

Ageing Well: Urgent Community Response Review

Appendices

Appendix 1 – Learning points for carrying out the survey

We began the project in July 2022 with the aim of completing interviews by mid-September, however service user referrals to Healthwatch were much slower than anticipated and the timeframe was extended to the end of November to complete the service user interviews.

It was initially intended to introduce an element of random selection of the service users by interviewing every fifth referral. However, the level of referrals was so low that this was not possible and every person referred to the survey was interviewed, except for two people who were too unwell to take part.

Difficulties gaining respondents, particularly in the North and East Integrated Area, have led to there being no service user or staff respondents from the North part of the county.

We carried out this survey during a time of unprecedented pressure on NHS services and this, combined with the acuity of people requiring a UCR response, meant that initial referrals to the project were very slow and it has been difficult throughout the course of the project to get service user referrals and also responses from relevant staff. The target number of service user surveys was reached two months late. However, we were able to complete all the 1:1 interviews as planned.

All staff contacted by HC throughout the project have been very supportive and interested in the outcomes. Nevertheless, gaining formal feedback from staff has been challenging with feedback more limited from some areas.

This is not evidence of any unwillingness to participate, but relates to a number of operational and practical reasons:-

- UCR is subject to the same pressures as other NHS services at the moment, and there are staff shortages in some teams, or high levels of staff absence that have impacted on people's availability;
- Some teams and areas are better staffed, and this is reflected in the number of referrals from the Central and West ICA teams in particular;

- When this project was initially planned, UCR was relatively new and there was little information on the number of referrals received and on the acuity of the people using the support. It was up to the practitioners on the ground to decide if a person was competent, fit, able and willing to participate. UCR visits often take place when a person or their carers are in acute distress and feedback from staff on the ground was that they were often reluctant to ask the person or their family to participate in the survey when they were trying to manage acute illness;
- Where carers are interviewed and asked about their experience of support for their loved one, it would be useful to have a separate, supplementary survey to gather more detail;
- The initial plan to interview the staff member directly relevant to each referral proved to be impractical as a few members of staff made multiple referrals to the project.

Appendix 2 – 2021 survey findings and recommendations

What worked well

Patient Perspective	Employee Perspective
Able to address the immediate concern for patients at the time of UCR intervention with high praise for most employees	Timely referrals
Mobility equipment availability & demonstrating techniques	Well stocked mobility equipment stores
Providing interim care	Joint employee visits
Signposting for domestic support (i.e meals on wheels, lifeline)	On hand, inhouse therapists
	Securing care when available

What could be better

Patient Perspective	Employee Perspective
Sourcing and securing ongoing care package	Sourcing and securing ongoing care package
Communicating next steps	More informative referrals
Communicating who has provided the UCR at the time of intervention	Appropriate triage of referrals
Support for carers	Fully resourced teams
Improved discharge	Improved Multi-Disciplinary Team working across the board

Recommendations to support employees in providing an effective UCR and Reablement service

1. GP Profiles on patient to be added to the SERF as standard. This will make more effective use of UCR / Home First time and easily identify patient needs by having access to patient medical history. Additionally, GP's would benefit from further training when completing referrals via SERS. This should also be extended to other services who will be using the SERS in future.
2. Communicate with all GPs the challenges associated with inaccurate or basic referrals, reiterating the importance of a complete SERF and making better use of the SERS Support Guide. Further consideration could be given to introducing compulsory boxes in the software, to ensure information about the patients' current circumstances (i.e living situation, support network etc) is not overlooked.
3. Improve working with Adult Social Care to help monitor care provision, giving patients a more accurate expectation of care availability. Furthermore, it would be beneficial to monitor the number of patients exceeding interim care (six weeks) and consider whether six weeks is long enough, and how extended interim care can be provided where needed.
4. Implement regular reviews and stock checks of equipment stores, ensuring they are adequately stocked. Effective management of equipment will result in fewer delays, supporting patient recovery and time taken to locate and deliver equipment by team members.
5. Check employees' understanding of the criteria for the UCR referrals and provide up to date criteria for employees.
6. Enhanced employee training on the importance of recording data accurately on RIO, even if outside of AW standards, to identify further challenges.
7. Continued CCC training on SERF triage ensuring patients are on the correct pathway for treatment or care.

