



Consultation on proposals to improve older people's healthcare and adult community service

Research Findings

June 2014

Prepared for Cambridgeshire & Peterborough CCG





Table of Contents

1. Key Findings	1
2. Introduction	3
1.1 Background	3
1.2 Methodology.....	3
1.3 Statistical significance	4
3. Views on changes.....	6
4. Views on Cambridgeshire and Peterborough CCG's vision	7
5. Proposals for use of services for older people	10
6. Proposals for organising care around the patient	11
7. Proposals for delivering seamless care.....	12
8. Proposals for supporting older people to stay independent	13
9. Proposals for reducing emergency hospital admissions, re-admissions and long stays in hospital.....	14
10. Proposals for end of life care	15
11. Final thoughts	16
12. Profile of those who responded	17
Appendix A – Questionnaire	19



1. Key Findings

Support for changes

Overall, 80% of respondents are supportive of the reasons for changes to improve older people's healthcare and adult community services across Cambridgeshire, Peterborough and those parts of Northamptonshire and Hertfordshire included within the CCG's catchment area.

Cambridgeshire and Peterborough CCG's vision

The vast majority of respondents agree that the CCG's vision for more patients to be supported to remain independent will be successful (88%). A similar proportion agrees with the vision to improve community and 'out of hospital' services and better planning and communication will be successful (87% and 84% respectively). Around three quarters of respondents agree that the vision for more joined up care will be a success (74%).

Use of services for older people or adults with long term conditions

Just over a third (35%) of those responding to the consultation either use the services for older people or adults with long term conditions themselves or currently care for someone who uses the services.

Organising care around the patient

Patients and carers being involved in making plans for their health and community care is seen as the most important aspect of organising care around the patient (29%). This is closely followed by named care co-ordinators and support services from a team of professionals (28%). The least important aspect of care around the patient is specialist support only being provided when needed (48% say this is least important to them).

Delivering seamless care

A single point of access contact centre operating 24/7 staffed by nurses or professionals with links to expert advisors is by far the most important aspect of delivering seamless care to respondents (40%). Partnerships with organisations providing everyday living support to older people and people with long term conditions is seen to be the least important aspect of seamless care (33% of respondents say this is least important to them), followed by having a single electronic records system that all professionals providing care can access with the patient's consent (28%).

Supporting older people to stay independent

Focus on prevention making sure those aged 65 plus have access to information and services that will help keep them well is the most important aspect of care to support older people to stay independent (41%). The least important service to support independence is the use of technology, such as Skype and Telehealth, to provide support for people with long term conditions (some 40% of respondents suggest this is the least important aspect of supporting older people to stay independent).



Reducing emergency hospital admissions, re-admissions & long stays in hospital

Half (50%) of respondents believe providing a 24/7 urgent care system that can send a team to the patient to both assess and treat at home is the most important service to help reduce hospital admissions.

End of life care

The need to provide local specialist nurses and 24-hour support for patients and carers is seen as the most important aspect of end of life care (43%).

2. Introduction

1.1 Background

C&P CCG is the organisation responsible for commissioning (planning and buying) healthcare services for people in the Cambridgeshire and Peterborough area. It has made improving services for Older People a priority. At the heart of delivery is the aim of improving patient experience and community care, as well as seeking to reduce unplanned admissions to hospital.



The CCG is proposing to support investment in community services, improving the way in which services are delivered and changing the funding approach.

The CCG is therefore seeking new lead provider(s) of such services. These new provider(s) will both offer services for older people, and be responsible for coordinating care for older people. Their remit will include responsibility for patients who have to be admitted to hospital as an emergency, older people with mental illness and end of life care. The contract will also include provision of some adult community services.

Cambridgeshire and Peterborough Clinical Commissioning Group's (CPCCG) Governing Body has endorsed a recommendation from its Older People's Programme Board to launch a public consultation to gather views on proposals for improving healthcare, which were put forward in January by organisations taking part in the Integrated Older People's Pathway and Adult Community Services procurement.

This report details the main findings from a short questionnaire which was sent to 50,000 Cambridgeshire and Peterborough residents to gather feedback on the consultation proposal and the options available.

1.2 Methodology

The questionnaire was designed by **mruc**, an independent market research company, with input from CPCCG. The questionnaire covered views on the future of older people's services in Cambridgeshire and Peterborough. **mruc** made various recommendations to the survey design to ensure the questions asked were specifically focused on the consultation, and fitted with design criteria in terms of questionnaire length. **mruc** also considered the questionnaire from the perspective of a respondent, to ensure that it was relevant, to the point and did not ask questions that were beyond the objectives of the research. Therefore a decision was made to remove some demographic questions which were felt to be beyond the requirements to fulfil the objectives of the consultation.

A decision was also taken to remove 'prefer not to say' options within the demographic questions as this is usually reflected by the respondent choosing not to respond to the question. Proactively including this option could, in our experience, encourage this response.

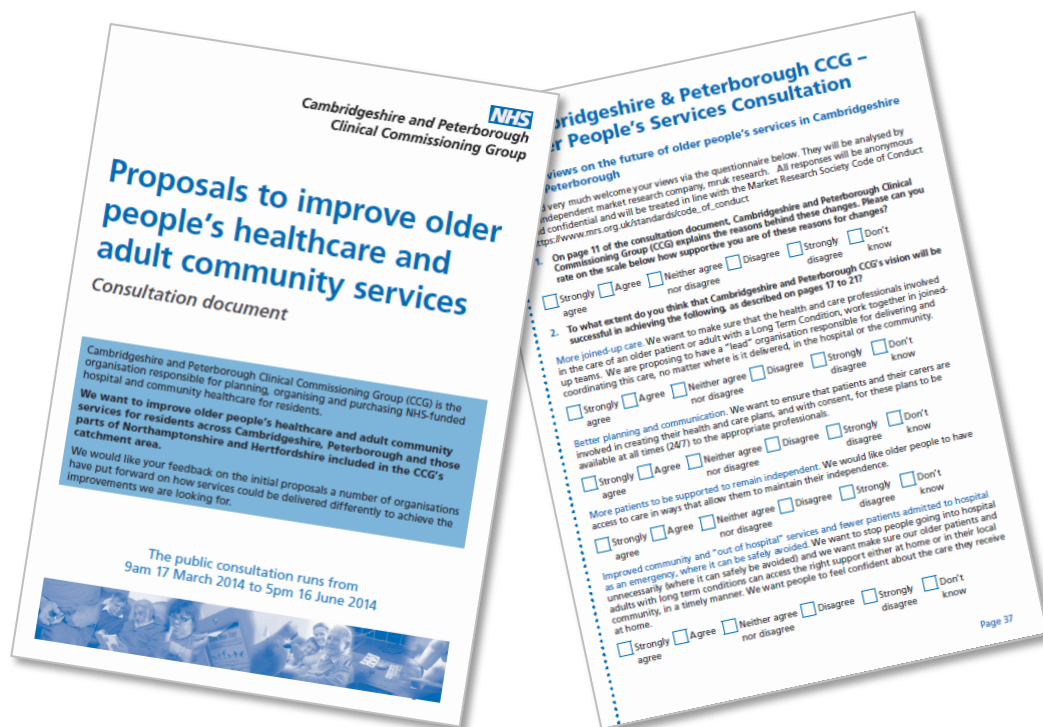
We also recommended that importance questions should have one option for most important and one option for least important. If respondents were allowed to select all options which were important to them, the results would not give an indication of priorities as invariably (especially when considering sensitive services such as health) most or all criteria are considered important.

