

CHRONIC NEURODISABILITY STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

ORGANISATIONAL QUESTIONNAIRE 1. EMERGENCY CARE

Name of Trust/Board/Organisation:				
CONFIDENTIAL				
Who completed this questionnaire?				
Name:				
Position:				
What is this study about?	How to complete the form:			
This study explores the quality of health care for children and young people aged 0-25 with chronic neurodisability across the UK.	Information will be collected using two methods; box cross and free text, where your opinion will be requested.			
Aims: To identify remediable factors in the quality of care provided children and young people chronic disabling conditions, the cerebral palsies.	This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided e.g.			
To examine the interface between different care settings	Following crisis or emergency referral, are there any standards set for assessment from time of referral?			
To examine the transition of care to adult services	☑ Yes ☐ No			
Who should complete this form?	If you make a mistake, please "black-out" the incorrect box and re-enter the correct information,			
The clinician/s with the best overall knowledge of emergency healthcare that includes children and young people with cerebral palsies delivered by this organisation. Please link with colleagues (to	e.g. Yes No			
include surgeons) as need be to inform the most accurate possible response	Unless indicated, please mark only one box per question.			

Questions or help?

A list of definitions is provided on pages 2 of the questionnaire.

If you have any queries about this study or this questionnaire, please contact

cp@ncepod.org.uk

Or telephone: 020 7251 9060

Thank you for taking the time to complete this questionnaire. The findings of the study will be published in late 2017.

ORGANISATIONAL ID	
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To ensure confidentiality of the data, completed questionnaire must be returned directly to

NCEPOD in the SAE provided.



	DEFINITIONS
Reasonable adjustments	"Employers and organisations such as hospitals, care homes and GP surgeries must take steps to remove the barriers people face because of their disabilities" (CQC, 2015. http://www.cqc.org.uk/content/glossary-terms-used-guidance-providers-and-managers#)
Interagency strategic partnership arrangements	A formal mechanism for considering the strategic needs of the local population of disabled children and young people
Out of hours	18:00 – 07:59 Monday to Friday and all day Saturday and Sunday
Accessibility of services	To be fully accessible, a service must have: o Accessible parking for the disabled o Ramped access o Doors wide enough for wheelchair access o Accessible toilets o Changing place for children and young people of all ages with cerebral palsies who are incontinent and need to be changed o Hoists o Accessible, height adjustable beds and examination couches o Appropriate scales e.g. wheelchair scales, hoist scales o Reasonable adjustments made to accommodate the specific needs of the disabled person
Individualised Emergency Health Care/Personal Resuscitation plan	Plan agreed with the lead clinician, that documents what has been discussed and agreed and with whom, about appropriate levels of intervention for the child/young person (e.g. any advance statements, advance decisions to refuse treatment, do not attempt cardiopulmonary resuscitation decisions, variations from advanced life support guidelines, treatment or intervention limitations.
Capacity	As defined in the Mental Capacity Act 2005 (applies in E&W) and equivalent legislation in Scotland and NI See https://www.disabilitymatters.org.uk/course/view.php?id=62
Best-interests decision-making	See https://www.disabilitymatters.org.uk/course/view.php?id=63
Gross Motor Function Classification System (GMFCS)	See: https://www.canchild.ca/en/resources/42-gross-motor-function-classification-system-expanded-revised-gmfcs-e-r



A. THE TRUST/ORGANISATION/PROVIDER/HEALTH BOARD

Please complete this questionnaire in relation to the care provided to CHILDREN AND YOUNG PEOPLE BETWEEN THE AGES OF 0 - 25 Does this organisation provide emergency care for: Children and young people only Adults only All ages If emergency care is only provided for CHILDREN AND YOUNG PEOPLE, up to what age is this 1b. provided for: 2. Is there a lead clinician or team for the care of CHILDREN AND YOUNG PEOPLE in the emergency department? Yes No Is there a lead clinician or team for the care of disabled ADULTS in the 3. emergency department? Yes No B. ACCESS TO SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH CEREBRAL PALSIES Do children and young people have access to accommodation within the 4. emergency department which provides treatment areas that are audio-visually separate from adults? Yes No Do CHILDREN AND YOUNG PEOPLE have access to cubicle 5. accommodation which allows space for family members and equipment? Yes No Does this organisation provide cubicles with doors to allow for privacy and 6. confidentiality when young people are being seen/interviewed? Yes No 7a. When a CHILDREN AND YOUNG PEOPLE presents to the emergency department is advice available out of hours and at weekends from a clinician No with expertise in children and young people's disability? Yes Is this clinician with expertise in children and young people's disability a: Children and young people only Adults only Is this: 7c. Informal access to disability expert Formal support with an on call rota in place? clinician when available? When a YOUNG ADULT presents to the emergency department is advice 8a. available out of hours and at weekends from a clinician with expertise in young adult's disability (up to 25 years)? No Yes 8b. Is this:



Informal access to disability expert

clinician when available?