Recommendations to support patient experience of UCR and Reablement service

1. UCR to leave patient with information card, advising patient (when well enough to process), relative or carer, to include:

- a. Healthcare Professional providing UCR and/or Healthcare Team name
- b. Next steps (follow up required and by whom, time frame of interim care provided)
- c. Reiterate who to call if patient deteriorates
- d. List and provide literature on signposting to other services

This will provide patients and health workers on future interactions with verification of treatment and care provided, supporting continuity of care. It will also allow patients to understand the treatment or care given when they are in a better frame of mind.

2. Review support offered to patients, carers & relatives, ensuring the support offered is effective and goes beyond signposting. Leaving the Age UK Checklist for Carers' [4], with carers would provide more detail on what help they could get, and where.
3. Further consideration should be given to the wider system challenges associated with early discharge from hospital without package of care or information on where patients, carers & relatives can source further support. HC has undertaken extensive research into hospital discharge in the county. Recommendations from previous research remain relevant and can be considered further by referring to these reports:
 - a. Hospital discharge report October 2020
 - b. Delayed Transfers of Care: What it's like for patients and families.

Considerations and thoughts for the future

There are a few aspects of this work we feel are worthy of a note. Preliminary conversations took place with employees prior to the official interviews commencing during which the following points were noted:

- Although there was very little mention throughout the interviews of challenges with communication between teams, preliminary conversations identified it as a barrier to providing efficient care to patients. It was also mentioned there is not a universal understanding of the Ageing Well UCR/Reablement service between district nursing teams, and employees would benefit from regular updates to promote the service internally.

- Consideration should be given to the marketing of UCR/Reablement services for patients when the service delivery has progressed from the pilot phase to the fully operational phase of the programme.
- In an isolated case, an employee raised concerns on a referral that should have been addressed by a GP visit. Employees need to be supported to challenge such referrals, and processes need to be in place to monitor future cases.
- Reviewing the additional ACP provision should help to alleviate staffing concerns around part-time working patterns and adequate cover for annual leave and unplanned sick leave. It will also help to identify further gaps in service provision. It would be helpful to mirror this exercise for the Home First Team, which has previously been mentioned during Aging Well programme meetings. This will ensure effective use of healthcare resources and be conducive to patient recovery.

Appendix 3 – interview questionnaires

Service user questions

The questionnaire was preceded by standard demographic questions.

1. Where and when did you first seek help? [*Explore details of how help was obtained, who responded and in what time to see if they fit in with UCR objectives*]

- GP
- NHS 111
- Care Home
- A&E Departure
- SWASFT (Paramedics)
- Self-Referral
- Community Based Health Care
- Community Based Social Care
- Acute Hospital Ward
- Community Hospital Ward
- MIU

Further comments:

2. Can you tell us more about why you asked for support?
[*Reason for needing UCR*]

- Catheter problems
- Non-fracture falls
- Dementia Crisis
- Loss of self-independence or mobility
- Acutely unwell
- Wound care
- Continence problems
- Palliative or End of Life Care

Other, please specify:

3. Who did you receive support from?

[Explore whether an identity/information card was left as per recommendations from Ph1]

- Enhanced Practitioner
- Community Nurse
- Home First team
- Community Matron
- Physiotherapist/Occupational therapist
- Therapy support worker
- Community response worker
- Not sure
- Other (please specify):-

4. What or who was helpful/what has worked well?

5. Did you feel you received the support you needed?

- Yes
- No
- Not sure

No/Not Sure? Please explain why:

6. What additional help or support would you have liked?

7. Was there anything you would like to have happened differently?

8. Have you/your family felt involved in decision making about your support? [*Explore involvement in different stages of intervention, i.e. assessment and crisis, intermediate, care plans*].

- Yes, I feel fully involved
- Yes, I feel partly involved
- No, I don't feel involved

Partly/No? Please explain :-

9. Were you told about what will happen next in terms of treatment and support?
Select one option.

- Yes
- No

Comments:

10. [*If speaking to a carer, we'd like to know about their experiences of caring for the individual*] How has it been for you caring for [*your relative*]? Are you receiving the support you need to care for them? Is there anything more that would help you to care for [*your relative*]?

