought that it was a vital part of care planning, and that the patients GP is best placed to co-ordinate the patients care. **12.5% (2)** didn't know.

1.6 Education

A question around the proposal of education in primary care and care homes was only asked in the GP practice survey. Of those that responded, **83.3% (15)** supported the idea. One respondent disagreed, and **11.1% (2)** didn't know as they didn't understand the plans.

2.0 Background

NHS North Kirklees CCG has identified the need to improve support into care homes as part of the Frailty programme. We have also been looking at the learning from the care home support service evaluation undertaken by NHS Greater Huddersfield CCG and that of the Enhanced Health in Care Home Vanguard. This work has resulted in the development of an outline model of a 'care home support service' which includes:

- Proactive/anticipatory holistic assessments and care planning
- Good End of Life Care
- 24 Hour Telehealth
- Education – Primary Care and Care Homes
- Stream-lined medical care provided by general practice

Proactive/anticipatory holistic assessments & care planning: This level of care has been provided by the care home support team in Greater Huddersfield for the last three years, and the service review has demonstrated a very positive impact across the local health system; it also is in line with requirements of the NHS Five Year Forward View, evidence supported by the Kings Fund and the National Vanguard sites.

Good End of Life Care: Development of a multi-disciplinary team (MDT) approach to proactive/anticipatory care; early identification of patients approaching end of life, agreeing advance care planning and increasing use of the Electronic Palliative Care Co-ordination Systems (EPaCCS) leading to fewer crisis hospital admissions and more importantly care tailored to peoples' wishes.

Telehealth: This is a rapid access alternative service instead of requesting an urgent visit by a GP, or calling an ambulance. The telehealth service will provide a triage, assessment and advice service 24/7 with a view to avoiding an unplanned hospital admission or attendance.

Education – Primary Care and Care Homes: GP education via close working with consultant geriatrician/Care Home Support team and access to e-consultation. Structured education programme (linked with Care Homes CQC) for care home staff.

Stream-lined reactive medical care provided by general practice: The evidence-base supports streamlining the number of GP practices going into care homes in order to standardise quality of care and reduce duplication. Therefore, we would like to explore the options of either 'one specialised care home practice' providing all care into care homes or to streamline the number of practices to 'one practice per care home'.

In a bid to commission equitable, high quality care with minimal variation, and after reviewing all of the supporting evidence, NHS North Kirklees CCG engaged with GP practices, care home residents, staff, relatives / carers, and the wider public to support the development of the service.

3.0 Our responsibilities, including legal requirements

3.1 Our responsibilities

Engaging people is not just about fulfilling a statutory duty or ticking boxes, it is about understanding and valuing the benefits of listening to patients and the public in the commissioning process.

By involving local people we want to give them a say in how services are planned, commissioned, delivered and reviewed. We recognise it is important who we involve through engagement activity. Individuals and groups play different roles and there needs to be engagement opportunities for both.

Engaging people who use health and social care services, and other stakeholders in planning services is vital to ensure services meet the needs of local communities. It is also a legal requirement that patients and the public are not only consulted about any proposed changes to services, but have been actively involved in developing the proposals.

3.2 Legal requirements

There are a number of requirements that must be met when discussions are being made about the development of services, particularly if any of these will impact on the way these services can be accessed by patients. Such requirements include the Health and Social Care Act 2012 and the NHS Constitution.

[Health and Social Care Act 2012](#), makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution - and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements, where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSC) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The duties to involve and consult were reinforced by the [NHS Constitution](#) which stated: 'You have the right to be involved directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services'.

[The Equality Act 2010](#) unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. To help support organisations to meet these duties a set of principles have been detailed in case law. These are called the Brown Principles;

- The organisation must be aware of their duty.
- Due regards is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regards involves a conscious approach and state of mind.
- The duty cannot be satisfied by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.

[An Equality Impact Assessment \(EQIA\)](#) will need to be undertaken on any proposals for changes to services that are developed through the programme, in order to understand any potential impact on protected groups and ensure equality of opportunity. Engagement must span all protected groups and other groups, and care should be taken to ensure that seldom-heard interests are engaged with and supported to participate, where necessary.

[The Gunning Principles of Consultation](#) are recommended as a framework for all engagement activity but are particularly relevant for consultation and would be used, in the event of a judicial review, to measure whether the process followed was appropriate. The Gunning Principles state that:

- Consultation must take place when the proposal is still at a formative stage
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response.
- Adequate time must be given for consideration and response
- The product of consultation must be conscientiously taken into account

4.0 Engagement process

A communications and engagement action plan was developed to engage with GP Practices, care home residents, staff, carers/friends/family of residents currently residing in a care home within North Kirklees, and the wider public (see appendix A).

4.1 GP practices

A survey and covering letter was developed to gain feedback from GP practices (see appendix D). This was shared via SPOC (single point of contact), newsletter, and intranet. Information was sent out at the start of the engagement and towards the end of the process as a reminder.

In addition to sharing the survey, the Transformation programme leads attended the following practice cluster meetings to raise awareness of the project and to encourage practices to share their views during the upcoming engagement.

- Batley and Birstall cluster meeting held on 10th August 2017
- Dewsbury and Thornhill cluster meeting held on 17th August 2017
- Cleckheaton and Heckmondwike cluster meeting held on 24th August 2017
- Dewsbury, Ravensthorpe and Mirfield cluster meeting held on 31st August 2017

4.2 Care home residents, staff, and carers / friends / family of residents currently residing in a care home

A survey was developed to gain feedback from care home residents, staff, and carers / friends / family of residents currently residing in a care home in North Kirklees (see appendix B). An animation was also developed by Healthwatch Kirklees to help explain the ideas being presented <https://www.youtube.com/watch?v=MXdND3PoK5Y>

The approach was:

- Attendance at Independent Sector Care Homes meetings on 12th July 2017 and 5th October 2017 to discuss the ideas with care home staff.
- Healthwatch Kirklees visited care homes for older people in North Kirklees, to encourage staff / residents to complete the survey. They used the animation to introduce the ideas being looked at, and supported people to complete the survey. They visited the following 12 care homes:
 1. The Hawthornes, Birkenshaw visited on 19th September 2017
 2. Holme House. Gomersal visited on 28th September 2017
 3. Aston Manor, Dewsbury visited on 3rd October 2017
 4. Oak Park Care Home, Dewsbury visited on 4th October 2017
 5. Avery Mews, Heckmondwike visited on 5th October 2017
 6. The Radcliffe, Mirfield visited on 10th October 2017

7. Lydgate Lodge, Batley visited on 11th October 2017
8. Ashmeadows, Cleckheaton visited on 11th October 2017
9. Batley Hall, Batley visited on 12th October 2017
10. Fieldhead Court, Dewsbury visited on 16th October 2017
11. Manor Croft, Dewsbury visited on 17th October 2017
12. Ings grove, Mirfield visited on 17th October 2017

They also made contact with Ashworth Grange, Dewsbury, and Hopton Care Cottages, Mirfield but were unable to book in a visit within the engagement period.

4.3 Wider public

Information was sent out at the start of the engagement and towards the end of the process as a reminder.

- To our network of over 250 community, voluntary and third sector organisations who support us by cascading messages to their supporters/members and contacts, and internally to staff.
- To a wide range of stakeholder and provider organisations including hospital trusts, local authority and community providers, for dissemination to staff and onward to patients/clients as appropriate.
- To members of the North Kirklees CCG 'your health, your say' network.
- To all GP practice patient reference groups to support local conversations and onward cascade to patients using their own mechanisms.

We used our own communications channels to disseminate regular messages including website, intranet, Twitter (over 4,700 followers) and Facebook. And included it on Kirklees Council Involve website.

We also shared the animation and discussed the proposals at our:

- Quarterly engagement event held on 13th September 2017
- Patient Engagement and Experience Group held on 26th September 2017

In addition to this, during 11th September 2017 and 28th September 2017 Healthwatch Kirklees shared the animation and survey via paid advertising on social media. This generated the following activity:

- 10,795 people saw the adverts
- 269 people clicked to find out more about the advert

5.0 Analysis of existing engagement

A review of any existing engagement that had taken place about care homes took place. The following is a summary of the existing engagement:

5.1 Healthwatch England, What's it like to live in a care home? (August 2017)

Between January 2016 and April 2017 the Healthwatch network across England visited 197 care homes. These homes collectively provide care for almost 3,500 residents ranging from elderly people with dementia to those with severe learning disabilities.

During these visits local Healthwatch spoke with residents, their families and staff, compiling people's experiences with their own observations to produce 140 reports. These have all been shared with the providers, the public, CQC and Healthwatch England

Their analysis of what our visitors found - combined with the views of residents, families, and staff - reveals three clear themes:

1. Quality of care varies between homes, but also within the same home.

Too few homes that local Healthwatch visited were getting every aspect of care right. It is important to provide the basics, keeping homes clean and providing enough trained staff to ensure residents are safe. But it is also important to meet residents' other needs. This might mean changing the culture of a home rather than spending lots of money. We want to see all care homes provide consistently good care.

2. Good care homes meet all people's health and care needs, in a joined up way.

People in care homes often need high levels of both health and care support. We saw variation in how homes respond to the differing needs of residents within homes. For example, some homes we visited did not have dementia friendly décor, whilst in other homes residents were provided with insufficient support to access GPs and dentists. We want to see a greater focus on meeting people's individual health and care needs.

3. The best services recognise they are people's homes.

Residents in care homes should be supported to live as full a life as possible, with the opportunity to take part in the same activities they might do in their own homes. We saw some great examples of care staff taking the time to provide activities that were tailored to the individual. We want to see everyone in care homes get this kind of care, and suggest that smarter use of information technology could support this.

Specific mention was made to [variation in access to health services](#)

Some homes ensured that residents had access to a range of health services, but in others arrangements were less straightforward. Seventeen reports mentioned good access to GPs, but nine found that access to GPs was poor. Eight said it was difficult to get access to a dentist, and only one home told Healthwatch visitors that a dentist came to the home regularly.

At a national and local level, health and care services are striving to provide care in a more integrated way. However, our findings suggest that there needs to be more understanding of the barriers that residents face accessing other frontline services, such as GPs and dentists. Collectively the system needs to develop greater understanding about the variation in arrangements for these services across different areas.