Formal support with an on call rota in place?

require emergency care?

Within the emergency department is there a policy to accommodate

reasonable adjustments (specific to the individual) for disabled patients who

9.

C. SERVICES AND PROCEDURES

10. Please indicate how the following services are accessed whilst in the emergency department? (Please tick all that apply)

	On-site	Off-site through a formal network	Off-site through an informal network	No access
Paediatrician with specialist expertise in neurodisability/cerebral palsies				
Paediatric neurologist				
Paediatric gastroenterologist				
Paediatric surgeon				
Paediatrician with specific interest in epilepsy				
Paediatric intensive care				
Paediatric pain specialist				
Orthopaedic surgeon with expertise in children and young people's cerebral palsies				
Spinal orthopaedic surgeon with paediatric expertise				
ENT surgeons with paediatric expertise				
Paediatric respiratory physician				
Child and adolescent mental health service				
Child and adolescent mental health service specifically for children and young people with learning disabilities				
Neuro-rehabilitation consultant				
Neurology				
Intensive care				
Orthopaedic surgeon (general)				



10. Continued

	On-site	Off-site through a formal network	Off-site through an informal network	No access
Spinal orthopaedic surgeon				
Gastroenterologist				
General surgeon with expertise in disability				
Respiratory physician				
Physiotherapist				
Occupational therapist				
Epilepsy nurse specialist				
ENT with disability expertise				
Pain specialist				
Acute psychiatric assessment including for patients with learning disabilities				
Psychiatric assessment				
Acute learning disability				

D. ACCESSIBILITY

11a. In general, across the emergency department are there any problems with access to:

	Yes	No
Accessible parking for the disabled		
Ramped access		
Doors wide enough for wheelchair access		
Accessible toilets		
A changing place providing privacy for essential personal care		
Accessible height adjustable beds and examination couches		
Hoists		
Appropriate scales (e.g. wheelchair scales, hoist scales)		
Reasonable adjustments made to accommodate the specific needs of the disabled child or young person		
11b. If yes to any of the above, please give details:		



С.	COMMUNICATION					
12.	Is the emergency department apply)	summary routinely cop	ied to the follow	wing? (pleas	se tick all th	at
	☐ GP		Usual lea	ad clinician		
	Usual therapists		Parent c	arers/child/y	oung perso	a
13.	Within the emergency departr given the opportunity to speal if they prefer to?				Yes	☐ No
14a.	Is there an agreed system in care plans (which may include most complex medical needs)	e personal resuscitation			Yes	☐ No
14b.	How well is this system imple people?	emented in the regular c	are of severely	disabled ch	ildren and y	oung
	Completely (all patients	with complex needs ha	ve such a plan	in place)		
	Partially		Not imple	emented		
14c.	Does this system involve care Department?	e at presentation with th	e Emergency		Yes	☐ No
14d.	Were senior emergency depart of this system?	artment clinicians involve	ed in preparation	on/planning	Yes	☐ No
15.	Are emergency plans fully acc PEOPLE that attend the emergency passport/card holder?			YOUNG	Yes	☐ No
F. ⁻	FRAINING					
16.	Do all clinical staff working in level of skill and knowledge to			nimum	Yes	☐ No
17.	Does this emergency department protection in children and you		for safeguardir	ng/child	Yes	☐ No
18a.	How is disability awareness to tick all that apply)	raining delivered for sta	ff within the em	nergency dep	partment? (Please
	Routinely integrated into	o induction			Ad ho	C
	Routinely available into	a mandatory education	programe		None	
	Other (please specify)					
18b.	Are disabled children, young periodelivering any of the above tra		olved in	Yes	☐ No	□ NA
		7		9 9 7 5	438 018	8 1 5

18c.	If disabled children, young people and/or families are involved in delivering training, please provide details:				
,					
Design Asset	DECISION-MAKING WITH CHILDREN AND YOUNG TH CEREBRAL PALSIES	PEOPL	E		
20a.	Is capacity routinely assessed in the emergency department for patients aged 16 years or over where there are concerns that the young person may have an impairment of brain or mind?	Yes	☐ No		
20b.	If YES, does this always occur?	Yes	☐ No		
21.	Is a best interests decision-making process embedded in the emergency department for young people over 16 years of age who have been assessed as not having capacity to make a specific decision at a specific time and in specific circumstances?	Yes	☐ No		
22.	Are there systems in place for the views of CHILDREN AND YOUNG PEOPLE to inform service design and delivery within the emergency department?	Yes	☐ No		
23.	Are there systems in place for the views of disabled CHILDREN AND YOUNG PEOPLE to inform service design and delivery within the emergency department?	Yes	☐ No		
24.	Are there systems in place for the views of parent carers to inform service design and delivery within the emergency department?	Yes	☐ No		
THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE					
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