A copy of the consultation questionnaire can be found as an appendix.



50,000 packs were sent out to residents of Cambridgeshire and Peterborough during the consultation by CPCCG. The pack included the consultation questionnaire and a free-post return address. The consultation survey was also available to complete online.

An additional telephone booster survey was also conducted by **mrug** research to ensure that all groups within the community were represented. Therefore, this report details the findings from 892 postal questionnaires, 751 telephone surveys and 186 web surveys.



In some cases question responses add up to more than 100%. In the case where figures are slightly over this total, this is likely to be due to rounding.

1.3 Statistical significance

The margin of error is a statistic expressing the amount of random sampling error in a survey's results. The larger the margin of error, the less confidence one should have that the poll's reported results are close to the "true" figures; that is, the figures for the whole population. Margin of error occurs whenever a population is incompletely sampled (in other words in almost all quantitative market research). The margin of error can be defined for any desired confidence level, but usually a level of 95% is used. This level is the probability that a margin of error around the reported percentage would include the "true" percentage.

The sample design for a survey, and in particular its sample size, determines the magnitude of the margin of error. A larger sample size produces a smaller margin of error, all else remaining equal. For a given sample size, the margin of error is effectively zero if the measured value is 0% or 100% and is greatest when the measured value is 50%.



The table below can be used as an indication of when differences in response (for the same, dependent, population as shown within many of the charts) are statistically significant:

Sample size	Difference between two results for response to be significant		
	Where results are 10% or 90%	Where results are 30% or 70%	Where results are 50%
750	+/- 4%	+/- 6%	+/- 8%
1,600	+/- 3%	+/- 4%	+/- 5%
1,800	+/- 2%	+/- 4%	+/- 5%

Any differences in response between sub-populations (e.g. by age or gender) are only commented on where differences are statistically significant.



3. Views on changes

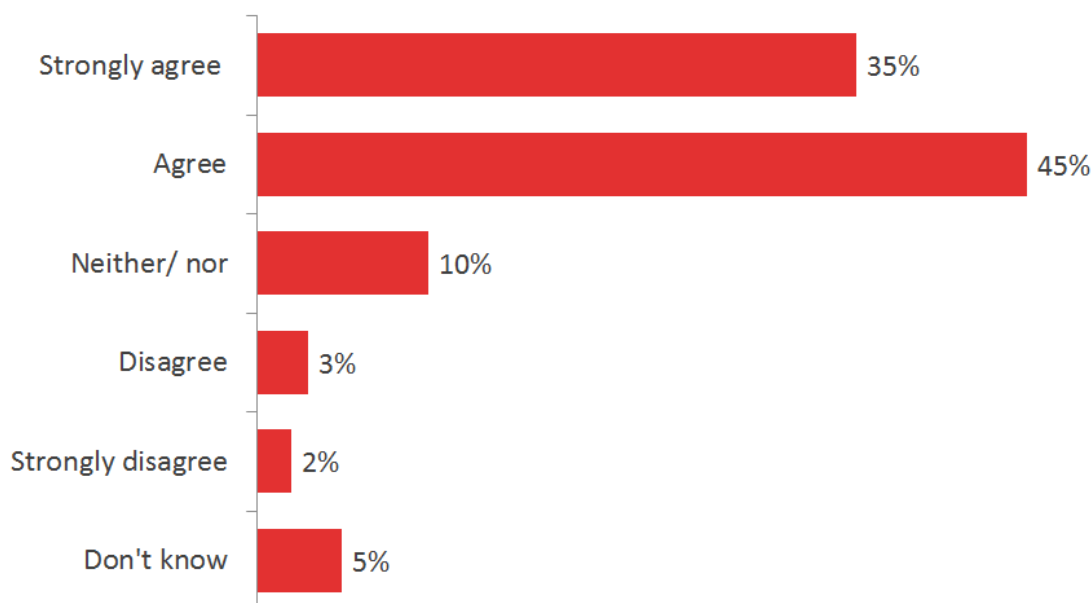
80%

are supportive
of the reasons
for changes

Respondents are supportive of the reasons for the changes that Cambridgeshire and Peterborough CCG have outlined in the consultation document (80%), with 35% agreeing strongly. Overall only 5% of respondents disagree with the reasons.

Women are significantly more likely to agree with the changes than men (82% of women vs 76% of men), as are the over 60s compared to younger age groups (82% of those aged 60 to 74 years and 81% of those aged 75 years or over compared to only 74% of respondents aged between 30 and 44 years).

Figure 1. On page 11 of the consultation document, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) explains the reasons behind these changes. Please can you rate on the scale below how supportive you are of these reasons for changes?



Base: All respondents who answered (1810)

Q Ref: Q1

Source: **mrk** research



4. Views on Cambridgeshire and Peterborough CCG's vision

88%

agree the CCG's vision will be successful in achieving more patients being supported to remain independent

There is strong support for all of Cambridgeshire and Peterborough CCG's visions, with the vision of 'having more patients being supported to remain independent' generating the greatest support (88% of respondents are in agreement). A similar proportion of respondents are also in agreement that 'the CCG's vision for improved community and 'out of hospital' services will be successful' (87%). 'Better planning and communication' is supported by 84% of respondents. Around three quarters (74%) also agree with 'the CCG's vision for more joined-up care'.

Agreement over 'success of joined-up care' increased with age, from 60% of those aged between 16 and 29 years to 81% of those aged 75 or over. The same is true for agreement over 'better planning and communication': with 74% of those aged 16 to 24 years agreeing compared to 89% of those aged over 75.

95% of the over 75s believe in the 'success of achieving more patients being supported to remain independent'. This is significantly higher than those aged between 16 and 29 years where only 78% believe this will be successful. This significant difference in age is also true for 'achievement in improving community and out of hospital services', with 92% of those aged over 75 believe in its success which is significantly more than 76% of those aged between 16 and 24 years.

There is a stark difference between the support given for all elements of the vision by the over 60s compared to those aged below 30 years, with the older generation having more confidence that the CPCCG will achieve its vision when compared to the younger generation. Older people are more confident of success than the younger generation.