- Yes - Fully Supported
- Yes- Partly Supported
- No - Not supported

Comments (please explain what's been helpful and what additional support is needed):

11. Do you know how to access more support if and when you need it?
[Explore whether the recommendations from Ph1 re signposting and packages of support/onwards care have been implemented]

- Yes
- No
- Not Sure

Comments (please specify):

12. Overall, how does your recent intervention compare to previous experiences?

- Significantly better
- Slightly better
- The same
- Slightly poorer
- Significantly poorer

Comments:

Consent - Healthwatch Cornwall will own, process and report on the data collected, in line with General Data Protection Regulations (25 May 2018)

1. Story as is, with consent to provide their name/Personal Identifiable Info (PII) (if name etc requested by PALS for example)
2. Story as is, but without their name/PII with the agreement their story may still be identifiable based on the detail of events/info
3. Story anonymously, which may result in a summary, which removes the detail and provides a themed version
4. Is this patient/carer willing to be contacted to participate in a film/ audio recording **Y/N** (do not ask if they have asked to be anonymous).

Staff questions

The following questions have been co-produced with the Ageing Well project team.

1. Can you tell us how this person was referred to you for Urgent Community Response?

- GP
- NHS 111
- Care Home
- A&E Departure
- SWASFT (Paramedics)
- Self-Referral
- Community Based Health Care
- Community Based Social Care
- Acute Hospital Ward
- Community Hospital Ward
- MIU

Further comments:

2. Did the referral detail everything you needed to know about the person prior to attending?
[Explore communications between teams on patient pathway]

- Yes
- No

Why? Please give details:

3. Were you able to respond to the person comfortably within 2 hours/48 hours?

- Yes
- No

Why? Please give details:

4. What was the urgent crisis need of the person?

- Catheter problems
- Non-fracture falls
- Dementia Crisis
- Loss of self-independence or mobility
- Acutely unwell
- Wound care
- Continence problems
- Palliative or End of Life Care

Other, please specify:

5. Did you consider this an appropriate referral?

- Yes
- No

Why? Please give details:

6. Do you feel the person is getting the help and support they need? [*Explore what more would you like to do? Is there anything that you often think “if only we could do x for our clients, it would make a difference”?*]

- Yes
- No

Why? Please give details:

7. What or who has been helpful? What has worked well in responding to the person's urgent crisis need?

8. What additional factors would have helped you deliver the support?

9. Were you able to involve the person/family/carers in decision-making about their support?

- Yes
 No

Please give details:

10. Were you able to advise the person what will happen next in terms of their treatment?

- Yes
 No

Please give details:

11. What signposting do you offer to people to enable them to access more support and healthcare if they need it?

12. Overall, do you feel you were able to treat the person with an Urgent Care Response visit?

Reminders for interviewer

- I have checked the person/carers/staff sentiment by reading back the answers they have given, at the end of the interview.
- Please ensure the consent is completed at the end of the interview.

Consent - Healthwatch Cornwall will own, process and report on the data collected, in line with General Data Protection Regulations (25 May 2018)

5. Story as is, with consent to provide their name/Personal Identifiable Info (PII) (if name etc requested by PALS for example)
6. Story as is, but without their name/PII with the agreement their story may still be identifiable based on the detail of events/info
7. Story anonymously, which may result in a summary, which removes the detail and provides a themed version
8. Is this patient willing to be contacted to participate in a film/ audio recording Y/N (do not ask if they have asked to be anonymous).

Appendix 4 – Online surveys

Staff online survey

The survey below was accompanied by standard demographic questions.

1. Your contact details:-

Answer Choices		Response Percent	Response Total
1	Your name:	100.00%	10
2	Your role:	100.00%	10
3	Locality:	100.00%	10

3. Experience of Urgent Care Response (UCR):

2. Can you tell us how people are usually referred to you for Urgent Community Response?

Answer Choices		Response Percent	Response Total
1	GP		
2	NHS 111		
3	Care Home		
4	A&E Departure		
5	SWASFT (Paramedics)		
6	Self Referral		
7	Community Based Health Care		
8	Community Based Social Care		
9	Acute Hospital Ward		
10	Community Hospital Ward		
11	MIU		

Comments:

3. Do referrals usually detail everything you needed to know about the person prior to attending?

Answer Choices		Response Percent	Response Total
1	Yes		
2	No		

Please explain why:

2. Can you tell us how people are usually referred to you for Urgent Community Response?

4. Are you able to respond to the person comfortably within 2 hours/48 hours?

Answer Choices		Response Percent	Response Total
1	Yes		
2	No		
Please explain why:			
1			

5. What are the urgent crisis needs you deal with? (Please select all that apply)

Answer Choices		Response Percent	Response Total
1	Catheter problems		
2	Non-fracture falls		
3	Dementia Crisis		
4	Loss of self independence or mobility		
5	Acutely unwell		
6	Wound care		
7	Continence problems		
8	Palliative or End of Life Care		
9	Other (please specify):		
Other (please specify):			

6. Are the referrals you receive generally appropriate for UCR?

Answer Choices		Response Percent	Response Total
1	Yes		
2	No		
Please explain why:			

7. What or who has been helpful? What works well in responding to people's urgent crisis need?

Answer Choices		Response Percent	Response Total
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7. What or who has been helpful? What works well in responding to people's urgent crisis need?

