

CHRONIC NEURODISABILITY STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

ORGANISATIONAL QUESTIONNAIRE 6. ADULT OUTPATIENT CARE

Name of Trust/Board/Organisation:					
CONFID	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	☑ 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 outpatient/clinical-based healthcare that includes young adults with cerebral palsies delivered by your organisation. Please link with colleagues (to include surgeons) as need be to inform the most accurate possible response	e.g. Yes No 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



2.707	
A.	THE TRUST/ORGANISATION/PROVIDER/HEALTH BOARD
1a.	From what age - in years - does this organisation provide adult outpatient care? (What does the organisation define as an adult?) Years
1b.	From what age - in years - does this organisation provide adult outpatient care for disabled young adults? Years
ADU	se complete the remainder of this questionnaire in relation to the care provided to YOUNG LTS as defined by this organisation. For the remainder of this questionnaire patients will be red to as young adults.
В.	POPULATION OVERVIEW DATA AND STRATEGIC ISSUES
2.	Is there a lead clinician or team for the care of disabled young adults who receive outpatient care? Yes No
	ACCESS TO SERVICES FOR YOUNG ADULTS WITH CEREBRAL LSY
3.	Is there an agreed, written care pathway for assessment, diagnosis and management of young adults with cerebral palsies who are seen in an outpatient clinic? Yes No NA
	OPERATIONAL SERVICE DELIVERY MODEL FOR CLINICAL RVICES
4.	Are clinics for young adults for cerebral palsy: (Please tick all that apply)
	Non-specialist - seen as part of general clinical caseload
	Specialist uni-disciplinary, i.e. each specialist sees the young adult separately
	Multi-disciplinary for postural management (please specify below which professionals are involved in the MDT clinics)
	Multi-disciplinary for feeding management (please specify below which professionals are involved in the MDT clinics)
	Outreach clinics in special schools
	Other (Please specify)
5.	For young adults with cerebral palsy seen in the outpatient department, how do the various health professionals work together in delivering healthcare? (Please tick all that apply)
	Regular meetings Ad hoc meetings focused on specific individuals
	☐ Multidisciplinary clinics ☐ No meetings but communicate regularly by letter or email
	Co-location of professionals No regular arrangements for joint working
	Other (Please specify)



E. SERVICES AND PROCEDURES

6. Please indicate how the following services are accessed for young adults who are seen as outpatients? (Please tick all that apply)

	On-site	Off-site through a formal network	Off-site through an informal network	No access
Neuro-rehabilitation consultant				
Neurology				
Orthopaedic surgeon (general)				
Spinal orthopaedic surgeon				
Orthopaedic surgeon with expertise in disability				
Gastroenterologist				
General surgeon with expertise in disability				
Respiratory physician				
Orthotist				
Specialist nurse for disabled adults				
Learning disability nurse specialist				
Specialist dental service				
Epilepsy nurse specialist				
Continence specialist practitioner				
ENT with disability expertise				
Audiology				
Ophthalmology				
Pain specialist				
Clinical psychology				



E. SERVICES AND PROCEDURES

7a. Which of the following procedures/interventions can be accessed for young adults with cerebral palsies seen in the outpatient department? (Please tick all that apply)

	On-site	Off-site through a formal network	Off-site through an informal network	No access	
Magnetic resonance imaging without sedation					
Magnetic resonance imaging with sedation					
Magnetic resonance imaging under general anaesthetic					
Standardised pelvic xray for hip surveillance					
pH studies					
Botulinum toxin injections under sedation					
Gait analysis					
7b. If MRI is undertaken, is there specialist neuroradiological expertise available to interpret MRI findings? (not necessarily on-site)					
F. ACCESSIBILITY ACCESSIBILITY OF OUTPATIENT SERVICES FOR YOUNG ADULTS WITH CEREBRAL PALSIES INCLUDING WHEELCHAIR USERS WHO ARE TOTALLY DEPENDENT ON OTHERS FOR ALL CARE 8a. In general, across this outpatient service are there any problems with access to:					
			Yes	No	
Accessible parking for the disabled					
Ramped access					

