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

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

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

SECTION 1. Nursing homes
a) (i) Total number of Nursing Homes in your PCT

(iii) Total number of beds in all homes

b) Of these, how many homes are run by
   (i) NHS
   (ii) BUPA
   (iii) Elizabeth Finn Trust
   (iv) Other independent organisation/s
   (v) Please state name/s of other independent organisation/s

SECTION 2. Resources
a) Number of RN's involved in RNCC determinations
   Please send list of names, addresses and telephone numbers

b) What grade and type of nurses are carrying out determinations? Please tick all relevant
   (i) F grade
   (ii) G grade
   (iii) E grade
   (iv) consultant nurse
   (v) CPN
   (vi) LD
   (vii) MH
   (viii) Other Please state

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

d) Annual budget for RN determinations
   (i) Training £
   (ii) Travel £
   (iii) Other budget relating to determinations £
   (iv) Please state purpose of other budget

SECTION 3. Training
a) In addition to RCNN tool what current training is provided for RN's undertaking RNCC determinations? Please tick all that apply
   (i) DOH training
   (ii) Regional training
   (iii) PCT training
   (iv) Other please state provider

b) Average number of formal training hours per RN

c) Is there provision for certification for RN's
   (i) No (GO TO SECTION 4)
   (ii) Yes

d) Who provides certification? Tick all that apply
   (i) DOH
   (ii) Region
   (iii) PCT
   (iv) Other please state provider
SECTION 4. Determinations

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

a) Total number of RNCC determinations undertaken in this period

b) Did all existing self-funding residents have RNCC determination carried out?
   □ Yes   □ No   □ Don't know

c) Number of residents in each banding following determination
   (i) Low band   □□□□   (ii) Medium band   □□□□   (iii) High band   □□□□   (iv) Continuing care   □□□□

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

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

e) Number of RNCC determinations
   (i) Total undertaken in this period   □□□□   (ii) Total completed before admission to a home   □□□□

f) Number of residents in each banding following determination
   (i) Low band   □□□□   (ii) Medium band   □□□□   (iii) High band   □□□□   (iv) Continuing care   □□□□

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

h) Do you have systems in place to ensure that individuals receive their assessment and appropriate information before they are actually admitted to a home?
   □ Yes   □ No   □ Under development

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

a) How many continence assessments have taken place?

b) Number of residents requiring continence aids


c) Number of continence aids in relation to bandings
   (i) Low band   □□□□   (ii) Medium band   □□□□   (iii) High band   □□□□   (iv) Continuing care   □□□□

d) Which of the following does the PCT do in relation to specialist equipment aids?
   □ (i) supply aids to the home   □ (ii) pay a fee to the home   □ (iii) supply aids plus pay a fee to the home

e) How many specialist equipment assessments have taken place?

f) Number of residents requiring specialist equipment


g) Number of specialist equipment aids in relation to bandings
   (i) Low band   □□□□   (ii) Medium band   □□□□   (iii) High band   □□□□   (iv) Continuing care   □□□□

h) Please list types of specialist equipment provided (one per box)

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</table>

Other equipment
SECTION 6. Quality assurance of RNCC determinations

a) How is quality assurance managed? *Tick all that apply*
- [ ] (i) Spot checks of RN bandings
- [ ] (ii) Monthly audit using DoH audit tool
  If using audit tool what was the start date? [ ] / [ ] (Month/Year numeric)
- [ ] (iii) Other *please state* ___________________________

b) Is there consistency of decisions made across the range of bandings in your PCT?
- [ ] Yes  [ ] No  [ ] Don't know

*Please would you send us a copy of any consistency analyses you have undertaken. Thank you.*

SECTION 7. Confidence in RNCC tool

What is your level of confidence in the following?  

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<tr>
<td></td>
<td>Very high</td>
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<tr>
<td>a) RNCC tool to achieve correct banding</td>
<td>5</td>
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<tr>
<td>b) Banding agreement by residents/relatives</td>
<td>5</td>
</tr>
<tr>
<td>c) Banding agreement by nursing home staff</td>
<td>5</td>
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</table>

d) Have any changes been made to the RCNN tool documentation?
- [ ] No  [ ] Yes *if Yes please send a copy of any changes*

e) How are banding decisions made?
- [ ] (i) Always on documentation evidence plus meeting with resident *GO TO SECTION 8*
- [ ] (ii) Sometimes on documentation evidence only
- [ ] (iii) Always documentation evidence only

f) If on documentation evidence only is this due to lack of time?
- [ ] Yes  [ ] No

g) Other reason for documentation evidence only *Please state* ___________________________