This needs to be factored into the performance evaluation of newly integrated services. This process could start by looking at whether or not the vanguards programme has improved care home residents' access to other services, and build the learning from this into the development of the Accountable Care Systems.

5.2 NHS Greater Huddersfield CCG, Care Home Support Service (May 2017)

NHS Greater Huddersfield CCG wanted to engage with GP Practices, care home staff, residents and carers/friends/family of patients currently residing in a care home within Greater Huddersfield.

Two surveys were developed to gain insight into how practices and the care home support team work together and to understand the experiences of staff, residents and carers/friends/family of patients within a Care Home.

Overall 39 surveys were received from both surveys. 37 completed or partially completed surveys were received from GP Practices across Greater Huddersfield for the GP Care Home survey and only 2 completed surveys were received from the Care Home survey from Care Homes within Greater Huddersfield. All surveys received were completed by staff only. The overall findings and common themes can only be sourced from staff within GP practices and care homes from all aspects of the engagement activity.

- Overall staff are happy with the service they receive from the care home support team and the support that they provide. However, it is worth noting that there were some exceptions where people said they were not happy with the service provided.
- The majority of practices do integrate with the care home support team using a variety of methods such as MDT meetings and electronically (email, system one). And for some care homes offering patient reviews.
- There were few comments that some GP practices don't liaise with the care home support team or that they didn't know there was one.
- Communication was the consistent message for improvement needed.
- Continuity of care for residents and prompt access to external services.

5.3 NHS North Kirklees CCG, Care Homes engagement report (August 2013)

West and South Yorkshire and Bassetlaw Commissioning Support Unit (WSYBCSU) Communications and Engagement team, embarked on engagement with care home residents and key stakeholders from 12th June 2013 to 26th July 2013. 68 completed surveys and 1 letter were received. Main themes taken from the engagement were:

- Some felt that they didn't really understand what was being proposed so didn't really feel able to give an opinion and requested that more information be made available.
- Most felt that the service was already working and as such couldn't see how it could be improved.
- It was felt that it could improve communication between services and increase access to services which would lead to a more planned and proactive approach to care than currently exists.
- The majority of respondents felt that residents should stay with their own GPs to ensure continuity of care and queried how 1 or 2 GP practices could provide care across such a large area. Concern was expressed that if residents were able to stay with their own GP this could lead to duplication of care / over investigation / conflicting opinions as residents would be under the care of 2 GPs.

In addition to the key themes above, patients and carers made suggestions on how services could be improved:

- Have one multi-disciplinary team to cover all care homes.
- Have SystemOne in all care homes to enable GPs to access patient records and enable them to do electronic prescribing.
- Allocate individual care homes to the GP practice closest to the home.
- Have a specialist nurse attached to each home seeing patients in conjunction with GP
- Improve access to chiropody, physiotherapy, dental checks, sensory room and increase availability of GPs.
- Utilise the Third Sector.

5.4 Healthwatch Kirklees, Enter and View reports (2014-2016)

During 2014-2016, Healthwatch Kirklees have visited the following care homes in North Kirklees:

- Fieldhead Court
- Eden Court
- Roberttown Care Home
- Hopton Care Cottages
- Fieldhead Park
- Ings House
- Ashworth Grange
- Blossom Care Home
- Avery Mews
- Ashmeadows
- Ashcroft Nursing Home

The main issue raised from care homes in relation to GP provision, was the GP visits taking place during meal times and how this sometimes led to patients missing their meals, and caused disruption for both staff and residents.

6.0 Analysis of engagement feedback

We received feedback on the engagement via **230** care home residents, staff, and carers / friends / family of residents currently residing in a **care home survey**, and **25 GP practice surveys**.

6.1 Patient survey results

Of the 230 care home residents, staff, and carers / friends / family of residents currently residing in a care home surveys, the completion rate for equality monitoring form questions ranged from **81% to 43%** however, in summary the survey respondents were:

- **85.6% (160)** were female and **13.9% (26)** were male
- Respondents were aged between **18 and 101, with an average age of 69**
- **83.8% (83)** described themselves as heterosexual, **1% (1)** as lesbian, and **1% (1)** as bisexual.
- The majority of respondents, **88.9% (152)** described themselves as White, **4.1% (7)** as Asian or Asian British, **1.2% (2)** as Black or Black British, **1.2% (2)** as mixed or multiple ethnic groups, and **2.9% (5)** as other white background
- **47.4% (74)** stated that they identified with Christianity, **33.3% (52)** no religion and **5.1% (8)** Islam
- **49.1% (55)** provide care for someone
- **20.7% (28)** described themselves as having a disability. With the majority having a disability that was physical or mobility.

Appendix C provides a breakdown of the protected characteristics of the care home residents, staff, and carers / friends / family of residents currently residing in a care home respondents.

Q1.About you:

Answer Choices	Responses	
I live in a care home	35.8%	79
I am a carer / relative / friend of someone living in a care home	16.3%	36
I work in a care home	36.2%	80
I work for a VCS organisation that supports people in care homes	2.7%	6
Other (please tell us more)	9.1%	20
	Answered	221
	Skipped	9

Other categories were:

- Student nurse
- Care home provider

- Respite
- Rehab
- Parent previously lived in a care home or will be going to a care home
- Used to work in a care home

Q2. Please tell us the name of the care home(s) where you live / visit / work (you can leave this blank if you wish)

We received responses back from the following 16 care homes; there are 31 care homes in North Kirklees:

Name of care home	Responses	
Ash Meadows	5.9%	11
Aston Manor	8.6%	16
Avery Mews	10.3%	19
Batley Hall	9.2%	17
Fieldhead Court	7.0%	13
Hawthorne	8.1%	15
Holme House	8.1%	15
Hopton Cottage	0.5%	1
Ing Grove	7.6%	14
Lydgate Lodge	10.8%	20
Manorcroft	4.9%	9
Mill View	0.5%	1
Oak Park	9.7%	18
Radcliffe	7.6%	14
Roberttown	0.5%	1
Saville House	0.5%	1
	Answered	185
	Skipped	45

Q3. Which GP practice are you / your relative / friend / the care home registered with? (you can leave this blank if you wish)

Some respondents who worked in care homes listed up to 7 different GP practices that the residents in their home were registered with. The table below shows the number of times each GP practice was mentioned.

Name of GP practice	Responses	
Albion Mount Medical Practice, Dewsbury and Thornhill	2.48%	3
Batley Health Centre, Batley	0.83%	1
Birkenshaw Health Centre	5.79%	7

Name of GP practice	Responses	
Blackburn Medical Road, Birstall and Birkenshaw	0.83%	1
Brookroyd Surgery, Heckmondwike	6.61%	8
Calder View surgery, Dewsbury	0.83%	1
Chapel Lane Surgery	0.83%	1
Cherry Tree Surgery	0.83%	1
Chickenley Medical Centre	1.65%	2
Church Street, Ossett	0.83%	1
Cleckheaton Health Centre	2.48%	3
Doctor Lane Health Centre, Mirfield	0.83%	1
Driglington Health Centre	3.31%	4
Greenway Medical Practice, Cleckheaton	4.13%	5
Heckmondwike Health Centre	0.83%	1
Highfield Health Centre	3.31%	4
Eightlands Surgery	0.83%	1
Kirkgate surgery, Birstall	2.48%	3
Liversedge Health Centre	3.31%	4
Mirfield Health Centre, Mirfield	5.79%	7
North Road Suite, Ravensthorpe	1.65%	2
Ossett Health Centre	2.48%	3
Parkview surgery	2.48%	3
Ravensthorpe Health Centre	1.65%	2
St John's Surgery	1.65%	2
The New Brewery Lane Surgery, Thornhill	0.83%	1
The Paddock Surgery, Thornhill	4.96%	6
Tong Medical Practice	3.31%	4
Undercliffe Surgery, Heckmondwike	2.48%	3
Wellington House	0.83%	1
Various GP practices	14.88%	18
One based in the home	3.31%	4
Don't know / I can't remember	10.74%	13

Q4. Do you / your relative / friend still see the same GP that you / they saw before you / they moved into the care home?

Answer Choices	Responses	
Yes	48.2%	67
No	31.7%	44
Don't know	20.1%	28
	Answered	139
	Skipped	91

Q5. Thinking about the health care you receive in the care home, what do you think works well?

131 (57%) respondents provided a comment to this question, the main themes raised were:

- Most residents and their families / carers felt that the care they received in the care home was good, with many talking highly of the care home staff. They described their care homes as friendly places where they felt looked after. Some people did suggest that the care home staff would benefit from some further training / qualifications.
- Some of the respondents had either not been in the home very long or they had not had reason to need to see a GP or healthcare professional. However, of those people that had been ill most people reported that GPs were called when they were required, and most were happy with the care that they received.
- Some mentioned how their care home received regular visits from GPs, audiology, podiatry, district nurse, dieticians, opticians and dentists. Particular mention was made of the benefit of having a GP visit on a weekly basis to deal with non-urgent problems.
- One person mentioned that their care home had therapy and nursing staff on site Monday to Friday, this meant health needs / change were attended to promptly.
- Some felt that having just one local GP practice per care home would improve the quality of services provided. One person mentioned that they had encountered difficulties as their GP practice was out of the area.
- Reference was made to the change to referrals now being online; one respondent felt that this change had made it more difficult. However, they did value the ability to now be able to refer a patient direct to physio, continence, respiratory without needing to wait for the GP.

Q6. Thinking about the health care you receive in the care home, what do you think could be improved?