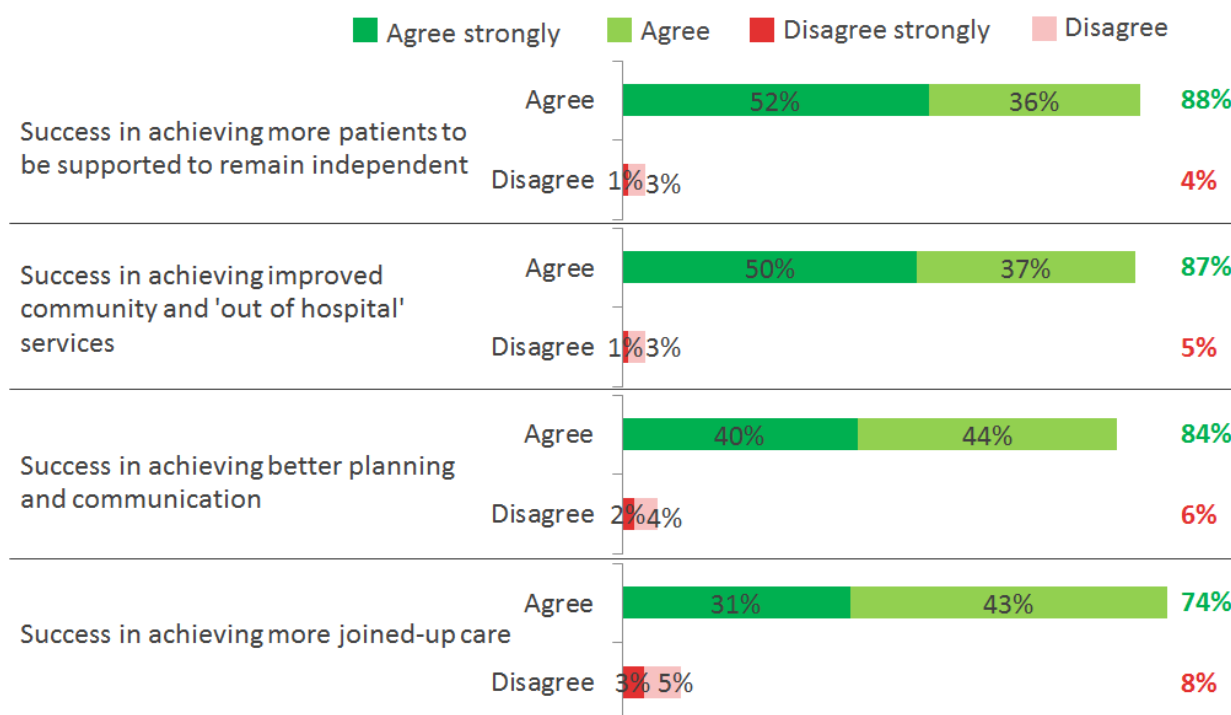
Not surprisingly, respondents who are in agreement with the reasons for change overall are also more likely to agree with the success of each of the vision statements than those who do not agree with the overall reasons for change.

87%

Support the CCG's vision for improved community and 'out of hospital' services



Figure 2. To what extent do you think that Cambridgeshire and Peterborough CCG's vision will be successful in achieving the following, as described on pages 17 to 21?



Base: All respondents who answered (1817)

Q Ref: Q2

Source: **mr**ruk research

Respondents could provide additional unprompted views on the proposals. Around a quarter of those respondents making additional comments about the CCG's vision are positive towards the proposals.

"It all sounds good. It's nice to know that things are being put into place for older people."

"I do strongly agree that we should try and get more care in the community."

"I support [the vision] I think everybody has a right to decide what they want to do."

"I think it is a good thing, I'm an older person, if one person looks after my care it's got to be better."



The main reason for not supporting the CPCCG in its vision is the belief that the proposals will not work or that they may be difficult to implement.

"All of the proposed changes are amazing, I just do not think there is any chance of getting it done."

"I think the key thing is that they can only succeed if health and social care is joined with healthcare."

"I believe that mental health provision is a poor area especially for older people, I don't believe there is any proper care provided for both long term and short term conditions of mental health. I hope the CCG's vision includes mental health care."

"There needs to be a bigger push to stop going to hospital and be treated in the local community."

"It is all great but how would they be implementing that? It's something that's been discussed for a long time but it's the question of implementation and how it will be."

"I presume the idea is that they want to work together, I think they don't communicate. The communication between the two systems is very poor."

"Their vision is admirable but they don't seem to know how to put it into practice, I've worked for the last 27 years in care homes for vulnerable and older people, I have seen end results of what they're trying to do, it's not working. They're not supplying the care and support needed."

"I think it's a good vision but I'm a little bit bothered about who would provide and organise the care in the CCG, I wouldn't like to see it go out into the private sector, because I feel some of the organisations that would be bidding for it would re-organise it far too much, for the simple fact that they would be wanting to save some money and all the care wouldn't be done to how the CCG would describe it."

Other comments from respondents include themes around:

- Providing more community-based clinics and local clinics providing services
- More integration of services and a single point of access for services
- The current system working well as it is, and no need for change
- Additional funding required to provide adequate services
- The need for better communication



5. Proposals for use of services for older people

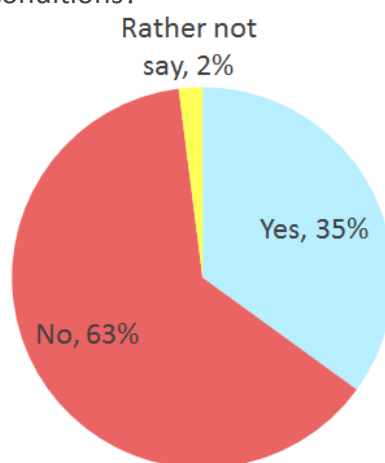
35%

use services
for older
people either,
themselves or
someone they
care for

The majority of respondents (63%) do not use services for older people or care for someone who does. Those aged between 45 and 59 years are most likely to care for someone who uses these services (46%) whilst those aged between 16 and 29 years are least likely (21%).

Those who are supportive of the reasons for the changes overall are less likely than those not supportive to be using or to care for someone using services for older people (35% and 48% respectively).

Figure 3. Do you or someone you care for use services for older people or adults with long term conditions?



Base: All respondents who answered (1829)

Q Ref: Q3a

Source: mruk research

Those currently using older people's services, or who care for someone who does, were able to provide additional unprompted comments about the service. Over a quarter of those making comments (27%) said they have no complaints about the service and are satisfied with the services they receive.

"My husband gets excellent care. He was a kidney dialysis patient and he's now had a transplant and he's been passed over to cardiac department and he's had excellent care."

"My mother isn't treated as an older person when she is in the hospital and that is why she has been so satisfied with the care she has received. She has a condition that not only older people have and she is included in with all the others that have the same condition. I think if she was using geriatric services, then she wouldn't have received as good care."

Other key themes to emerge include the importance of communication, the need for some services to be improved and praise for staff and carers.