Ba. Continued.		
	Yes	No
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		
Bb. If yes to any of the above, please give details:		
G. SYMPTOM MANAGEMENT		
For young adults with cerebral palsies at GMFCS levels I and II (independe need for devices) healthcare is most likely to be led by:	ntly mobile with	out the
GP General physician Neurologist I	Neurorehabilita	tion specialist
Orthopaedic surgeon and physician (general or specialist)	Orthopaedic su	rgeon only
Other (Please specify)		
9b. For young adults with cerebral palsies at GMFCS levels III and IV (depende wheelchairs for mobility, but not completely dependent on other people, abl or in power chair) healthcare is most likely to be led by:		
GP General physician Neurologist I	Neurorehabilita	tion specialist
Orthopaedic surgeon and physician (general or specialist)	Orthopaedic su	rgeon only
Other (Please specify)		



9c.	For young adults with cerebral palsies at GM	FCS level V (c	ompletely depe	ndent on other	people to	
	propel wheelchairs for mobility) healthcare is most likely to be led by:					
	GP General physician	Neu	rologist	Neurorehabilita	ation specialist	
	Orthopaedic surgeon and physician (ge	eneral or specia	alist)	Orthopaedic surgeon only		
	Other (Please specify)					
10.	Is there a policy of ALWAYS enquiring about each consultation?	the presence ((or not) of pain	at Yes	No	
11a.	If a scoliosis or other spinal curvature is iden spinal orthopaedic surgeon?	tified, is a refer	ral made to the	Yes	No	
11b.	If yes, is this:					
	Immediately on identification of the curv	vature				
	When the clinician thinks the curvature	may need surg	gical intervention	on		
	Not referred to spinal orthopaedic surge	eon, managed	conservatively			
12.	Are evidence-based guidelines (e.g. NICE Coassessment and management of patients with		3) followed for t	the Yes	No No	
H.	SUPPORT SERVICES					
H. 13.	SUPPORT SERVICES What FAMILY SUPPORT systems are availa who attend paediatric clinics? (Please tick all		and young pe	ople with cereb	oral palsies	
NETSON	What FAMILY SUPPORT systems are availa		Off-site through a formal network	Off-site through an informal network	oral palsies No access	
13.	What FAMILY SUPPORT systems are availa	I that apply)	Off-site through a formal	Off-site through an informal	80) - Conta	
13.	What FAMILY SUPPORT systems are availa who attend paediatric clinics? (Please tick all	I that apply)	Off-site through a formal	Off-site through an informal	80) - Conta	
Soc Car	What FAMILY SUPPORT systems are availa who attend paediatric clinics? (Please tick all	I that apply)	Off-site through a formal	Off-site through an informal	80) - Conta	
Soc Car	What FAMILY SUPPORT systems are availa who attend paediatric clinics? (Please tick all iial work team	I that apply)	Off-site through a formal	Off-site through an informal	80) - Conta	
Soc Car Clin	What FAMILY SUPPORT systems are availa who attend paediatric clinics? (Please tick all italian work team ers' support groups ical psychology	I that apply)	Off-site through a formal	Off-site through an informal	80) - Conta	
Soc Car Clin	What FAMILY SUPPORT systems are availa who attend paediatric clinics? (Please tick all clinics) iial work team ers' support groups ical psychology abled people's support groups	I that apply)	Off-site through a formal	Off-site through an informal	80) - Conta	
Soci Car Clin Disa Car	What FAMILY SUPPORT systems are availa who attend paediatric clinics? (Please tick all clinics) it is a support groups it is a support groups abled people's support groups ers' centre	I that apply)	Off-site through a formal	Off-site through an informal	80) - Conta	
Soci Car Clin Disa Car	What FAMILY SUPPORT systems are availated who attend paediatric clinics? (Please tick all who attend paediatric clinics? (Please tick all work team ers' support groups ical psychology abled people's support groups ers' centre ice on benefits and financial support er (Please specify below)	I that apply)	Off-site through a formal	Off-site through an informal	80) - Conta	