SECTION 8. Appeals

How many appeals have been raised against RNCC banding decisions?
*If none please enter 0*

a) 1st October 2001 to 31st March 2002 [ ] [ ]

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

c) Number of appeal outcomes rebanded for 1st October 200 to 31st March 2002
  - (i) Higher [ ]
  - (ii) Lower [ ]
  - (iii) No change [ ]

d) Number of appeal outcomes rebanded for 1st April 2002 to 30th June 2002
  - (i) Higher [ ]
  - (ii) Lower [ ]
  - (iii) No change [ ]

e) How are appeals resolved? *Tick all that apply*
- [ ] (i) Re-determination by co-ordinator who is also lead nurse
- [ ] (ii) Re-determination by co-ordinator  [ ] (iii) Re-determination by lead nurse
- [ ] (iv) Re-determination by other person/s please state job title ___________________________
- [ ] (v) Other method, Please describe ___________________________
f) Are original RN assessors present at any stage of the appeal process?
   □ No  □ Yes  □ Sometimes

g) Is there any system of RN retraining following appeals procedures?
   □ No  □ Yes  □ Sometimes

SECTION 9. Your perception of relationships between the NHS (RNS carrying out determinations) and nursing homes

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<td>a) RNs and senior personnel in homes</td>
<td>5  4  3  2  1</td>
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<tr>
<td>b) RNs and nursing care staff in homes</td>
<td>5  4  3  2  1</td>
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<tr>
<td>c) NHS budget managers and senior personnel in homes</td>
<td>5  4  3  2  1</td>
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d) How are relationship problems identified? *Tick all that apply*
   □ (i) Routine RN documentation review
   □ (ii) Established RN reporting system
   □ (iii) Other please state

e) How are relationship problems resolved? *Tick all that apply*
   □ (i) RN (re) training
   □ (ii) Co-ordinator/lead nurse intervention
   □ (iii) Other please state

SECTION 10. This questionnaire was completed by. *Please tick as appropriate*
   □ (i) Co-ordinator who is also lead nurse  □ (ii) Co-ordinator  □ (iii) Lead nurse
   (iv) In my PCT:  □ There is 1 post  □ There are 2 posts

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

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THANK YOU FOR YOUR HELP.

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

Carol Davies, CHESS, WBS, University of Warwick, Coventry CV4 7AL
NHS FUNDED NURSING CARE: RN QUESTIONNAIRE

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

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

SECTION 1. Nursing homes
a) Total number of Nursing Homes in which you carry out RNCC determinations
   (i) NHS homes  [ ]  (ii) BUPA homes  [ ]  (iii) Elizabeth Finn Trust homes  [ ]
   (iv) Other independent/s  [ ]

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

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

SECTION 2. Training
a) What is your nursing grade and type? Tick all relevant
   [ ] (i) F grade  [ ] (ii) G grade  [ ] (iii) E grade  [ ] (iv) consultant nurse
   [ ] (v) CPN  [ ] (vi) LD  [ ] (vii) MH
   [ ] (viii) Other Please state ___________________________

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

c) Who provided your training? Tick all that apply
   [ ] (i) DOH  [ ] (ii) Region  [ ] (iii) PCT  [ ] (iv) Other please state provider ___________________________

d) Who provided certification? Tick all that apply
   [ ] (i) No-one  [ ] (ii) DOH  [ ] (iii) Region  [ ] (iv) PCT
   [ ] (v) Other please state, provider ___________________________

SECTION 3. Determinations

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

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

b) Did all existing self-funding residents have RNCC determination carried out?
   [ ] Yes  [ ] No  [ ] Don't know

c) Number of residents in each banding following determination
   (i) Low  [ ]  (ii) Medium  [ ]  (iii) High  [ ]  (iv) Continuation care  [ ]

d) How many residents who were assessed were ineligible for banding?  [ ]  [ ]
For new residents assessed between 1st April 2002 - 30th June 2002

e) RNCC determinations you undertook for new residents in this period
   (i) Total undertaken  
   (ii) Total completed before admission to a home  

f) Were any self-funding residents requiring RNCC determination omitted for any reason?  Yes  No

g) Number of residents in each banding following determination
   (i) Low  
   (ii) Medium  
   (iii) High  
   (iv) Continuing care  

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

i) How long, on average, does one determination take? Hours

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

a) How many continence assessments have you undertaken?

b) Number of residents requiring continence aids

c) Number of continence aids in relation to bandings
   (i) Low band  
   (ii) Medium band  
   (iii) High band  
   (iv) Continuing care  

d) How many assessments have you undertaken for specialist equipment aids?

e) Number of residents requiring specialist equipment aids

f) Number of specialist equipment aids in relation to bandings
   (i) Low band  
   (ii) Medium band  
   (iii) High band  
   (iv) Continuing care  

g) Please list types of specialist equipment aids provided (one per box)

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Other equipment

SECTION 5. Confidence in RNCC tool

What is your level of confidence in the following?  