6. Proposals for organising care around the patient

29%

believe
involvement
of patients
and carers in
making plans
for their
health and
community
care is most
important

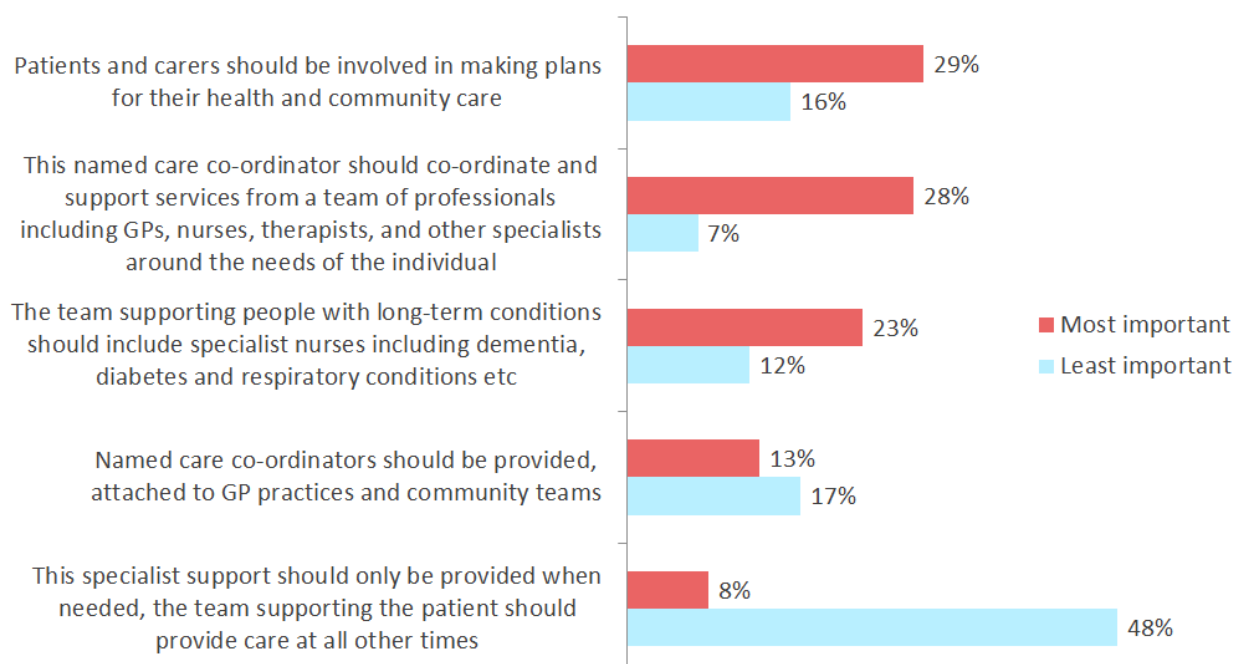
Respondents were asked to choose the most important and least important aspect of organising care around the patient from a list of options.

Some 29% of respondents believe that it is most important for 'patients and carers to be involved in making plans for their health and community care'. This is more important for women (31%) than men (26%). Furthermore, 28% believe that 'named care-coordinators should co-operate and support services from a team of professionals' and this is particularly important to the over 60s (32%) when compared to younger respondents aged between 16 and 29 years (16%).

Fewer than a quarter of respondents feel that the most important aspect of care is the inclusion of 'specialist nurses within the team supporting people with long term conditions' (23%). This is more important to younger respondents aged 16 to 29 years (38%) than older respondents aged over 75 years (17%).

The least important aspects to respondents include 'named care co-ordinators within GP practices and community teams' (13% saying it was most important) and 'specialist support being provided when needed' (8% saying it was most important). For this latter statement, almost half of respondents said this was least important (48%).

Figure 4. We would like you to read the following statements about organising care around the patient and tell us which is the most important to you and which is the least important to you.



Base: All respondents who answered (1579)

Q Ref: Q4

Source: **mrk** research



7. Proposals for delivering seamless care

40%

suggest a single point of access contact centre that is open all the time is most important to them

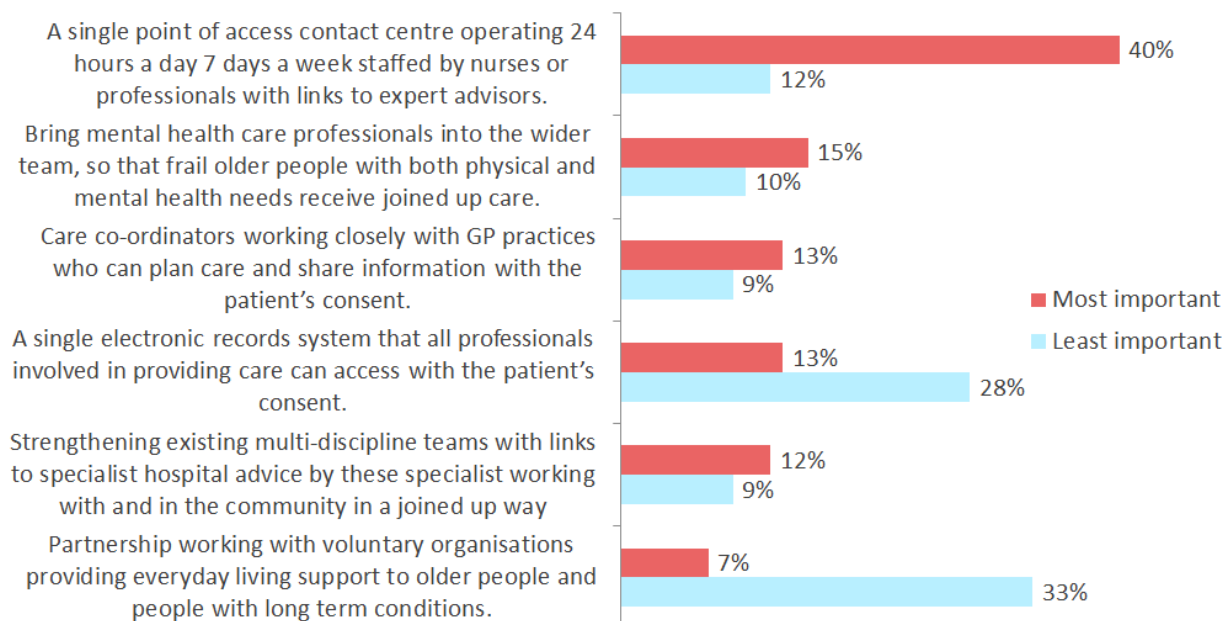
In delivering seamless care, respondents suggest that having a 'single point of access contact centre that is open 24 hours a day' is the most important aspect (40%). Men consider this to be more important than women (43% and 38% respectively), while respondents aged over 75 years (46%) consider it to be more important than those aged between 30 and 44 years (30%). This is also more important for those who use older people's services, or care for someone who uses services (42%) than those who don't (36%).

Importance of other aspects are broadly comparable, with 15% of respondents believing that 'bringing mental health care professionals into the wider team' is most important. 15% also feel that 'care co-ordinators and GPs should work closely' is most important while the 'provision of a single electronic records system' was most important to a further 13%.

When asked to identify the least important aspect among those listed, a third (33%) of respondents mention 'partnership working with voluntary organisations' closely followed by having a 'single electronic records system' (28%).

Some 39% of respondents aged between 60 and 74 years consider 'partnerships with voluntary organisations' as least important (39%) when compared to 24% of those aged 16 to 29 years.

Figure 5. We would like you to read the following statements about delivering seamless care and tell us which is the most important to you and which is the least important to you.