94 (41%) respondents provided a comment to this question, the main themes raised were:

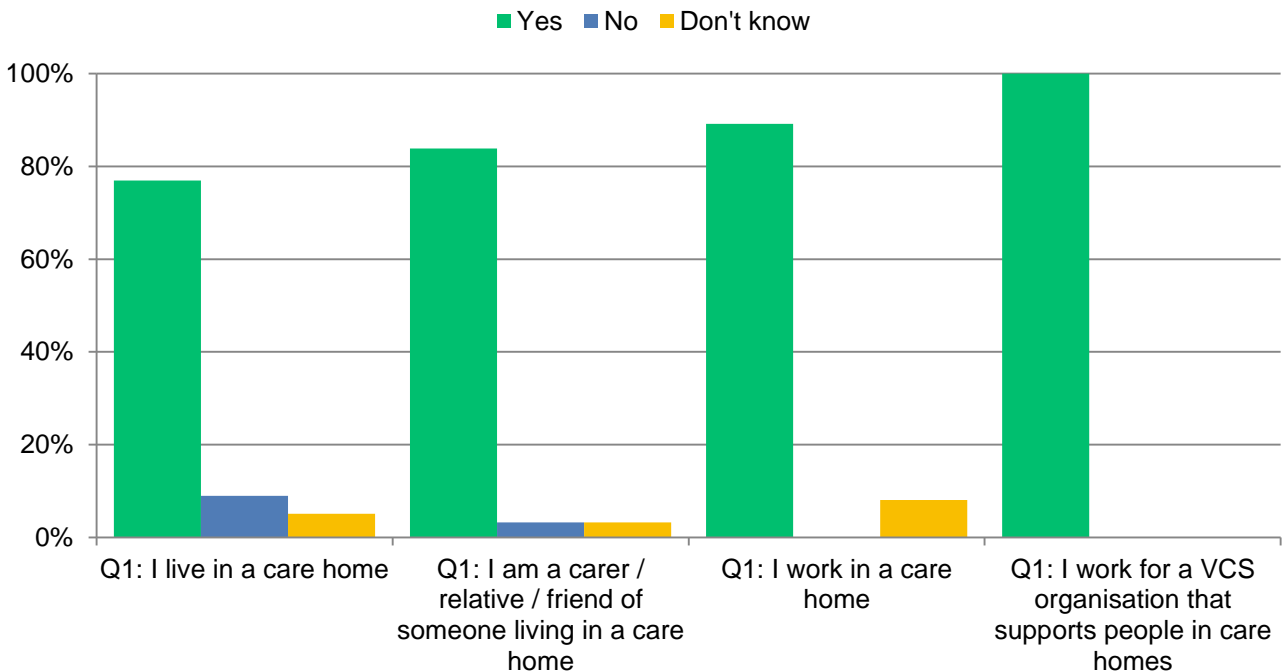
- Many of the respondents couldn't think of anything that could be improved as they felt that their care home was already responsive to their health care needs.
- Many felt that residents should receive regular reviews from their GP to assess their medication, health and wellbeing, and to support the development of a relationship between the resident and GP.
- Residents felt that there needed to be more care home staff in their care home, to allow them to have more one to one time with residents.
- A few people were concerned about the cleanliness and general appearance of the home.
- Care home staff requested that GPs undertake their visits at an agreed time, and avoid visiting during meal times as this was very disruptive for both residents and staff.

- Care home staff described how they would like to be able to access clinical advice on an urgent basis to avoid going to A&E. One care home described how when they ring the GP out of hours service this tends to result in a call back. However the care home staff cannot wait around indefinitely in the office for the call and the phone reception within the building is poor.
- Care home staff talked about difficulties they have with ordering medication. They often have missing items / lost prescriptions. They also highlighted that they are unable to order medication online.

Q7. We are thinking about providing regular health and wellbeing reviews and assessments for all care home residents. Do you think this is a good idea?

Answer Choices	Responses	
Yes	89.8%	167
No	4.3%	8
Don't know	5.9%	11
	Answered	16
	Skipped	44

As can be seen from the table below there was little variation in views across the groups of people completing the survey.



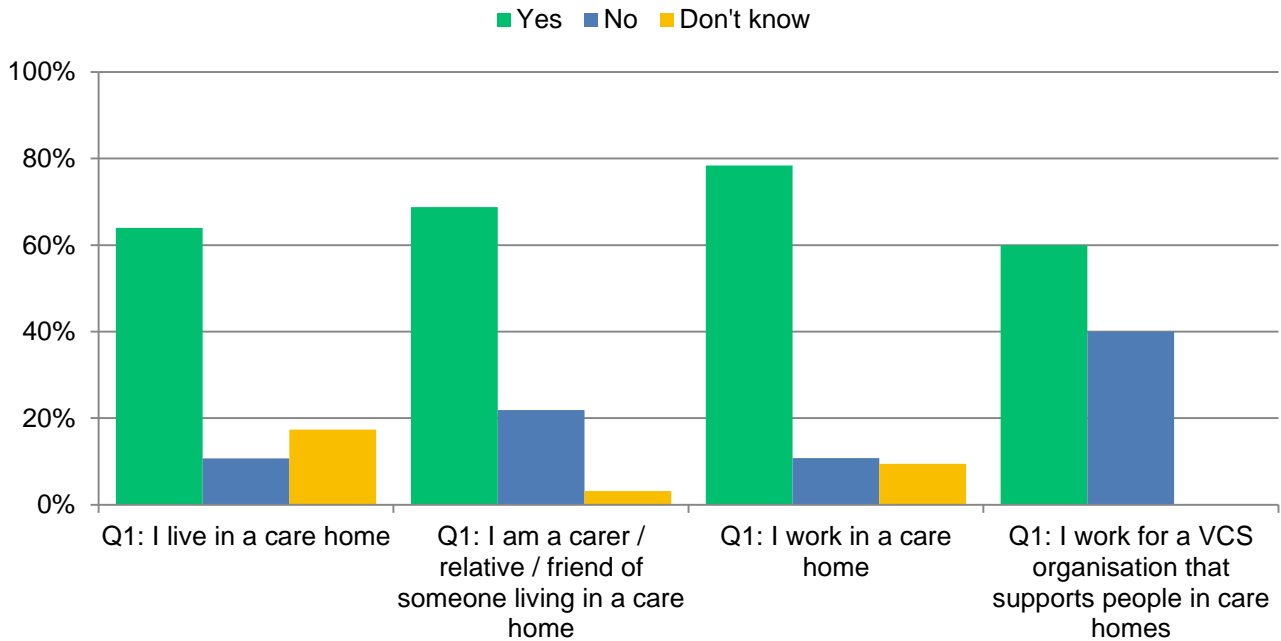
126 (55%) respondents provided a comment to explain their answer, the main themes raised were:

- Most people felt that this was good idea as regular reviews would highlight any potential health problems that could be tackled sooner rather than later. Whilst most patients are already seen on a regular basis for an existing health condition it was felt that regular reviews would ensure that their overall health and wellbeing would be looked at and not just their existing health condition. It would also mean those residents that are generally well are not missed.
- Some residents and their families really welcomed the idea, as for some there was a feeling that once a person moved to a care home little attention was given to their health and wellbeing. Regular reviews would provide residents and their families with the reassurance that they are being cared for.
- Some people wanted reassurance that the person doing the review has the appropriate skills, and knowledge of the resident. There was some concern that it could lead to an increase in the workload of the care home staff.
- It was felt that reviews should include diagnosing of long-term conditions e.g. diabetes, high blood pressure. And where appropriate end of life care planning should start at an early stage. Care plans should be shared with all relevant health professionals to avoid unnecessary attendance at A&E or hospital admission.

Q8. We are thinking about providing telehealth in care homes. This is where residents and staff can get quick and easy access to urgent advice and support from health professionals via a video call, instead of requesting an urgent visit by a GP or calling an ambulance. Do you think this is a good idea?

Answer Choices	Responses	
Yes	72.4%	139
No	14.1%	27
Don't know	13.5%	26
	Answered	192
	Skipped	38

As can be seen from the table below, when analysed by the different groups, carers / relatives and people working for VCS were more concerned about the use of telehealth. And residents were more likely than the other groups to be unsure about the proposal. These findings are supported by the comments provided below.



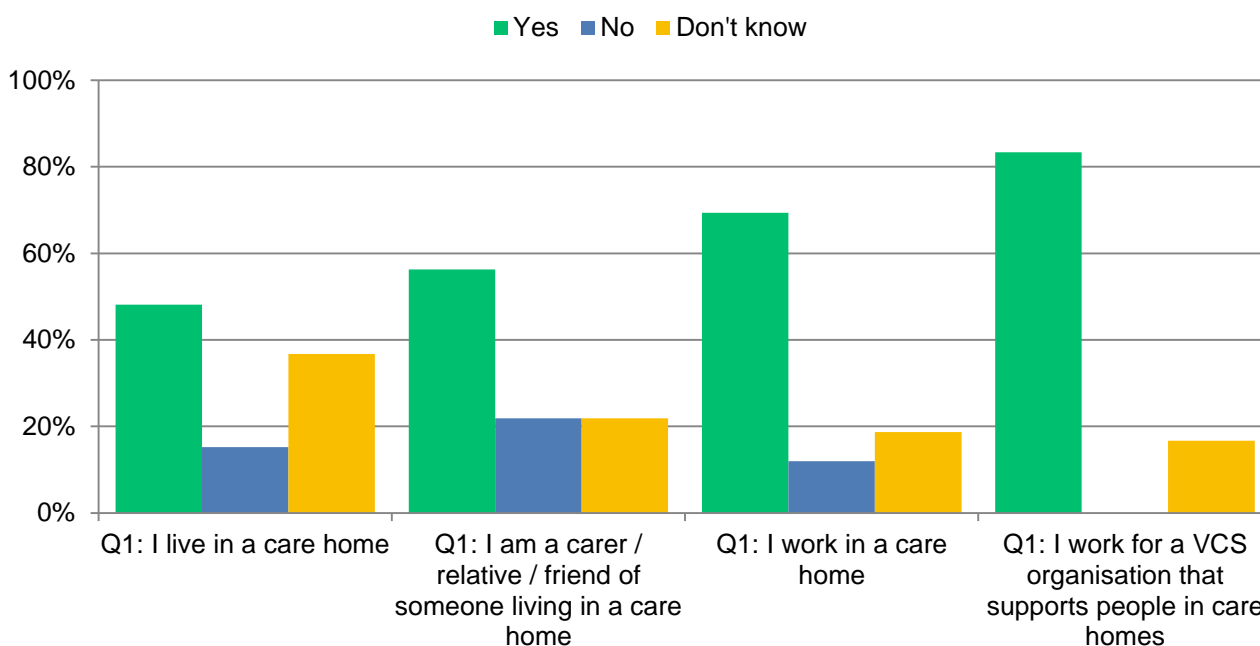
135 (59%) respondents provided a comment to explain their answer, the main themes raised were:

- Most care home residents and their families were concerned about how telehealth would work, and queried whether a diagnosis could be given without a physical examination or being able to do blood pressure checks. Many preferred being able to see a GP face to face especially for an urgent condition.
- Care home staff were more supportive of the idea and could see the benefits to both GPs, care home staff and residents. In that they would be able to access advice quickly, it would save GP and care home staff time, it would reduce the number of ambulance call outs, visits to A&E and hospital admissions.
- Care home staff did query how it would work in practice, and were concerned that their internet connections would not be reliable. And questioned whether they would be able to access it on a tablet / Ipad.
- Care home staff also sought reassurance that this wouldn't make it more difficult for them to request a GP visit when appropriate.