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<th>2</th>
<th>Very low</th>
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<tr>
<td>a) RNCC tool as a means of establishing correct banding</td>
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<tr>
<td>b) Banding agreement by residents/relatives</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>c) Banding agreement by nursing home staff</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>d) How would you rate ease of use for the RNCC tool?</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
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<td>e) Who monitors the determinations?  Tick all that apply</td>
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   (i) Coordinator who is also lead nurse
   (ii) Coordinator
   (iii) Lead nurse
   (iv) No-one
   (v) Other please state job title
f) How often does monitoring take place? *Tick all that apply*
   - Weekly
   - Monthly
   - Other *please state how often* ________________

  g) Please tell us about any changes made to the RCNN tool documentation, if none GO to question (i) in this section.
     (i) Changes agreed by PCT  - No  - Yes (please send a copy of any changes whether or not agreed)

  h) If there have been changes to RCNN tool who suggested the changes? *Tick all that apply*
     - Coordinator
     - Lead nurse
     - RNs
     - Other *please state* ________________

  i) Do you agree with the annual time scale for RNCC determinations?
     - Yes
     - No  - Any comments? ________________

  j) Are there clear protocols for re-determination of residents due to change of nursing requirements?
     - Yes
     - No  - don't know  - under development

  k) Would you ever band a resident higher or lower than the outcome of the RNCC tool suggests?
     - No  *GO TO QUESTION (l) IN THIS SECTION*

     - If Yes  *Please tick only one as appropriate*
       (i) Always
       - Sometimes

     *Please state reason/s* ________________

  l) How are banding decisions made?
     - (i) Always on documentation evidence plus meeting with resident  *GO TO SECTION 6*
     - (ii) Sometimes on documentation evidence only
     - (iii) Always on documentation evidence only

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

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

**SECTION 6 Appeals**

a) How many appeals have been raised against RNCC banding decisions made by you?
   *If none please enter 0*
   (i) October 2001 to 31st March 2002 ________________
   (ii) 1st April 2002 to 30th June 2002 ________________

b) How are appeals resolved? *Tick all that apply*
   - Re-determination by co-ordinator
   - Re-determination by lead nurse
   - Re-determination by other person/s *please state job title* ________________
   - Other method, *Please describe* ________________

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

d) If there have been appeals on any of your determinations have they maintained your original banding?
   - Not applicable no appeals  *GO TO SECTION 7*
   - Always
   - Sometimes
   - Never
e) Please state number of appeals outcomes banded
   (i) Higher □ □ □ □ □
   (ii) Lower □ □ □ □ □
   (iii) No change □ □ □ □ □

f) Is there staff training following appeals procedure
   □ No    □ Yes    □ Sometimes

SECTION 7. Quality assurance of RNCC determinations

a) How is this managed?  Tick all that apply
   □ (i) Spot checks of RN bandings
   □ (ii) Monthly audit using DoH audit tool
       If using audit tool what was the start date? □ □ □ □ □ (Month/Year numeric)
   □ (iii) Other please state ___________________________

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

   PLEASE CIRCLE ONE NUMBER

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<td>a) RNs and senior personnel in homes</td>
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<td>4</td>
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<tr>
<td>b) RNs and nursing care staff in homes</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>c) NHS budget managers and senior personnel in homes</td>
<td>5</td>
<td>4</td>
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</table>
| d) How are relationship problems identified?  Tick all that apply
   □ (i) Routine RN documentation review
   □ (ii) Established RN reporting system
   □ (iii) Ad hoc intervention on a complaint
   □ (iv) Other please state ___________________________

| e) How are relationship problems resolved?  Tick all that apply
   □ (i) RN (re) training
   □ (ii) Co-ordinator/lead nurse intervention
   □ (iii) Other please state ___________________________

SECTION 9. Problems with determination process

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

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

   (i) Lack of training □
   (ii) Lack of time for the determinations □
   (iii) Lack of patient care documentation in nursing homes □
   (iv) Lack of care plans in nursing homes □
   (v) Lack of support/co-operation from senior managers in Nursing Homes □
   (vi) Lack of support/co-operation from nursing care staff in Nursing homes □
   (vii) Lack of understanding by Nursing Home staff of the RNCC tool/process □
   (viii) Lack of relative involvement □
c) Other possible problems Please state