Base: All respondents who answered (1619)

Q Ref: Q5

Source: **mrug** research



8. Proposals for supporting older people to stay independent

Focusing on prevention is seen to be most important amongst

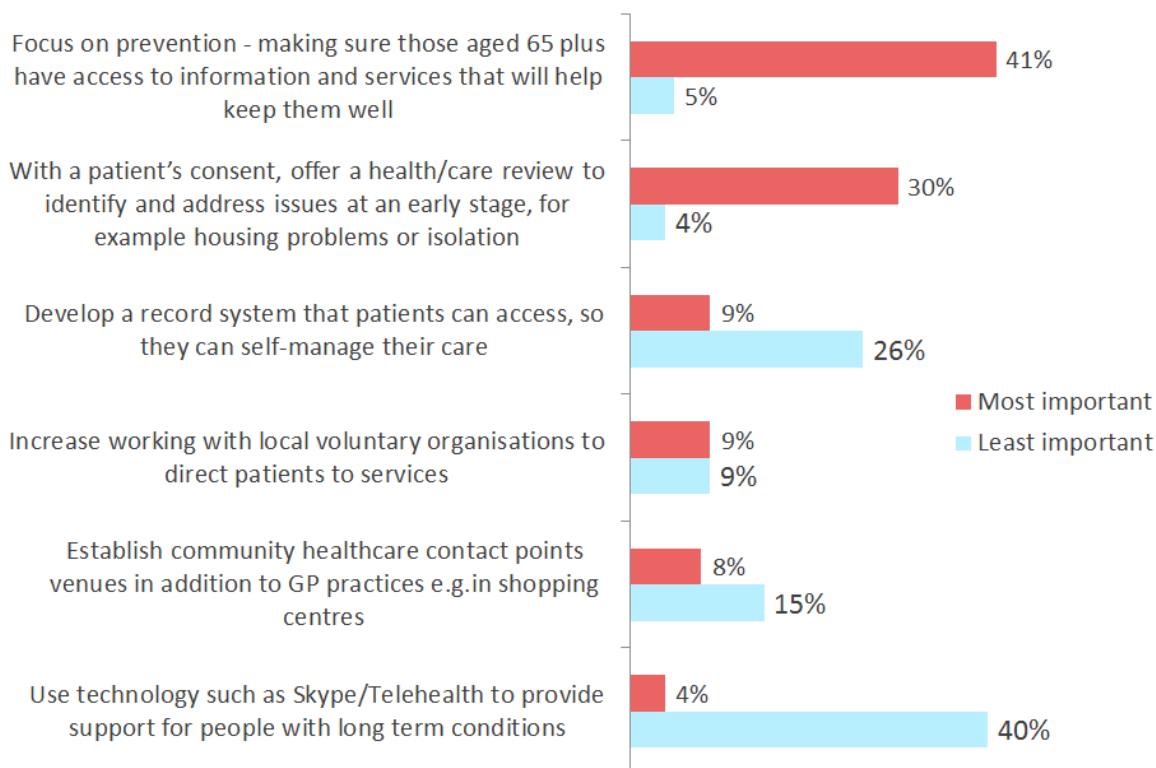
41%

For 41% of respondents, 'focusing on prevention and making sure that those aged 65 or over have access to information and services' is the most important factor in supporting older people to stay independent. Men (45%) are more likely to give this response than women (38%), as are those aged 75 plus (46%) when compared to those aged between 30 and 44 years (34%).

Three in ten respondents feel a 'health care review is most important to support independence' (30%), with 30 to 44 year olds expressing higher levels of support than older respondents aged over 75 years (37% and 23% respectively).

Some 40% of respondents suggest the use of technology, such as Skype and Telehealth, is the least important service to support older people staying independent. This is followed by a 'record system that patients can access'; with around a quarter of respondents saying that this is least important to them (26%).

Figure 6. We would like you to read the following statements about supporting older people to stay independent and tell us which is the most important to you and which is the least important to you.



Base: All respondents who answered (1633)

Q Ref: Q6

Source: **mr**ruk research



9. Proposals for reducing emergency hospital admissions, re-admissions and long stays in hospital

Providing a 24 hour in-home urgent care is seen to be most

important amongst

50%

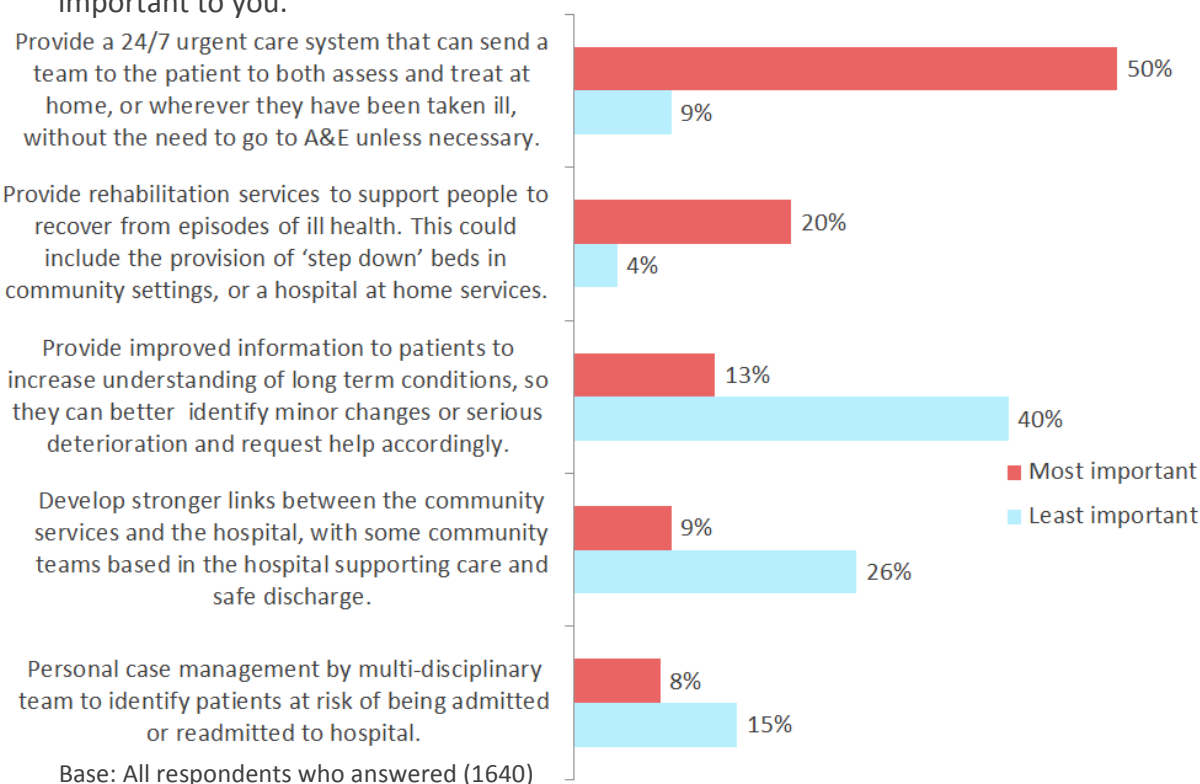
To reduce emergency hospital admissions, re-admissions and long stays in hospital, half of respondents feel that providing a '24-hour in-home urgent care system' is most important (50%). respondents over 60 are more likely to see this as the most important aspect (53%) when compared to those aged between 30 and 44 years (44%).

'Providing rehabilitation services' is believed to be important to a fifth of respondents (20%), while 13% of respondents suggest 'improved information to patients' is most important.