Q9. Currently a number of different GP practices may look after the residents in a care home. We are thinking about allocating one GP practice for each care home. We think this could improve the care of residents, make things simpler for the care home and reduce duplication for GP practices. Do you think this is a good idea?

Answer Choices	Responses	
Yes	58.1%	125
No	13.0%	28
Don't know	28.8%	62
	Answered	215
	Skipped	15

As can be seen from the table below, when analysed by the different groups, carers / relatives and residents were more concerned about the proposal of allocating one GP practice to each care home. Care home staff and VCS organisations were more likely to support the proposal. These findings are supported by the comments provided below.



139 (60%) respondents provided a comment to explain their answer, the main themes raised were:

- Most care home staff felt that it was a good idea, as it would be easier for them to deal with just one GP practice when arranging visits and medication, currently they can contact up to 8 GP practices. This in turn would improve relationships between the care home and GP practice, and improve the quality and continuity of care.
- Some queried as to whether one GP practice would have the capacity to care for all the residents of care home. They also wanted reassurance that the GP practice they are allocated genuinely wants to provide care to care home residents. Some reported

negative experiences with GP practices who they felt didn't wish to care for care home residents.

- There was concern from care home staff, residents and their families as to the possible negative impact it could have on residents if they were no longer able to see their own GP. Many residents have been with the same GP for many years and want to maintain that continuity of care, moving to another GP could cause stress and anxiety for the resident and their family. Many felt that it should be the resident that chooses who their GP is.

Q10. If you / your relative/friend had to see a different GP, how would you feel?

148 (64%) respondents provided a comment to this question, the main themes raised were:

- Some residents had already changed their GP when they moved to their care home; they felt that as long as the GP had access to their medical records, was professional, caring and did a good job then it wasn't a problem.
- Others reported seeing a lot of different GPs, so often had to repeat their stories and had a lack of continuity of care.
- Many were happy seeing their own GP and had been with them for many years and wanted to maintain that continuity of care, moving to another GP would cause stress and anxiety for some. Some would only be happy to see another GP if it was in an emergency situation.

Q11. Please use this space to add anything else you want to say about health care provided in care homes.

62 (27%) respondents provided a comment to this question, the main themes raised were:

- Of those that responded, many care home residents and their families / carers felt that the care they receive in the care home is very good, and were confident that they receive the health care they need.
- Whilst some felt that regular reviews would be beneficial, these should include a review of health, wellbeing, social and psychological needs.
- Of the care home staff that responded most felt that GPs should be more responsive in visiting the home when requested; they shouldn't prescribe medication over the phone and should take the time to visit the patient, and when they do visit they should spend more time with the patient.
- Some felt that there should be more care home staff, and that they should be provided with more training.

Q12. We want to improve the experience of people in care homes, what do you think could be done? What kinds of activities would you enjoy? What else would you like to be able to do?

118 (51%) respondents provided a comment to this question. The suggestions made were similar across all groups, the activities that people would like to see or already enjoyed were:

- Walking
- Gardening
- Sky TV so they could watch sport
- Dancing
- Exercise
- Cinema nights in the home
- Entertainment at the home such as singers, theatre groups
- Quizzes
- Dominoes
- Skittles
- Cards
- Darts
- Bingo
- Cooking
- Children from local nursery visiting
- Visits from animals
- Visits from community and voluntary groups
- Trips out to the countryside, cinema, theatre, afternoon tea, meals out, watching sport, visiting stately homes
- Join up with other care homes to provide activities together, to give residents an opportunity to meet new people

Some people were concerned that due to staffing and funding issues, some homes were not able to provide a wide range of activities, or spend time with residents. This at times could lead to loneliness and isolation of residents.

6.2 GP practice survey results

We received **25 completed surveys from 14 different GP practices** (there are 27 GP practices in North Kirklees), the results are as follows:

Q1. About you:

Answer Choices	Responses	
I am a GP	64.0%	16
I am a practice nurse / nurse practitioner	8.0%	2
I am a practice manager	20.0%	5
Other (please specify)	8.0%	2
	Answered	25
	Skipped	0

Q2. Which GP practice(s) do you work at?

We had responses back from 14 different practices:

GP practice	Responses	
Albion Mount Medical Practice, Dewsbury and Thornhill	8.0%	2
Batley Health Centre, Batley	4.0%	1
Blackburn Medical Road, Birstall and Birkenshaw	4.0%	1
Brookroyd Surgery, Heckmondwike	24.0%	6
Broughton House Surgery, Batley	12.0%	3
Calder View surgery, Dewsbury	8.0%	2
Greenway Medical Practice, Cleckheaton	4.0%	1
Kirkgate surgery, Birstall	4.0%	1
Mirfield Health Centre, Mirfield	4.0%	1
North Road Suite, Ravensthorpe	4.0%	1
The New Brewery Lane Surgery, Thornhill	4.0%	1
The Paddock Surgery, Thornhill	4.0%	1
Undercliffe Surgery, Heckmondwike	12.0%	3
Windsor Medical Centre, Dewsbury	4.0%	1
	Answered	25
	Skipped	0

Q3. Does your practice provide care in care homes?

Answer Choices	Responses	
Yes	95.83%	23
No	4.17%	1
	Answered	24
	Skipped	1

If Yes, please tell us the name of the care home(s):

21 (84%) respondents provided the names of the care homes that they provide care for. The number of care homes that GP practices provided care for ranged from 1 care home up to 13 care homes for one GP practice.

- Ashmeadows
- Ashworth Grange
- Aston Manor
- Avery Mews
- Batley Hall
- Castle Hall
- Claremont
- Eden Court
- Fieldhead Court
- Fieldhead Park
- Garlands
- Hartshead Manor
- Hawthornes
- Holly Bank Trust
- Holme House
- Hoptan care home
- Hopton cottage
- Ings House
- Kenmore
- Linson Court
- Lydgate Lodge
- Lyndhurst
- Manor Croft
- Newlands Hall
- Oakpark care home
- Priestley care home
- Radcliffe
- Roberttown
- Thomas Owen House
- Wellington Court
- York House

Q4. Do you agree with our idea around proactive / anticipatory holistic assessments and care planning?

Answer Choices	Responses	
Yes	88.9%	16
No	5.6%	1
Don't know	5.6%	1
	Answered	18
	Skipped	7

6 (24%) respondents provided further information to explain their response, the main themes raised were:

- In those homes where this is already happening it works well, and will help to improve patient care, as long as the resources are available.
- Some felt that the insight and continuity provided by the existing named accountable GP is much more valuable for preventative and proactive care than what could be provided by a remote team.

Q5. Do you agree with our idea around end of life care?

Answer Choices	Responses	
Yes	87.5%	14
No	0.0%	0
Don't know	12.5%	2
	Answered	16
	Skipped	9

5 (20%) respondents provided further information to explain their response; the main themes raised were that it is a vital part of care planning, and the patients GP is best placed to co-ordinate the patients care.

Q6. Do you agree with our idea around telehealth?

Answer Choices	Responses	
Yes	50.0%	9
No	27.8%	5
Don't know	22.2%	4
	Answered	18
	Skipped	7

8 (32%) respondents provided further information to explain their response, the main themes raised were:

- Most were unsure if it would work, or how it would work in practice.
- Some felt that telephone consultations, that are already used, worked well and was faster and cheaper than telehealth
- Some felt that the money would be better spent on staff training for the homes and improved staffing to provide care for these patients

Q7. Do you agree with our idea around education?

Answer Choices	Responses	
Yes	83.3%	15
No	5.6%	1
Don't know	11.1%	2
	Answered	18
	Skipped	7

4 (16%) respondents provided further information to explain their response, the comments raised were:

- Fewer visits
- Care home staff should have the appropriate training and qualifications before they are employed to the role.
- I'm not sure I understand what the plans are.
- Would welcome personal support and education, as the standard of information from Care homes often poor, inconsistent.

Q8. Do you agree with our idea around 'one specialised care home practice'?

Answer Choices	Responses	
Yes	55.6%	10
No	16.7%	3
Don't know	27.8%	5
	Answered	18
	Skipped	7

6 (24%) respondents provided further information to explain their response, the comments raised were:

- Some felt that having one practice providing care for all the care homes in North Kirklees would provide an efficient and effective service which all the care homes would welcome. The level of care provided would be standardised and the care homes would have one point of contact as opposed to potentially 28 practices. It would need to be full care including urgent response and the patients no longer registered with core GP.
- There was some question as to how this could be practically implemented, and whether a GP practice that already has a good relationship with a care home could just be allocated that care home. But also if there was a GP practice that has the knowledge, expertise, skills and necessary training to look after more than one care home then they should be encouraged to do so too.
- Some were concerned about taking away patient choice, and depriving patients of existing, valued relationships with GPs, to be replaced with a new GP.

Q9. Do you agree with our idea around ‘one practice per care home’?

Answer Choices	Responses	
Yes	38.9%	7
No	44.4%	8
Don't know	16.7%	3
	Answered	18
	Skipped	7

11 (44%) respondents provided further information to explain their response, the comments raised were:

- There was some support for one practice per care home but most felt that one specialised provider or fewer number of practices to cover all care homes would work better.
- There was concern from a small practice that to cover a large care home in their area would be very demanding. Whereas, another practice welcomed the opportunity to look after more than one care home in its entirety, provided they received the appropriate resources and support. Whilst another practice would not want to do it due to the work load.
- Some were concerned about taking away patient choice, and depriving patients of existing, valued relationships with GPs, to be replaced with a new GP.