SECTION 10. Improvements to the determination process

a) Are there any (other) changes you would like to make to the RNCC tool to improve the process of banding?
   □ No □ Yes please describe below

b) Could the determination system be improved for RNs?
   □ No □ Yes please describe below

c) Are there any other issues and challenges for RNs carrying out determinations?
   □ No □ Yes please describe below

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

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<td>Initial</td>
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<td>Surname</td>
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<td>Telephone</td>
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THANK YOU FOR YOUR HELP

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

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

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Dear Colleague

NHS Funded Nursing Care in Care Homes

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

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

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

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

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

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

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

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

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

Thank you very much for your help.

Yours sincerely

[Signature]
Alison Kitson
RCN

[Signature]
Carol Davies
University of Warwick
e) Have your Nursing Homes charges changed following introduction of NHS Funded Nursing Care, if yes please indicate:
   (i) increasing charges □   (ii) decreasing charges □

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

   PLEASE CIRCLE ONE NUMBER

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   a) Senior personnel in homes and NHS budget managers
   b) Senior personnel in homes and NHS Staff
   c) Nursing care staff in homes and NHS Staff

   d) Are there any relationship problems in the following areas? Tick all that apply
      (i) Determination process of banding □
      (ii) Receipt of payments □
      (iii) Other □ please state

   e) How are any relationship problems resolved?
      Please state

4. Appeals

   How many appeals have been raised against RNCC banding decisions in your Nursing Home?
   If none please enter 0

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

   c) Between 1st October 2001 to 31st March 2002 number of appeal outcomes rebanded.
      (i) Higher □□□□□ (ii) Lower □□□□□ (iii) No change □□□□□

   d) Between 1st April 2002 to 30th June 2002 number of appeal outcomes rebanded
      (i) Higher □□□□□ (ii) Lower □□□□□ (iii) No change □□□□□

   e) In the appeals process, are any care home staff involved?
      (i) No □ (ii) Yes □
      If Yes please state job title

   f) Are original RN assessors present at any stage of the appeal process?
      No □ Yes □ Sometimes □ Don't know □
INSTRUCTIONS: PLEASE TICK OR ENTER A NUMBER WHERE ASKED (ENTER 0 IF 'NONE').

1. Determinations

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

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

b) Did all existing self-funding residents have RNCC determination carried out?
   Yes ☐  No ☐  Don't know ☐

c) Number of residents in each banding following determination

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

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

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

   ☐

e) Number of residents in each banding following determination

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

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

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

b) Number of residents requiring continence aids

   ☐

c) Number of residents in each banding requiring continence aids

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

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

   ☐

e) Number of residents requiring specialist equipment

   ☐

f) Number of residents in each banding requiring specialist equipment

   (i) Low band  ☐  (ii) Medium band  ☐  (iii) High band  ☐  (iv) Continuing care  ☐
g) Please list main types of specialist equipment provided by NHS Funding (One per box)

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<td>9</td>
</tr>
</tbody>
</table>

3. Determination outcomes

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

PLEASE CIRCLE ONE NUMBER

Always | Never
---|---
5 | 4 | 3 | 2 | 1

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

(i) No ☐   (ii) Yes ☐

(iii) If Yes please state how

____________________________

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

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

4. Confidence in RNCC tool

What is your level of confidence in the following?

PLEASE CIRCLE ONE NUMBER

Very high | Very low
---|---
5 | 4 | 3 | 2 | 1

a) RNCC tool to achieve correct banding

b) Banding agreement by residents/relatives

c) Banding agreement by nursing home staff

d) How are banding decisions made?

(i) Always on documentation evidence plus RN meeting with resident ☐   IF YES, PLEASE GO TO Q5
(ii) Always on documentation evidence plus meeting with nursing home staff ☐
(iii) Sometimes on documentation evidence plus meeting with nursing home staff ☐
(iv) Sometimes on documentation evidence only ☐
(v) Always documentation evidence only ☐

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

f) Other reason for documentation evidence only Please state

__________________________

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

(i) Spot checks of RN bandings □
(ii) Routine review of RN documentation □
(iii) Don’t know □
(iv) Not measured as far as I know □
(v) Other □ please state ____________________________

6. Improvements

From your perspective what would facilitate the process of RNCC determinations in nursing homes? Tick all that apply

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