'Improved information' is the least important statement amongst 30% of respondents. Around a fifth (19%) of younger respondents aged 16 to 29 years say this is the least important service aspect to them compared to some 37% of older respondents aged between 60 and 74 years who specifically say this is least important. Women are also more likely than men to say that the least important aspect of reducing emergency hospital admissions and re-admission is 'improved information' (32% and 27% respectively).

'Personal case management by multi-disciplinary teams' is seen to be least important to 23% of respondents, and 'stronger community links' with the hospital to 22% of respondents.

Figure 7. Thinking about reducing emergency hospital admissions, re-admissions & long stays in hospital, tell us which is the most important to you and which is the least important to you.



Base: All respondents who answered (1640)

Q Ref: Q7

Source: **mr**ruk research



10. Proposals for end of life care

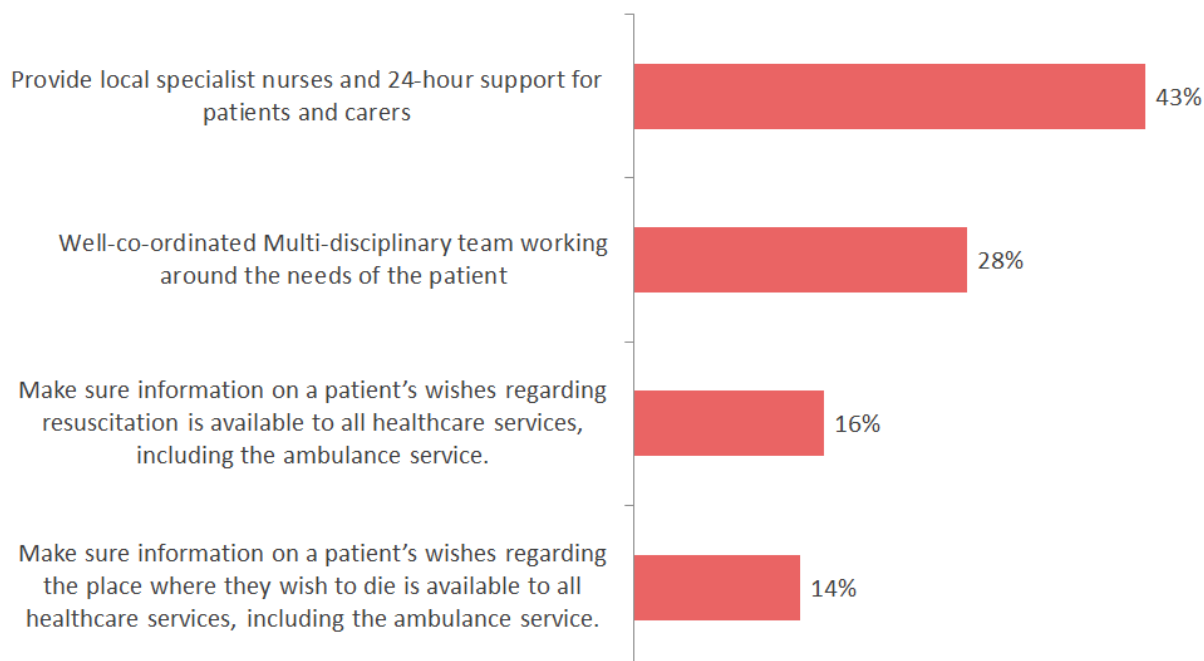
43%

suggest 24
hour support
is most
important

When it comes to end of life care some 43% of respondents believe that 'providing local specialist nurses and 24-hour support' is most important. 'Well-co-ordinated multi-disciplinary team-working' is also seen to be the most important aspect of end of life care for 28% of respondents.

While the majority of respondents see 'making sure information on the patient's wishes' as less important, there is an age difference in response, with 21% of those aged 75 years and over believing the 'availability of information regarding resuscitation' to be most important (compared to only 11% of respondents aged 45 to 59 years). Those aged between 16 and 29 years are more likely to suggest 'information on patients' wishes regarding the place where they die' is most important when compared to older respondents, aged over 45 years (21% and 13% respectively).

Figure 8. Thinking about end of life care, tell us which is the most important to you.



Base: All respondents who answered (1664)

Q Ref: Q8

Source: **mr**uk research



11. Final thoughts

12%

Chose to spontaneously highlight their favour towards the proposals

When asked for any final thoughts on the older people's services in Cambridgeshire, favourable comments towards the new proposals dominate the additional comments. While not everyone who completed the survey chose to make a final comment, of those that did comments were very varied. 12% spontaneously chose to highlight their favour towards the proposals and 10% of respondents praise the current service. More respondents than this may be in favour of the proposals but they have not chosen to comment on this here. Around specific aspects of the proposals, it is the provision of community-based and local clinics providing more services that generate the most responses to this question.

Figure 9. Do you have any final thoughts or comments for Cambridgeshire and Peterborough CCG with regard to older people's services? Most common final thought comments shown



Base: All respondents who answered (764)

Q Ref: Q9

Source: **mrug** research

"Cambridgeshire is hugely growing with population, more money and more provision needs to be available. There are only five urgent care services in the whole of Cambridgeshire, I think definitely need more 111 urgent care places, definitely more provision this would keep more people out of hospital."

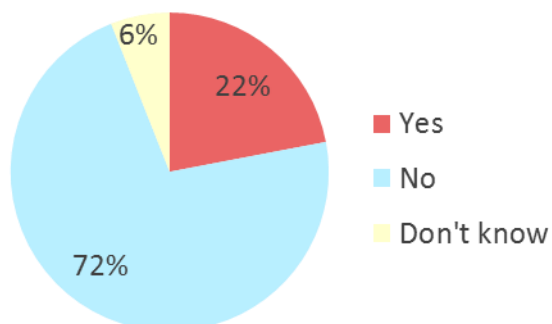
"Old people need access to a doctor when they need it. We struggle to book doctor's appointments for my 92 year old mother in law. If they need to see a doctor, it needs to be today, not in a week's time"

"Every effort should be undertaken to ensure services outside hospital are available and prioritised and that an A&E admission is not the first port of call"



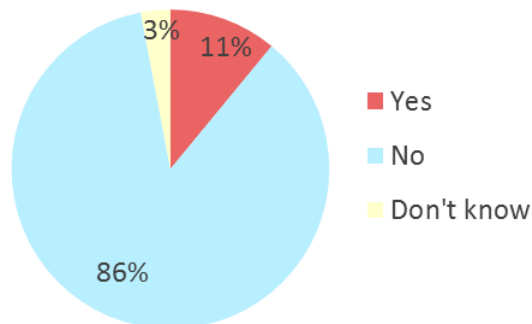
12. Profile of those who responded

Figure 10. Are you or any of your close family, users of older people's services provided by the CCG?



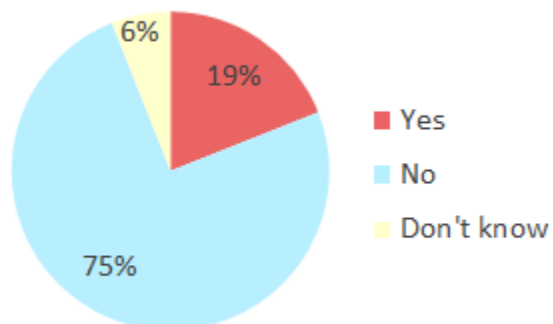
Base: All Respondents who answered (1783)
Q Ref: Q10a
Source: **mr**uk research

Figure 11. Are you a carer for anyone who uses older people's services provided by the CCG?