Q10. To support the development of care home services, we would like to know which GP practices would be interested in the following:

	Yes		No		Not sure		Total
Being the sole practice for one to two care homes in my cluster	40.0%	6	26.7%	4	33.3%	5	15
Providing care to all care home residents in my cluster	0.0%	0	66.7%	10	33.3%	5	15
Providing care to all care home residents across North Kirklees on behalf of all practices	0.0%	0	80.0%	12	20.0%	3	15
Stop providing care into care homes to enable a more streamlined medical support service	53.3%	8	20.0%	3	26.7%	4	15
Answered							15
Skipped							10

8 (32%) respondents provided further information to explain their response, the comments raised were:

- One practice welcomed the opportunity to look after more than one care home in its entirety, provided they received the appropriate resources and support.
- Some were concerned about taking away patient choice, and depriving patients of existing, valued relationships with GPs, to be replaced with a new GP.
- Some welcomed the idea, as felt that the current system had led to some GP practices being responsible for more care homes than other GP practices.
- One practice welcomed the idea as the time saved by not visiting care homes would enable them to increase the number of appointments in the surgery.
- Some wanted to know how much they would receive if they opted to support more care homes, whilst others wanted to know what the financial impact would be if they chose to no longer provide support for care homes.
- One practice felt that the information provided was misleading as it did not highlight the negative points of the proposed models of working. And others needed more information to enable them to make an informed decision, and assurance that a safe alternative could be provided
- One practice was interested to hear the views of patients and their families on the proposals.

Q11. Please use this space to add any additional suggestions / comments on how we could improve care home provision in North Kirklees

6 (24%) respondents provided further information to explain their response, the suggestions made were:

- To have one provider providing all the care for housebound patients. This would help North Kirklees which is under doctored, and would also help to recruit GPs to North Kirklees as there would be fewer practice visits.
- There was concern that the contract would be awarded to a provider that would not be able to deliver a quality service.
- Suggestion to re-introduce an improved version of the previous Care Home LES.
- Felt the proposal should not have just concentrated on the over 65s and should be extended to include homes such as Kenmore and Hollybank
- Should improve the staffing at care homes

6.3 Feedback from quarterly engagement event

NHS North Kirklees Clinical Commissioning Group (CCG) invited the public and representatives of the voluntary and community sector (VCS) organisations to attend their AGM and engagement event on Wednesday 13th September, 10.00am – 12.00pm at Batley Town Hall.

Eighteen people attended, representing six voluntary and community sector organisations. In addition to representatives from the voluntary and community sector there were also representatives from Patient Reference Groups and Mid Yorkshire Hospitals NHS Trust.

Three facilitated discussion groups took place and notes were taken of each of the discussions. Each group was asked to discuss the following questions:

1. What do you think about the idea of providing regular health and wellbeing reviews and assessments for all care home residents?
2. What do you think about providing telehealth in care homes?
3. What do you think about allocating one GP practice for each care home?
4. We want to improve the experience of people in care homes, what else do you think could be done?

The key themes raised from the discussions are as follows:

What do you think about the idea of providing regular health and wellbeing reviews and assessments for all care home residents?

- There was support for people being reviewed regularly so that problems and issues could be sorted out at an early stage, and will improve quality and the care for people living in care homes. It was suggested that checks should be done on a 6 monthly basis, and to use local pharmacists for helping with medicine reviews
- Consideration needs to be given about those residents who go to care homes for respite for a short period of time
- Criteria should be same for both nursing and residential care homes

What do you think about providing telehealth in care homes?

- Telehealth idea was well supported. Felt that it may be particularly useful when nursing home staff felt out of their depth or unsure about a patients' condition and needed reassurance about next steps.
- Should help to reduce hospital admissions and improve efficiency. There would always be times when a GP needed to attend in person and instances when A&E/admission was the best option however.
- Need one set of records in care home so a staff shift change will still provide them with all information about the contact via telehealth
- People coming in for respite need to be able to share their records

What do you think about allocating one GP practice for each care home?

- Overall felt the idea of one GP per care home was a good one. The ability to develop a relationship with patients and staff, and to be on hand to deal with issues as they arise was seen as beneficial.
- It was recognised that patients often liked to see the same practitioner and some patients may have a 30-40 year relationship with their GP and may be reluctant to change. Continuity of care was very important for some patients so they may not be willing to change GP, it was felt that it should be patient choice.
- There was talk of the impact of this on primary care as very aware that their time/resources are limited. Would practices be able to cope?
- Needs consistency in the care provided in all services, not just in care homes, and all services should be culturally sensitive.

We want to improve the experience of people in care homes, what else do you think could be done?

- Better training and development needed in care homes so that staff didn't escalate issues to A&E but were able to deal with them. Also felt that if primary care support could attend, it would prevent care homes from worrying about a patient to the extent that they felt the need to send to A&E.
- Need to support people when they came out of hospital better/helping them get out sooner.
- Need to improve integration between organisations, especially in terms of funding of services / aids / adaptations
- Services should be patient-centred
- Staff should be representative of the population, and receive cultural awareness training
- A feeling that BME communities are not being heard and assumptions are made about their support needs, such as that extended family will provide care and support, when this is not always the case.
- Improve the quality of care in care homes
- Pharmacists should be talking more to GP practices – helping with the monitoring of medication in care homes and addressing wastage due to excessive prescribing

7.0 Equality

The data has been analysed to understand if the respondents (patient / carer / care home staff) were representative of the local population based on the 2011 Census data and to also understand if there were any trends or differences in responses by particular communities or groups.

It should be noted that as the engagement was focused on care home residents, their families and care home staff, we would not expect the respondents to be representative of the wider local population, and would expect to receive more responses from females and older people. Unfortunately, we do not have data on the profile of care home residents or staff, so are unable to ascertain whether the responses are representative of the staff and residents in the care homes of North Kirklees. However, as the majority of the surveys were collected through visiting care homes, we would expect the sample to be fairly representative of the target audience.

Approximately 19% of survey respondents chose not to complete the equality monitoring form, and some were partially completed.

Sex

From experience of previous surveys we know that women are much more likely to respond to surveys and often take more responsibility for family health, so the increased response rate is somewhat expected.

	Census profile %	Respondents profile %	Differential
Male	49.4%	13.9%	-35.5
Female	50.6%	85.6%	+35.0

Age

	Census profile %	Respondents profile %	Differential
15 and under	20.4%	0.0%	-20.4
16-24	12.0%	7.1%	-4.9
25-44	27.1%	17.3%	-9.8
45-59	19.2%	26.3%	+7.1
60-64	6.1%	5.1%	-1.0
65-74	8.3%	8.3%	0.0
75-84	5.0%	15.4%	+10.4
85 and over	1.9%	20.5%	+18.6

Ethnic group

Just over 1% of respondents did not disclose their ethnicity. The ethnicity of those who did is illustrated below.

It should be noted that:

- White British includes English, Welsh, Scottish, Northern Ireland, British.
- White Other includes Irish, Gypsy or Irish Traveller, any other white groups.
- Asian/Asian British includes Indian, Pakistani, Bangladeshi, Chinese and any other Asian background.
- Mixed/multiple ethnic background includes White and Black Caribbean, White and Black African, White and Asian and other mixed/multiple ethnic background.
- Other ethnic group includes Arab and any other ethnic group.

	Census profile %	Respondents profile %	Differential
White/White British	76.7%	88.9%	+12.2
White other	2.5%	2.92%	+0.42
Mixed/multiple ethnic group	2.3%	1.17%	-1.13
Asian/Asian British	16.0%	4.09%	-11.91
Black/African/Caribbean/ Black British	1.9%	1.16%	-0.72
Other ethnic group: Arab	0.6%	0.6%	0.0

Religion

Almost 2% of respondents did not disclose their religion or belief.

	Census profile %	Respondents profile %	Differential
Christian	53.4%	47.4%	-6.0
Buddhism	0.2%	0.0%	-0.2
Hindu	0.4%	0.0%	-0.4
Judaism	0.0%	0.0%	0
Muslim	14.5%	5.1%	-9.4
Sikhism	0.8%	0.0%	-0.8
Other religion	0.3%	12.2%	+11.9
No religion	23.9%	33.3%	+10.6

Disability

It should be noted that census data collected asks people to identify if their day to day activities are limited a lot or a little, where as our equality monitoring asks people if they would describe themselves as disabled. This data has been combined to create an overall percentage of people that have some level of difficulty with day to day activities.

1% of respondents did not disclose whether or not they had a disability.

	Census profile %	Respondents profile %	Differential
Disability	17.7%	20.74%	+3.04

Carers

	Census profile %	Respondents profile %	Differential
Carers	10.3%	49.1%	+38.8

Lesbian, Gay, Bisexual and Transgender

It should be noted that accurate demographic data is not available for these groups as it is not part of the census collection. The most up to date information we have about sexual orientation is found through the Office of National Statistics (ONS), whose Integrated House Survey for April 2011 to March 2012 estimates that approximately 1.5% of the UK population are Gay/Lesbian or Bisexual. However, HM Treasury's 2005 research estimated that there are 3.7 million LGB people in the UK, giving a higher percentage of 5.85% of the UK population.

Transgender and Trans are an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. One study suggested that the number of Trans people in the UK could be around 65,000 (Johnson, 2001, p. 7), while another notes that the number of gender variant people could be around 300,000 (GIRES, 2008b).

Lesbian, Gay and Bisexual %	Transgender %
3.03%	0%

57% of respondents did not disclose their sexual orientation or transgender status.

Under representation

The survey was carried out among a very specific section of the community: those using or with an interest in care home services. This section highlights what, if any, under representation exists between known demographic profiles and people responding to the survey. Differences between the two of -2.5 or more suggest that underrepresented groups were:

- Males
- People aged 44 and under
- Asian/Asian British

- Christians
- Muslims

It should be noted that females, people aged 45-59 and 75 and over, White/White British, those with 'other' religions or beliefs, or no religion, disabled people and carers were over represented.