1	Open-Ended Question		
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8. What additional factors would help you deliver the support?

Answer Choices		Response Percent	Response Total
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1	Open-Ended Question		
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9. Are you able to involve the person/family/carers in the decision-making about their support?

Answer Choices		Response Percent	Response Total
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1	Yes		
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2	No		
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Please explain why:

10. Are you able to advise the person what will happen next in terms of their treatment?

Answer Choices		Response Percent	Response Total
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1	Yes		
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2	No		
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Please explain why:

11. What signposting do you offer to people to enable them to access more support and healthcare if they need it?

Answer Choices		Response Percent	Response Total
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Please explain:

12. Is there anything else you would like to add about your role in the Urgent Community Response?

Answer Choices		Response Percent	Response Total
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1	Open-Ended Question		
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Ageing Well Phase 2 GP Survey

1. Your name

Answer Choices		Response Percent	Response Total
1	Open-Ended Question		

2. Name of practice:

Answer Choices		Response Percent	Response Total
1	Open-Ended Question		

3. Integrated Care Area

Answer Choices		Response Percent	Response Total
1	North		
2	East		
3	West		
4	Central		

3. Experience of Urgent Care Response (UCR):

4. How would you normally contact the Urgent Community Response?

Answer Choices		Response Percent	Response Total
1	Direct to the team office/a specific member of staff		
2	Local Point of Access (LPOA or CCC)		
3	Other (please specify):		
Other (please specify): (0)			
Comments:			

5. What are the reasons you would normally refer to UCR?

Answer Choices		Response Percent	Response Total
1	Catheter problems		
2	Non-fracture falls		
3	Dementia Crisis		
4	Loss of self independence or mobility		
5	Acutely unwell		
6	Wound care		
7	Continence problems		
8	Palliative or End of Life Care		
9	Other (please specify):		
Other (please specify): (1)			
Comments: (2)			

6. 3. When you refer to UCR, what or who was helpful/what has worked well?

Answer Choices		Response Percent	Response Total
1	Open-Ended Question		

7. What additional factors would have helped you deliver the support?

Answer Choices		Response Percent	Response Total
1	Open-Ended Question		

8. Did you feel you received the support you needed?

Answer Choices		Response Percent	Response Total
1	Yes		
2	No		
Please explain why:			

9. Was there any additional help or support would you have liked?

Answer Choices		Response Percent	Response Total
1	Yes		
2	No		
Please explain why: (2)			

10. Was there anything you would like to have happened differently?

Answer Choices		Response Percent	Response Total
1	Open-Ended Question		

11. Do the practitioners who carry out the UCR visits inform you of the outcome?

Answer Choices		Response Percent	Response Total
1	Yes		
2	No		
3	Not sure		
Comments: (3)			

4. Consent:

12. Consent - Healthwatch Cornwall will own, process and report on the data collected, in line with General Data Protection Regulations (25 May 2018). If you have shared any specific stories here, would you be happy for them to be shared:- (select one)

Answer Choices		Response Percent	Response Total
1	I consent to sharing my story as is, with consent to provide name/personal identifiable information [if name etc. requested by PALS]		
2	I consent to sharing my story as is, but without name/personal identifiable information		
3	I consent to sharing my story anonymously. I understand this may result in a summary which removes all detail and provides a generic, themed version of my story.		

13. Would you be willing to be contacted to participate in a film/audio recording? [Do not ask if they have asked to remain anonymous]

Answer Choices		Response Percent	Response Total
1	Yes		
2	No		

Healthwatch Cornwall

6, Walsingham Place

Truro

Cornwall

TR1 2RP

www.healthwatchcornwall.co.uk

t: 01872 273501

e: enquiries@healthwatchcornwall.co.uk

  [@HWCornwall](https://www.facebook.com/HWCornwall)

[Facebook.com](https://www.facebook.com)



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Cornwall