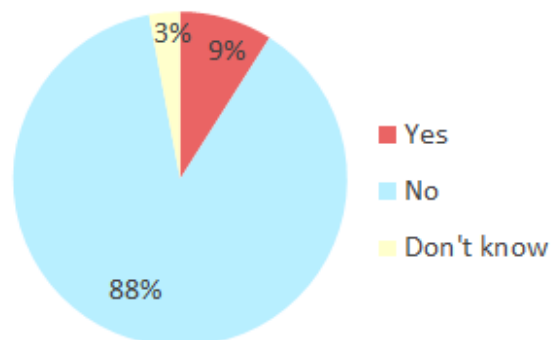
Base: All Respondents who answered (1782)
Q Ref: Q10b
Source: **mr**uk research

Figure 12. Are you or any of your close family, users of adult community health services provided by the CCG?



Base: All Respondents who answered (1776)
Q Ref: Q10c
Source: **mr**uk research

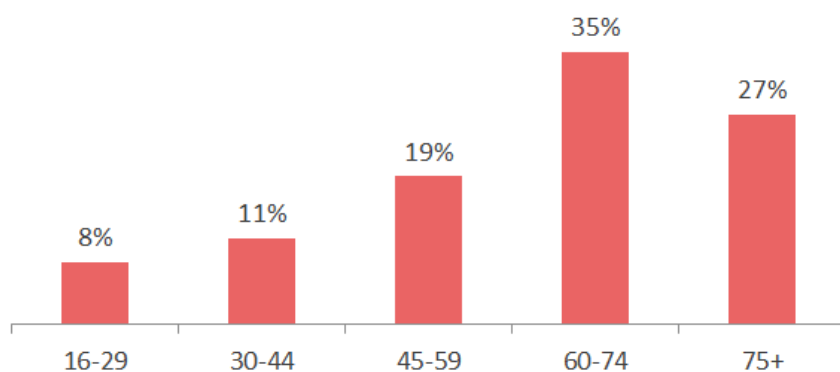
Figure 13. Are you a carer for anyone who uses adult community health services provided by the CCG?



Base: All Respondents who answered (1778)
Q Ref: Q10d
Source: **mr**uk research



Figure 14. Can you tell us which of the following age bands you belong to?

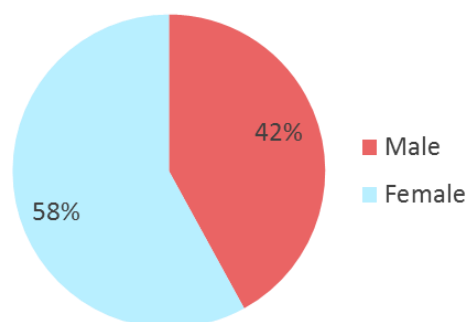


Base: All Respondents who answered (1805)

Q Ref: Q11

Source: **mr**ruk research

Figure 15. Are you...

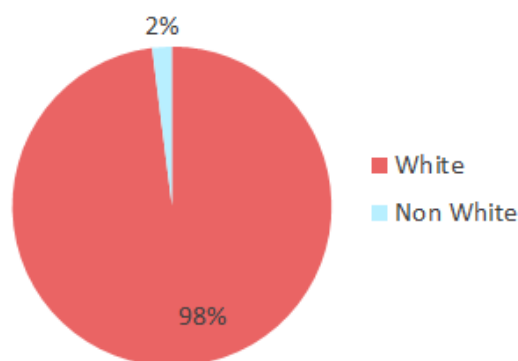


Base: All Respondents who answered (1786)

Q Ref: Q12

Source: **mr**ruk research

Figure 16. Which of the following best describes your ethnic background?



Base: All Respondents who answered (1803)

Q Ref: Q13

Source: **mr**ruk research



Appendix A – Questionnaire

Your Feedback

Why we would like your feedback

Over the last year clinicians, local authority representatives, managers and patient representatives have been looking at how we can improve older people's healthcare and adult community health services. Set up by the Clinical Commissioning Group (CCG), the Older People's Programme Board has started a tender process to deliver better outcomes for patients.

We have now reached a stage in the process where we would like to invite your feedback on proposals for improving the way care for older people and community services for adults is delivered. These proposals have been put forward by a number of different organisations with experience of delivering NHS services. We would also like to hear your views on how the CCG is proposing to buy or 'commission' services, by focusing on improving outcomes for patients. **You can give your feedback on the organisations' proposals using the Feedback Questionnaire on page 37. The proposals can be found on pages 17 to 19.**

While the Older People's Programme has been considering the way we commission these services, the CCG's Engagement Team has been out and about raising awareness of the CCG's programme to improve older people's healthcare and adult community services.

We have attended more than 100 meetings and public events as well as providing regular updates to organisations and individuals interested in the programme. We have also encouraged patient representatives to be involved in considering the initial proposals put forward during the procurement. They have been invaluable in helping us produce documentation for consultation.

How your feedback will be used

The organisations who have put forward these initial proposals, referred to in the tendering process as bidders, will develop them into more detailed proposals (Full Solutions) for the CCG to consider in the final stage of the procurement process.

Through this public consultation your views of their initial proposals will be fed into the development of these final proposals, so that the bidders can consider your views as they put together their more detailed proposals.

The CCG Governing Body will also receive and discuss the feedback to the consultation and will consider this when evaluating each bid against our criteria for selecting a preferred bidder.



Cambridgeshire & Peterborough CCG – Older People’s Services Consultation

Your views on the future of older people’s services in Cambridgeshire and Peterborough

We’d very much welcome your views via the questionnaire below. They will be analysed by an independent market research company, mruk research. All responses will be anonymous and confidential and will be treated in line with the Market Research Society Code of Conduct https://www.mrs.org.uk/standards/code_of_conduct

1. On page 11 of the consultation document, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) explains the reasons behind these changes. Please can you rate on the scale below how supportive you are of these reasons for changes?

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don’t know

2. To what extent do you think that Cambridgeshire and Peterborough CCG’s vision will be successful in achieving the following, as described on pages 17 to 21?

More joined-up care. We want to make sure that the health and care professionals involved in the care of an older patient or adult with a Long Term Condition, work together in joined-up teams. We are proposing to have a “lead” organisation responsible for delivering and coordinating this care, no matter where it is delivered, in the hospital or the community.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don’t know

Better planning and communication. We want to ensure that patients and their carers are involved in creating their health and care plans, and with consent, for these plans to be available at all times (24/7) to the appropriate professionals.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don’t know

More patients to be supported to remain independent. We would like older people to have access to care in ways that allow them to maintain their independence.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don’t know

Improved community and “out of hospital” services and fewer patients admitted to hospital as an emergency, where it can be safely avoided. We want to stop people going into hospital unnecessarily (where it can safely be avoided) and we want make sure our older patients and adults with long term conditions can access the right support either at home or in their local community, in a timely manner. We want people to feel confident about the care they receive at home.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don’t know



Space for further comments:

3. a) Do you, or someone you care for, currently use services for older people or adults with long term conditions?