Analysis

Analysis has been carried out to understand if there is any difference in the responses to questions by people from protected groups. Caution should be applied due to the survey being aimed at a very specific audience, the number of people who took part, and under/over representation of some groups.

Males

The views of respondents varied in one area: male **family members/carers** were more likely to think one GP practice per care home was a good idea compared to females.

Disability

There were different views in two areas:

- **Telehealth:** Among **care home residents**, those without a disability were more likely to think it was a good idea, compared with those who said they had a disability. **Families/carers** who said they did not have a disability were more likely to think it was a good idea compared to those with a disability.
- **One GP practice per care home:** Among **care home residents**, those without a disability were more likely to say it was a good idea compared to residents with disability. Around half of residents with a disability said they didn't know whether it was a good idea or not. Among **families/carers**, those with disability were more likely to say this was a good idea compared to those without a disability.

8.0 Summary of key themes from existing data and the engagement

The main themes raised from existing data and the engagement are:

8.1 What works well and what could be improved?

The public survey asked for views on what parts of the service worked well and what could be improved. The main themes raised across these questions were:

What works well?

- Most residents and their families / carers felt that the care they received in the care home was good, with many talking highly of the care home staff. They described their care homes as friendly places where they felt looked after. Some people did suggest that the care home staff would benefit from some further training / qualifications.
- Some of the respondents had either not been in the home very long or they had not had reason to need to see a GP or healthcare professional. However, of those people that had been ill most people reported that GPs were called when they were required, and most were happy with the care that they received.
- Some mentioned how their care home received regular visits from GPs, audiology, podiatry, district nurse, dieticians, opticians and dentists. Particular mention was made of the benefit of having a GP visit on a weekly basis to deal with non-urgent problems.
- Reference was made to the change to referrals now being online; one respondent felt that this change had made it more difficult. However, they did value the ability to now be able to refer a patient direct to physio, continence, respiratory without needing to wait for the GP.

What could be improved?

- Many felt that residents should receive regular reviews from their GP to assess their medication, health and wellbeing, and to support the development of a relationship between the resident and GP.
- Residents felt that there needed to be more care home staff in their care home, to allow them to have more one to one time with residents. Some people were concerned that due to staffing and funding issues, some homes were not able to provide a wide range of activities, or spend time with residents. This at times could lead to loneliness and isolation of residents.
- Care home staff requested that GPs undertake their visits at an agreed time, and avoid visiting during meal times as this was very disruptive for both residents and staff.
- Care home staff described how they would like to be able to access clinical advice on an urgent basis to avoid going to A&E.
- Care home staff talked about difficulties they have with ordering medication. They often have missing items / lost prescriptions. They also highlighted that they are unable to order medication online.

8.2 Regular health and wellbeing reviews

There was overwhelming support from the respondents to both the public survey (**89.8%, 167**) and GP practice survey (**88.9%, 16**) for the proposal to introduce regular health and wellbeing reviews. The key themes raised were:

- Most people felt that this was a good idea as regular reviews would highlight any potential health problems that could be tackled sooner rather than later. In those homes where this is already happening it works well, and will help to improve patient care, as long as the resources are available.
- Whilst most patients are already seen on a regular basis for an existing health condition it was felt that regular reviews would ensure that their overall health and wellbeing would be looked at and not just their existing health condition. It would also mean those residents that are generally well are not missed.
- Some residents and their families really welcomed the idea, as for some there was a feeling that once a person moved to a care home little attention was given to their health and wellbeing. Regular reviews would provide residents and their families with the reassurance that they are being cared for.
- Some people wanted reassurance that the person doing the review has the appropriate skills, and knowledge of the resident. There was some concern that it could lead to an increase in the workload of the care home staff.
- It was felt that reviews should include diagnosing of long-term conditions e.g. diabetes or high blood pressure. And where appropriate end of life care planning should start at an early stage. Care plans should be shared with all relevant health professionals to avoid unnecessary attendance at A&E or hospital admission.

8.3 Telehealth

Overall, **72.4% (139)** of respondents to the public survey thought telehealth was a good idea however, when this was analysed by the different groups, **78% (58) of care home staff** thought it was a good idea, **64% (48) of care home residents** and **68% (22) of families / carers**, and **50% (9) of responses from GP practices**. The main themes raised were:

Care home staff

Care home staff were more supportive of the idea and could see the benefits to both GPs, care home staff and residents. In that they would be able to access advice quickly, it would save GP and care home staff time, it would reduce the number of ambulance call outs, visits to A&E and hospital admissions.

Care home staff did query how it would work in practice, and were concerned that their internet connections would not be reliable. And questioned whether they would be able to access it on a tablet / Ipad. They sought reassurance that this wouldn't make it more difficult for them to request a GP visit when appropriate.

Care home residents and their families / carers

Care home residents and their families / carers were concerned about how telehealth would work, and queried whether a diagnosis could be given without a physical examination or being able to do blood pressure checks. Many preferred being able to see a GP face to face especially for an urgent condition.

GP practices

Many were unsure if it would work, or how it would work in practice. Some felt that telephone consultations, that are already used, worked well and was faster and cheaper than telehealth. And that the money would be better spent on staff training and improved staffing for the homes.

8.4 One GP practice per care home

Overall, **58.1% (125)** of respondents to the public survey thought one GP practice per care home was a good idea however, when this was analysed by the different groups, **69% (52) of care home staff** thought it was a good idea, **48% (38) of care home residents** and **56% (18) of families / carers**. The main themes raised were

- Most care home staff felt that it was a good idea, as it would be easier for them to deal with just one GP practice when arranging visits and medication, currently they can contact up to 8 GP practices. This in turn would improve relationships between the care home and GP practice, and improve the quality and continuity of care.
- Some queried as to whether one GP practice would have the capacity to care for all the residents of the care home. They also wanted reassurance that the GP practice they are allocated genuinely wants to provide care to care home residents. Some reported negative experiences with GP practices who they felt didn't wish to care for care home residents.
- There was concern from care home staff, residents and their families as to the possible negative impact it could have on residents if they were no longer able to see their own GP. Many residents have been with the same GP for many years and want to maintain that continuity of care, moving to another GP could cause stress and anxiety for the resident and their family. Many felt that it should be the resident that chooses who their GP is.
- Some residents had already changed their GP when they moved to their care home; they felt that as long as the GP had access to their medical records, was professional, caring and did a good job then it wasn't a problem.

GP practices were asked for their views two different ideas, firstly 'one practice per care home' **38.9% (7)** of GP practices supported this idea, secondly the idea of 'one specialist care home practice' **55.6% (10)** supported this idea.

In the comments provided there was some support for one practice per care home but most felt that one specialised provider or fewer number of practices to cover all care

homes would work better. The level of care provided would be standardised and the care homes would have one point of contact as opposed to potentially 27 practices.

There was some question as to how this could be practically implemented, and some were concerned about taking away patient choice, and depriving patients of existing, valued relationships with GPs, to be replaced with a new GP.

8.5 End of life care

A question around the proposal of good end of life care was only asked in the GP practice survey. Of those that responded, **87.5% (14)** supported the idea. They thought that it was a vital part of care planning, and that the patients GP is best placed to co-ordinate the patients care. **12.5% (2)** didn't know.

8.6 Education

A question around the proposal of education in primary care and care homes was only asked in the GP practice survey. Of those that responded, **83.3% (15)** supported the idea. One respondent disagreed, and **11.1% (2)** didn't know as they didn't understand the plans.

9.0 Conclusion

The engagement process has provided the CCG with the views and suggestions of GP practices, care home staff, residents and their families / carers on the proposals of a Care Home Support Service. These views will be considered as part of the decision making process.

This report will be made publically available and feedback provided to those respondents who have requested it.

We would like to thank all respondents who have given their time to share their views.

Appendix A – Communications and Engagement action plan

Activity	07/08	14/08	21/08	28/08	04/09	11/09	18/09	25/09	02/10	9/10	16/10	23/10	30/10	Nov onwards
Develop surveys														
Sign off surveys, covering letter and CEE plan														
Sign off at SMT														
Healthwatch to develop animation with advice from CCG														
CHC team to provide list of care homes to be visited														
Healthwatch and CHC to gain agreement from care homes to visit homes														
JTT to attend cluster meetings to raise awareness of GP survey														
Develop media release and briefing for OSC														
Start of engagement														
Survey and animation to be uploaded to website														
Email survey and animation to VCS, PRG Networks, People databases, Healthwatch, MPs and other key stakeholders														
Email survey and covering letter to GP practices														
Healthwatch and CHC to														

Activity	07/08	14/08	21/08	28/08	04/09	11/09	18/09	25/09	02/10	9/10	16/10	23/10	30/10	Nov onwards
attend care homes														
Discussion with PEEG at their meeting on 26/09/17														
Discussion at quarterly engagement event on 13/09/17														
Discussion at PRGN on 17/10/17														
End of engagement														
Collation of existing patient feedback														
Analysis of both existing and data from current engagement														
Production of Engagement report detailing key themes / comments raised during the engagement														
Present the report to CCG														
Report uploaded to website and promote next steps														

Appendix B – Public survey



We need your views on health services in care homes in North Kirklees

NHS North Kirklees Clinical Commissioning Group (CCG) is looking at how it can improve the health services that older people receive in care homes. In particular we are thinking about:

- Providing all care home residents with regular health and wellbeing reviews and assessments
- Using technology such as video calls to allow care homes and their residents to get quick and easy access to urgent advice and support from health professionals (Telehealth)
- Identifying one GP practice to support all the residents in a particular care home.

We would like to hear your views about these ideas and have asked Healthwatch Kirklees to help us. We are particularly interested in hearing from anyone with experience of local services including residents and their carers, relatives and friends and care home staff.

We will use your views, experiences and thoughts to help us shape our services for the future.

