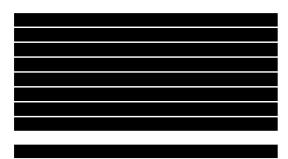






# Bradford Teaching Hospitals NHS Foundation Trust



«HospitalName» «Provider» «AddressLine1»

«AddressLine2»

«AddressLine3»

«AddressLine4»

Dear «Title» «Surnameofcontact»

#### RE: National Survey for the "Models of Community Hospital ward Activity" (MoCHA) Research Project

We are writing to request your support in the completion of an important national survey of community hospitals. The survey has been funded by the National Institute of Health Research (NIHR) and is being coordinated in partnership with the Community Hospitals Association.

The NIHR is a publicly funded NHS organisation that was created to support the conduct of leading-edge research focused on the needs of patients and public. The MoCHA project has undergone stringent review by peers within the healthcare community prior to funding approval.

As you will very well know, community hospitals are the unsung heroes of our health system. They do a tremendous job for local communities. Yet there is a widely held view that they are "expensive". Many have been closed over the last several decades for this reason. The truth is that we have little national information on the running costs of community hospitals. Our work to date suggests that there is considerable variation in these running costs. This project will examine in more detail the impact of a small selection of critical factors on the running costs. Once we have this information, the next stage of the project will be to use this information to develop a toolkit so that local community hospital professionals can make adjustments (if needed) that maximise their running costs to bring them in line with the best national figures. For example, the toolkit will consider factors such as the staff mix that optimise running costs and care quality.

The short questionnaire enclosed is being sent to all community hospitals in England, Wales, Northern Ireland and Scotland for completion. We would very much appreciate if you could complete and return the enclosed questionnaire in the preaddressed envelope. All information contained within the questionnaire is anonymised, using an internal reference which is pre-populated on your questionnaire, and will only be used for the purposes of this research.

The questionnaire is designed to describe **community hospital wards** that care predominantly for **older people**.

Should you have any questions about the project, or questionnaire, please do not hesitate to contact the MoCHA research Project Manager.

We would like thank-you in advance for taking the time to consider this letter and completing the enclosed questionnaire. We are very grateful to you.

Yours Sincerely



Professor John Young National Clinical Director for Integration & Frail Elderly, NHS England Honorary Consultant Geriatrician, Bradford Teaching Hospitals NHS Foundation Trust

# National survey of community hospital wards for older people

Thank you for taking time to complete this survey.

We would be grateful if **one** questionnaire could be completed for **each** ward for older people in your community hospital

# **Question 1: General Information**

We are interested to learn some background information and some facts and figures about your ward

Name of community hospital			
Number of wards for older people (predominately)			
Name of your ward			
Area served by your community hospital			
Number of beds on your ward			
Average length of stay (days) for your patients on this ward during 2015	URBAN	RURAL	MIXED
Number of admissions (including transfers) to your ward during 2015			

# **Question 2: Your Multidisciplinary Team**

A multidisciplinary team (MDT) meeting can be defined as a group meeting involving practitioners with different professional backgrounds. We would like to understand the frequency of your multidisciplinary team meetings and the specific professions involved.

Frequency	Tick ALL boxes that apply to your ward	Specific professions involved
Daily		
Twice Weekly		
Weekly		
Less Frequently (please specify)		

# **Question 3: Ward Staffing**

Please complete the table below to describe your 'funded establishment' (that is include unfilled posts, long term absences, maternity leave etc.) Where possible, please record Whole Time Equivalents (WTEs) but otherwise the number of hours per week is very useful as an alternative (please specify). Please specify which staff group are considered to be your "core" team by marking tick in the column

GL CC C	Pay Band								Core Team	
Staff Group	1	2	3	4	5	6	7	8	9	
Nurse										
Health care Assistants										
Agency nurses										
Physiotherapist										
Occupational Therapist										
Speech and Language Therapist										
Therapy Assistants										
Dietician										
Pharmacists										
Social worker										
Home care manager										
Mental Health Nurse										
Voluntary services staff										
Advanced Nurse Practitioner										
Community Matron										
Community Nurse										
Bank Staff										
Other (please specify)										
Other (please specify)										
Other (please specify)										
Staff Group			Numb	er of H	Hours V	Vorked	l per V	Veek oi	r Sessio	ons
General Practitioner										
Consultant geriatrician										
Consultant psychiatrist										
Other consultant										
Other medical grades										

#### **Question 4: Financial Information**

Please could you provide details of the total annual budget for your ward for 2015/16.

Costs	£ per annum	Comments
Pay budget		
Non-pay budget (consumables such as drugs)		
Overheads or indirect costs		

Please could the lead person completing the form provide some contact details in case there is something we need to clarify? (We will only contact you if really necessary)

Your name & job title:	
Email address:	
Contact telephone number	

Thank you for completing this survey. Please use this space and the next page to add any additional information or comments to clarify any of your answers.

We would like to remind you that any information provided in the questionnaire will be anonymised and handled confidentially.

For any queries or further information please contact MoCHA Project Manager

#### **Additional Information**

Please use this space and the next page to add any additional information or comments to clarify any of your answers