14.	Are short breaks available for all disabled young adults and their families who need them?	Yes	☐ No
15.	Are you able to recommend accessible leisure opportunities that are available locally?	Yes	☐ No
16.	Is support available for young adults with cerebral palsies seen in the outpatient the following? (Please tick all that apply)	departmen	t to access
	☐ Work experience ☐ Employment	☐ Volun	teering
1.0	COMMUNICATION ISSUES		
I. C	OMMUNICATION ISSUES		
17.	Whilst an outpatient, are young adults given the opportunity to speak to health professionals without a parent present if they prefer to?	Yes	☐ No
Comi	munication in an emergency		
18a.	Is there an agreed system in place for preparing written emergency health care plans (which may include personal resuscitation plans) for those with the most complex medical/surgical needs?	Yes	☐ No
19h	If yes, how well is this system implemented in the regular care of severely disab	led vouna a	dulte?
TOD.	Completely (all patients with complex needs have		nplemented
	☐ such a plan in place)		ipiemented
19.	Are written communications, including Emergency Health Care Plans and 24 hour postural management plans, available in other languages or formats if required?	Yes	☐ No
20.	For young adults seen in the outpatient clinic is access to a key worker/lead pro	fessional fo	r families?
	Routinely available for disabled young adults and families		
	Only available for those with the most complex disabilities		
	Not available for disabled adults		
J. 7	FRAINING		
21.	Is any training provided (either for specific procedures or broad areas of management) for young adults with cerebral palsies seen in the outpatient department in aspects of self management?	Yes	☐ No
22.	Is any training provided for parent carers of young adults seen in the outpatient department in aspects of management of cerebral palsies, including technology dependencies (either for specific procedures or broad areas of management)?	Yes	☐ No
23a.	Does the outpatient department team provide training for other professionals providing services for disabled young adults and their families (e.g. doctors, nurses, allied health professionals, social workers, education staff, leisure providers, support workers etc.)?	Yes	☐ No



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23D.	If yes, does this training include the following? (Please tick all that apply) Disability training at induction No disability-specific	training	
	Disability training embedded in regular training	training	
	Other (Please specify)		1
	U Other (Flease specify)		
23c.	Are disabled young adults and/or their parent carers involved in delivering any of the above training?	Yes	☐ No
23d.	If yes, please provide details:		1
K.	TRANSITION		
24.	Does this organisation have clear policies in place to ensure continuity of patient care, including close handover between professionals, and		
	familiarisation with case histories, at all interfaces and points of transitions of		
250	Care? Within this organisation is transition to adult nourodisability convices for young	∐ Yes	∐ No
2 5a.	Within this organisation is transition to adult neurodisability services for young people based primarily on age?	Yes	☐ No
25b.	If yes, at what age does transition generally occur between paediatric neurodisability services and services for adults? (in years)	Ye	ars
26.	Is there a designated professional that leads on the planning of transition care between neurodisability services for young people and adults?	Yes	☐ No
27.	Does this organisation monitor how well the transition policy works?	Yes	☐ No
28.	What arrangements are in place for young adults seen in the outpatient department support transition from paediatric to adult services? (Please tick all that apply)	nent to	
	Specialist transition team/person-centred Specialist learning disal	oility transiti	on nurse/s
	Specialist disabled person's social work team to support transition	rangements	3
	Other (Please specify)		
30.	Is there a policy for young people to be offered the opportunity to be seen separately from their parent/carer in this service?	Yes	☐ No
31.	Are there MENTAL HEALTH services for young adults with cerebral palsies: (Pl	ease tick al	I that apply)
	For those with a learning disability For those without a learning disa	bility	Unknown
32.	Are there SOCIAL CARE services for young people with cerebral palsies in adu tick all that apply)	It services:	(Please
	For those with a learning disability For those without a learning disa	bility	Unknown
	For those who are completely dependent on others for all of their care		

L.	DECISION MAKING		
33a.	Is capacity routinely assessed for young adults who receive outpatient care where there are concerns that the young adult may have an impairment of brain or mind?	Yes	☐ No
33b.	Does this always occur?	Yes	☐ No
34.	Is a best interests decision-making process embedded for young adults who receive outpatient care who have been assessed as not having capacity to make a specific decision at a specific time and in specific circumstances?	Yes	☐ No
35.	Are there systems in place for the views of disabled young adults to inform service design and delivery who receive outpatient department care?	Yes	☐ No
М	PALLIATIVE AND END OF LIFE CARE		
	TALLIATIVE AND END OF LIFE OAKE		
36.	For young adults with cerebral palsy who receive outpatient department care, v care? (Please select all that apply)	vho provides	palliative
	☐ GP ☐ General physician ☐ Palliative care consultant ☐ Speci	alist palliativ	e care nurse
	Other (Please specify)		

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

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