Please complete and return by **Sunday 22nd October 2017** to the freepost address at the end of the survey. You can also complete the survey online here <https://www.surveymonkey.co.uk/r/CareHomespt>

If you need any more information or would like help in completing this survey please contact Amanjot Aujla Tel: 01924 504938 Email:

Amanjot.Aujla@northkirkleesccg.nhs.uk

About you

1. About you:			
<input type="checkbox"/>	I live in a care home	<input type="checkbox"/>	I am a carer / relative / friend of someone living in a care home
<input type="checkbox"/>	I work in a care home	<input type="checkbox"/>	I work for a VCS organisation that supports people in care homes
<input type="checkbox"/>	Other (please tell us more)		

2. Please tell us the name of the care home(s) where you live / visit / work (you can leave this blank if you wish)

--

About the health care services you currently receive at your care home

3. Which GP practice are you / your relative / friend / the care home registered with? (you can leave this blank if you wish)

--

4. Do you / your relative / friend still see the same GP that you / they saw before you / they moved into the care home?

	Yes		No		Don't know
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5. Thinking about the health care you receive in the care home, what do you think works well?

--

6. Thinking about the health care you receive in the care home, what do you think could be improved?

--

Improvements to health care services in care homes

7. We are thinking about providing regular health and wellbeing reviews and assessments for all care home residents. Do you think this is a good idea?					
	Yes		No		Don't know
Please use this space to explain your answer					

8. We are thinking about providing telehealth in care homes. This is where residents and staff can get quick and easy access to urgent advice and support from health professionals via a video call, instead of requesting an urgent visit by a GP or calling an ambulance.					
Do you think this is a good idea?					
	Yes		No		Don't know
Please use this space to explain your answer					

9a. Currently a number of different GP practices may look after the residents in a care home. We are thinking about allocating one GP practice for each care home. We think this could improve the care of residents, make things simpler for the care home and reduce duplication for GP practices.					
Do you think this is a good idea?					
	Yes		No		Don't know
Please use this space to explain your answer					

9b.If you / your relative/friend had to see a different GP, how would you feel?

10. Please use this space to add anything else you want to say about health care provided in care homes.

11. We want to improve the experience of people in care homes, what do you think could be done?

What kinds of activities would you enjoy? What else would you like to be able to do?

Equality Monitoring Form

In order to ensure that we provide the right services and to ensure that we avoid discriminating against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules. This information will be kept confidential

1. What is the first part of your postcode?

Example	WF17
Yours	

Prefer not to say

2. What sex are you?

Male Female

Prefer not to say

3. How old are you?

Example	42
Yours	

Prefer not to say

4. Which country were you born in?

Prefer not to say

5. Do you belong to any religion?

Buddhism

Christianity

Hinduism

Islam

Judaism

Sikhism

No religion

Other (Please specify in the box below)

Prefer not to say

6. What is your ethnic group?

Asian or Asian British:

Indian

Pakistani

Bangladeshi

Chinese

Other Asian background (please specify)

Black or Black British:

Caribbean

African

Other Black background (please specify)

Mixed or multiple ethnic groups:

White and Black Caribbean

White and Black African

White and Asian

Other mixed background (please specify)

White:

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller

Other White background (please specify)

Other ethnic groups:

Arab

Any other ethnic group (please specify)

Prefer not to say

<p>7. Do you consider yourself to have a disability/impairment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p> <p>Type of disability/impairment: Please tick all that apply</p> <p><input type="checkbox"/> Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using their arms)</p> <p><input type="checkbox"/> Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)</p> <p><input type="checkbox"/> Mental health condition (such as depression or schizophrenia)</p> <p><input type="checkbox"/> Learning disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)</p> <p><input type="checkbox"/> Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)</p> <p><input type="checkbox"/> Prefer not to say</p> <p>8. Are you a carer?</p> <p>Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p>	<p>9 Please select the option that best represents your sexual orientation?</p> <p><input type="checkbox"/> Bisexual (both sexes)</p> <p><input type="checkbox"/> Gay (same sex)</p> <p><input type="checkbox"/> Heterosexual/straight (opposite sex)</p> <p><input type="checkbox"/> Lesbian (same sex)</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Prefer not to say</p> <p>Once completed please return the form by no later than Sunday 22nd October 2017 to</p> <p>FREEPOST RTEJ-AGSA-UAZL NHS North Kirklees CCG 4th Floor Empire House Wakefield Old Road Dewsbury WF12 8DJ</p>
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Thank you for taking the time to complete this form

Appendix C – Equality monitoring data from public survey

Q1. What is the first part of your postcode? e.g. HD1, WF10, BD4, LS13, HX6. If you would prefer not to say, please leave the box blank

Answer Options	Response Percent	Response Count
BD11	6.8%	8
BD19	13.6%	16
DN3	0.8%	1
HD1	0.8%	1
HD3	0.8%	1
HD4	1.7%	2
HD5	1.7%	2
HD6	0.8%	1
HD8	0.8%	1
HX2	0.8%	1
LS27	0.8%	1
WF1	0.8%	1
WF3	0.8%	1
WF4	0.8%	1
WF5	0.8%	1
WF12	17.8%	21
WF13	12.7%	15
WF14	5.9%	7
WF15	5.1%	6
WF16	5.1%	6
WF17	20.3%	24
<i>answered question</i>		118
<i>skipped question</i>		112

Q2. What sex are you?

Answer Options	Response Percent	Response Count
Male	13.9%	26
Female	85.6%	160
Prefer not to say	0.5%	1
<i>answered question</i>		18
<i>skipped question</i>		43

Q3. How old are you? e.g. 42

Answer Options	Response Percent	Response Count
16 and under	0.0%	0
17-25	7.7%	12
26-35	9.0%	14
36-45	9.0%	14
46-55	18.6%	29
56-65	11.5%	18
66-75	9.0%	14
76-85	17.3%	27
86 and over	17.9%	28
<i>answered question</i>		156
<i>skipped question</i>		74

Q4. Which country were you born in?

Answer Options	Response Percent	Response Count
Britain	1.9%	3
England	75.5%	117
Great Britain	1.9%	3
Hong Kong	0.6%	1
Ireland	1.9%	3
Pakistan	0.6%	1
Romania	0.6%	1
Scotland	0.6%	1
Trinidad	0.6%	1
United Kingdom	15.5%	24
<i>answered question</i>		155
<i>skipped question</i>		75

Q5. Do you belong to any religion?

Answer Options	Response Percent	Response Count
Buddhism	0.0%	0
Christianity	47.4%	74
Hinduism	0.0%	0
Islam	5.1%	8
Judaism	0.0%	0
Sikhism	0.0%	0
No religion	33.3%	52
Prefer not to say	1.9%	3
Other (please specify)	12.2%	19
answered question		156
skipped question		74

Q6. What is your ethnic group?

Answer Options	Response Percent	Response Count
Asian or Asian British: Indian	0.0%	0
Asian or Asian British: Pakistani	4.1%	7
Asian or Asian British: Bangladeshi	0.0%	0
Asian or Asian British: Chinese	0.0%	0
Asian or Asian British: Other Asian Background	0.0%	0
Black or Black British: Caribbean	0.6%	1
Black or Black British: African	0.6%	1
Black or Black British: Other Black background	0.0%	0
Mixed or multiple ethnic groups: White and Black Caribbean	0.0%	0
Mixed or multiple ethnic groups: White and Black African	0.0%	0
Mixed or multiple ethnic groups: White and Asian	1.2%	2
Mixed or multiple ethnic groups: Other mixed background	0.0%	0
White: English, Welsh, Scottish, Northern Irish, British	88.9%	152
White: Irish	2.3%	4
White: Gypsy or Irish Traveller	0.0%	0
Other white background	0.6%	1
Arab	0.0%	0
Any other ethnic group	0.6%	1
Prefer not to say	1.2%	2
answered question		171
skipped question		59

Q7. Do you consider yourself to be disabled?

Answer Options	Response Percent	Response Count
Yes	20.7%	28
No	78.5%	106
Prefer not to say	0.7%	1
answered question		135
skipped question		95

Q8. Types of impairment:

Answer Options	Response Percent	Response Count
Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using your arms)	65.4%	17
Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)	11.5%	3
Mental health condition (such as depression or schizophrenia)	7.7%	2
Learning disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	0.0%	0
Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	15.4%	4
Prefer not to say	7.7%	2
answered question		26
skipped question		204

Q9. Are you a carer? Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

Answer Options	Response Percent	Response Count
Yes	49.1%	55
No	46.4%	52
Prefer not to say	4.5%	5
answered question		112
skipped question		118

Q10. Please select the option that best represents your sexual orientation?

Answer Options	Response Percent	Response Count
Bisexual (both sexes)	1.0%	1
Gay (same sex)	0.0%	0
Heterosexual/straight (opposite sex)	83.8%	83
Lesbian (same sex)	1.0%	1
Other	1.0%	1
Prefer not to say	13.1%	13
<i>answered question</i>		99
<i>skipped question</i>		131

Appendix D – GP practice survey

August 2017

Dear Colleague

Re: Exploring a ‘care home support service’ model

NHS North Kirklees CCG has identified the need to improve support into care homes as part of the Frailty programme. We have also been looking at the learning from the care home support service evaluation undertaken by NHS Greater Huddersfield CCG and that of the Enhanced Health in Care Home Vanguard¹. This work has resulted in the development of an outline model of a ‘care home support service’ which includes:

- Proactive/anticipatory holistic assessments and care planning
- Good End of Life Care
- 24 Hour Telehealth
- Education – Primary Care and Care Homes
- Stream-lined medical care provided by general practice

Proactive/anticipatory holistic assessments & care planning: This level of care has been provided by the care home support team in Greater Huddersfield for the last three years, and the service review has demonstrated a very positive impact across the local health system; it also is in line with requirements of the NHS Five Year Forward View, evidence supported by the Kings Fund and the National Vanguard sites.

Good End of Life Care: Development of an MDT approach to proactive/anticipatory care; identifying patients approaching end of life early, agreeing advance care planning and increasing use of the Electronic Palliative Care Co-ordination Systems (EPaCCS) leading to fewer crisis hospital admissions and more importantly care tailored to peoples’ wishes.

Telehealth: This is a rapid access alternative service instead of requesting an urgent visit by a GP, or calling an ambulance. The telehealth service will provide a triage, assessment and advice service 24/7 with a view to avoiding an unplanned hospital admission or attendance.

¹ <https://www.england.nhs.uk/ourwork/new-care-models/vanguards/care-models/care-homes-sites/cc/>.