☐ Yes ☐ No ☐ Rather not say

- b) If so, have you any comments about these services which you, or someone you care for, currently use? It is helpful to hear about what you think are the good aspects of current services, as well as problems or areas for improvement, can you tell us about one thing that works well and one thing that needs changing?



The following section lists proposals received from the organisations wishing to run services. We would like your views on the proposals they have put forward on pages 17 to 19.

4. We would like you to read the following statements about organising care around the patient and tell us which is the most important to you and which is the least important to you.

Select **one** statement which is most important to you, and **one** which is least important.

	Most important	Least important
Patients and carers should be involved in making plans for their health and community care.	<input type="checkbox"/>	<input type="checkbox"/>
Named care co-ordinators should be provided, attached to GP practices and community teams	<input type="checkbox"/>	<input type="checkbox"/>
This named care co-ordinator should co-ordinate and support services from a team of professionals including GPs, nurses, therapists, and other specialists around the needs of the individual.	<input type="checkbox"/>	<input type="checkbox"/>
The team supporting people with long-term conditions should include specialist nurses including dementia, diabetes and respiratory conditions etc.	<input type="checkbox"/>	<input type="checkbox"/>
This specialist support should only be provided when needed, the team supporting the patient should provide care at all other times	<input type="checkbox"/>	<input type="checkbox"/>

5. We would like you to read the following statements about delivering seamless care and tell us which is the most important to you and which is the least important to you.

Select **one** statement which is most important to you, and **one** which is least important.

	Most important	Least important
A single point of access contact centre operating 24 hours a day 7 days a week staffed by nurses or professionals with links to expert advisors.	<input type="checkbox"/>	<input type="checkbox"/>
A single electronic records system that all professionals involved in providing care can access with the patient's consent.	<input type="checkbox"/>	<input type="checkbox"/>
Strengthening existing multi-discipline teams with links to specialist hospital advice by these specialist working with and in the community in a joined up way.	<input type="checkbox"/>	<input type="checkbox"/>
Care co-ordinators working closely with GP practices who can plan care and share information with the patient's consent.	<input type="checkbox"/>	<input type="checkbox"/>
Bring mental health care professionals into the wider team, so that frail older people with both physical and mental health needs receive joined up care.	<input type="checkbox"/>	<input type="checkbox"/>
Partnership working with voluntary organisations providing everyday living support to older people and people with long term conditions.	<input type="checkbox"/>	<input type="checkbox"/>



6. We would like you to read the following statements about supporting older people to stay independent and tell us which is the most important to you and which is the least important to you.

Select **one** statement which is most important to you, and **one** which is least important.

	Most important	Least important
Focus on prevention - making sure those aged 65 plus have access to information and services that will help keep them well, for example diet advice and exercise opportunities.	<input type="checkbox"/>	<input type="checkbox"/>
With a patient's consent, offer a health/care review to identify and address issues at an early stage, for example housing problems or isolation	<input type="checkbox"/>	<input type="checkbox"/>
Increase working with local voluntary organisations to direct patients to services.	<input type="checkbox"/>	<input type="checkbox"/>
Establish community healthcare contact points venues in addition to GP practices e.g.in shopping centres	<input type="checkbox"/>	<input type="checkbox"/>
Use technology such as Skype/Telehealth to provide support for people with long term conditions.	<input type="checkbox"/>	<input type="checkbox"/>
Develop a record system that patients can access, so they can self-manage their care.	<input type="checkbox"/>	<input type="checkbox"/>

7. Thinking about reducing emergency hospital admissions, re-admissions & long stays in hospital, tell us which is the most important to you and which is the least important to you.

Select **one** statement which is most important to you, and **one** which is least important.

	Most important	Least important
Provide improved information to patients to increase understanding of long term conditions, so they can better identify minor changes or serious deterioration and request help accordingly/earlier.	<input type="checkbox"/>	<input type="checkbox"/>
Personal case management by multi-disciplinary team to identify patients at risk of being admitted or readmitted to hospital.	<input type="checkbox"/>	<input type="checkbox"/>
Provide a 24/7 urgent care system that can send a team to the patient to both assess and treat at home, or wherever they have been taken ill, without the need to go to A&E unless necessary.	<input type="checkbox"/>	<input type="checkbox"/>
Develop stronger links between the community services and the hospital, with some community teams based in the hospital supporting care and safe discharge.	<input type="checkbox"/>	<input type="checkbox"/>
Provide rehabilitation services to support people to recover from episodes of ill health. This could include the provision of 'step down' beds in community settings, or a hospital at home services.	<input type="checkbox"/>	<input type="checkbox"/>



8. Thinking about end of life care, tell us which is the most important to you.

Select **one** statement which is most important to you.

	Most important
Provide:	<input type="checkbox"/>
• local specialist nurses	
• 24-hour support for patients and carers	
With patient consent, make sure information on a patient's wishes regarding resuscitation is available to all healthcare services, including the ambulance service.	<input type="checkbox"/>
With patient consent, make sure information on a patient's wishes regarding the place where they wish to die is available to all healthcare services, including the ambulance service.	<input type="checkbox"/>
Well-co-ordinated Multi-disciplinary team working around the needs of the patient, as described above.	<input type="checkbox"/>

9. Many thanks for sharing your views. Do you have any final thoughts or comments for Cambridgeshire and Peterborough CCG with regard to older people's services?



Finally, to understand who has given their views, we would like to collect some details.

Any information provided in this section will only be used by MRUK and Cambridgeshire and Peterborough Clinical Commissioning Group for the purpose of understanding who has responded to this consultation.

10. a) Are you, or any of your close family, users of older people's services provided by the CCG?

☐ Yes ☐ No ☐ Don't know

b) Are you a carer for anyone who uses older people's services provided by the CCG?

☐ Yes ☐ No ☐ Don't know

c) Are you, or any of your close family, users of adult community health services provided by the CCG?

☐ Yes ☐ No ☐ Don't know

d) Are you a carer for anyone who uses adult community health services provided by the CCG?

☐ Yes ☐ No ☐ Don't know

11. Can you tell us which of the following age bands you belong to?

☐ 16-29 years ☐ 30-44 years ☐ 45-59 years ☐ 60-74 years ☐ 75+ years

12. Are you....

☐ Male ☐ Female

13. Which of the following best describes your ethnic background?

White

☐ English, Welsh, Scottish, Northern Irish or British ☐ Irish ☐ Gypsy or Irish Traveller ☐ Any other White background

Mixed/multiple ethnic groups

☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Any other mixed/Multiple ethnic background

Asian/Asian British

☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese

Any other Asian background

☐ Black, African, Caribbean, Black British ☐ African ☐ Caribbean ☐ Any other Black, African Caribbean background

Other Ethnic Group

☐ Arab ☐ Any other ethnic group



14. Finally, please could you tell us the first part of your postcode?

Thank you for completing this consultation questionnaire. Please detach it from this document by cutting along the dotted line and send it FREEPOST to:

Freepost Plus R5CR-G5GK-XSHK
Cambridgeshire and Peterborough CCG
Lockton House
Clarendon Road
Cambridge
CB2 8FH

The closing date for receipt of feedback is 5pm on Friday 16 June 2014.