Education – Primary Care and Care Homes: GP education via close working with consultant geriatrician/Care Home Support team and access to e-consultation. Structured education programme (linked with Care Homes CQC) for care home staff.

Stream-lined reactive medical care provided by general practice: The evidence-base supports streamlining the number of GP practices going into care homes in order to standardise quality of care and reduce duplication. Therefore, we would like to work with practices/Federation to explore the options of either ‘**one specialised care home practice**’ providing all care into care homes or to streamline the number of practices to ‘**one practice per care home**’. Where this has been tried in other areas removal of patient GP choice has been justified by improved quality of care/support.

In order to take the development of a care home support service forward we therefore seek your views on the above.

We will be discussing the suggested model at the August Cluster meetings and also ask that the practice completes the attached survey and returns it to Amanjot.Aujla@northkirkleescg.nhs.uk by 22nd October 2017, alternatively it can be completed online at <https://www.surveymonkey.co.uk/r/CareHomesGP>

We look forward to receiving your responses.

Yours sincerely

David Kelly

Clinical Chair

David.kelly@northkirkleescg.nhs.uk

Julie Oldroyd

Admissions Avoidance Lead

Julie.oldroyd@northkirkleescg.nhs.uk

We need your views on health care services in care homes in North Kirklees

NHS North Kirklees Clinical Commissioning Group (CCG) is currently reviewing the health care services received in care homes for older people in North Kirklees. As part of this review we are looking at:

- Proactive/anticipatory holistic assessments and care planning
- End of life care
- Telehealth
- Stream-lined reactive medical care provided by general practice

We would like to hear the views of GP practices. It is important that we hear from you as your views and ideas will help us shape our services for the future.

Please complete and return by **22nd October 2017** to the freepost address at the end of the survey. Should you wish to complete this form online please go to <https://www.surveymonkey.co.uk/r/CareHomesGP>

1. About you:			
<input type="checkbox"/>	I am a GP	<input type="checkbox"/>	I am a practice manager
<input type="checkbox"/>	I am Practice nurse / nurse practitioner	<input type="checkbox"/>	Other (please tell us more)

2. Which GP practice(s) do you work at (please specify)?

3. Does your practice provide care in care homes?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

If yes, please tell us the name of the care home(s)

Views on our ideas

4.Do you agree with our idea around proactive / anticipatory holistic assessments and care planning?					
	Yes		No		Don't know
Please explain your answer					

5.Do you agree with our idea around end of life care?					
	Yes		No		Don't know
Please explain your answer					

6.Do you agree with our idea around telehealth?					
	Yes		No		Don't know
Please explain your answer					

7.Do you agree with our idea around education?					
	Yes		No		Don't know
Please explain your answer					

8.Do you agree with our idea around 'one specialised care home practice'?					
	Yes		No		Don't know
Please explain your answer					

9.Do you agree with our idea around 'one practice per care home'?					
	Yes		No		Don't know
Please explain your answer					

10. To support the development of care home services, we would like to know which GP practices would be interested in the following:			
My practice(s) would be interested in:	Yes	No	Not sure
Being the sole practice for one to two care homes in my cluster			
Providing care to all care home residents in my cluster			
Providing care to all care home residents across North Kirklees on behalf of all practices			
Stop providing care into care homes to enable a more streamlined medical support service			
Please explain your answer			

11. Please use this space to add any additional suggestions / comments on how we could improve care home provision in North Kirklees

Equality Monitoring

In order to ensure that we provide the right services and to ensure that we avoid discriminating against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules. This information will be kept confidential

<p>1. What is the first part of your postcode?</p> <table border="1"> <tr> <td>Example</td> <td>WF17</td> </tr> <tr> <td>Yours</td> <td></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p> <p>2. What sex are you?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><input type="checkbox"/> Prefer not to say</p> <p>3. How old are you?</p> <table border="1"> <tr> <td>Example</td> <td>42</td> </tr> <tr> <td>Yours</td> <td></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p> <p>4. Which country were you born in?</p> <p><input type="checkbox"/> Prefer not to say</p> <p>5. Do you belong to any religion?</p> <p><input type="checkbox"/> Buddhism</p> <p><input type="checkbox"/> Christianity</p> <p><input type="checkbox"/> Hinduism</p> <p><input type="checkbox"/> Islam</p> <p><input type="checkbox"/> Judaism</p> <p><input type="checkbox"/> Sikhism</p> <p><input type="checkbox"/> No religion</p> <p><input type="checkbox"/> Other (Please specify in the box below)</p> <p><input type="checkbox"/> Prefer not to say</p>	Example	WF17	Yours		Example	42	Yours		<p>6. What is your ethnic group?</p> <p>Asian or Asian British:</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Other Asian background (please specify)</p> <p>Black or Black British:</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Other Black background (please specify)</p> <p>Mixed or multiple ethnic groups:</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Other mixed background (please specify)</p> <p>White:</p> <p><input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p><input type="checkbox"/> Other White background (please specify)</p> <p>Other ethnic groups:</p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other ethnic group (please specify)</p> <p><input type="checkbox"/> Prefer not to say</p>
Example	WF17								
Yours									
Example	42								
Yours									

<p>7. Do you consider yourself to be disabled?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p> <p>Type of impairment:</p> <p>Please tick all that apply</p> <p><input type="checkbox"/> Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using their arms)</p> <p><input type="checkbox"/> Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)</p> <p><input type="checkbox"/> Mental health condition (such as depression or schizophrenia)</p> <p><input type="checkbox"/> Learning disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)</p> <p><input type="checkbox"/> Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)</p> <p><input type="checkbox"/> Prefer not to say</p> <p>8. Are you a carer?</p> <p>Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p>	<p>9. Please select the option that best represents your sexual orientation?</p> <p><input type="checkbox"/> Bisexual (both sexes)</p> <p><input type="checkbox"/> Gay (same sex)</p> <p><input type="checkbox"/> Heterosexual/straight (opposite sex)</p> <p><input type="checkbox"/> Lesbian (same sex)</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Prefer not to say</p> <p>Once completed please return the form by no later than Sunday 22nd October 2017 to</p> <p>Amanjot.Aujla@northkirkleescg.nhs.uk</p>
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Thank you for taking the time to complete this form

Appendix E – Equality monitoring data from GP practice survey

Q1. What is the first part of your postcode? e.g. HD1, WF10, BD4, LS13, HX6. If you would prefer not to say, please leave the box blank

Answer Options	Response Percent	Response Count
BD19	6.7%	1
WF12	6.7%	1
WF13	20.0%	3
WF14	13.3%	2
WF15	6.7%	1
WF16	20.0%	3
WF17	26.7%	4
<i>answered question</i>		15
<i>skipped question</i>		10

Q2. What sex are you?

Answer Options	Response Percent	Response Count
Male	53.3%	8
Female	40.0%	6
Prefer not to say	6.7%	1
<i>answered question</i>		15
<i>skipped question</i>		10

Q3. How old are you? e.g. 42

Answer Options	Response Percent	Response Count
16 and under	0.0%	0
17-25	0.0%	0
26-35	0.0%	0
36-45	33.3%	4
46-55	41.7%	5
56-65	16.7%	2
66-75	0.0%	0
76-85	0.0%	0
86 and over	0.0%	0
Prefer not to say	8.3%	1
<i>answered question</i>		12
<i>skipped question</i>		13

Q4. Which country were you born in?

Answer Options	Response Percent	Response Count
England	15.4%	2
Great Britain	7.7%	1
Nigeria	23.1%	3
UK	7.7%	1
Prefer not to say	38.5%	5
answered question		13
skipped question		12

Q5. Do you belong to any religion?

Answer Options	Response Percent	Response Count
Buddhism	0.0%	0
Christianity	23.1%	3
Hinduism	23.1%	3
Islam	15.4%	2
Judaism	0.0%	0
Sikhism	0.0%	0
No religion	23.1%	3
Prefer not to say	15.4%	2
Other (please specify)	0.0%	0
answered question		13
skipped question		12

Q6. What is your ethnic group?

Answer Options	Response Percent	Response Count
Asian or Asian British: Indian	21.4%	3
Asian or Asian British: Pakistani	14.3%	2
Asian or Asian British: Bangladeshi	0.0%	0
Asian or Asian British: Chinese	0.0%	0
Asian or Asian British: Other Asian Background	0.0%	0
Black or Black British: Caribbean	0.0%	0
Black or Black British: African	0.0%	0
Black or Black British: Other Black background	0.0%	0
Mixed or multiple ethnic groups: White and Black Caribbean	0.0%	0
Mixed or multiple ethnic groups: White and Black African	0.0%	0

Answer Options	Response Percent	Response Count
Mixed or multiple ethnic groups: White and Asian	0.0%	0
Mixed or multiple ethnic groups: Other mixed background	0.0%	0
White: English, Welsh, Scottish, Northern Irish, British	50.0%	7
White: Irish	0.0%	0
White: Gypsy or Irish Traveller	0.0%	0
Other white background	0.0%	0
Arab	0.0%	0
Any other ethnic group	0.0%	0
Prefer not to say	14.3%	2
answered question		14
skipped question		11

Q7. Do you consider yourself to be disabled?

Answer Options	Response Percent	Response Count
Yes	0.0%	0
No	92.9%	13
Prefer not to say	7.1%	1
answered question		14
skipped question		11

Q8. Types of impairment:

Answer Options	Response Percent	Response Count
Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using your arms)	0.0%	0
Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)	0.0%	0
Mental health condition (such as depression or schizophrenia)	0.0%	0
Learning disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	0.0%	0
Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	0.0%	0
Prefer not to say	0.0%	0
answered question		0
skipped question		25

Q9. Are you a carer? Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

Answer Options	Response Percent	Response Count
Yes	0.0%	0
No	93.3%	14
Prefer not to say	6.7%	1
<i>answered question</i>		15
<i>skipped question</i>		10

Q10. Please select the option that best represents your sexual orientation?

Answer Options	Response Percent	Response Count
Bisexual (both sexes)	0.0%	0
Gay (same sex)	0.0%	0
Heterosexual/straight (opposite sex)	64.3%	9
Lesbian (same sex)	0.0%	0
Other	0.0%	0
Prefer not to say	35.7%	5
<i>answered question</i>		14
<i>skipped question</i>		11