

**Social care of older people with complex care needs and multiple long-term conditions**

**Consultation on draft guideline – deadline for comments 17:00 on 13/07/15 email: [Olderpeopleltc@nice.org.uk](mailto:Olderpeopleltc@nice.org.uk)**

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

1. How will you use the recommendations in the guideline?
2. Which recommendations do you think are the most important? And why?
3. In what ways can the recommendations be made more specific to the care of older people with long-term conditions?
4. What should practitioners be doing, or doing better, to care for this population that is not already covered in this guideline?
5. Does the guideline cover all the challenges in caring for this group'?
6. The intention of the guideline is that all recommendations should be considered in conjunction with the person and taking into account their views. Does the guideline make this clear? Are there ways in which this could be made clearer in the guideline?

See section 3.9 of [Developing NICE guidance: how to get involved](#) for suggestions of general points to think about when commenting.

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<b>Stakeholder organisation(s)</b> (or your name if you are commenting as an individual):		<u><b>Care Inspectorate</b></u>		
<b>Name of commentator</b> (leave blank if you are commenting as an individual):		<b>[insert your name here]</b>		
<b>Comment number</b>	<b>Document</b> (full version, short version or the appendices)	<b>Page number</b> Or ' <b>general</b> ' for comments on the whole document	<b>Line number</b> Or ' <b>general</b> ' for comments on the whole document	<b>Comments</b>  Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
<b>Example 1</b>	<b>Full</b>	<b>16</b>	<b>45</b>	<b>We are concerned that this recommendation may imply that .....</b>
1.	Full	General		The Care Inspectorate health improvement team access and use NICE guidance on medicines, treatments and devices to establish current good practice and we also share this guidance and evidence internally and externally.  In our opinion, this draft guidance also ties in with the recent NHS CEL letter about NHS continuing care and more individuals with complex needs who, in the future will require continuing care and will receive this in the social care sector supported by NHS colleagues.
2.	Full	General		Although the guidance references English sources, mainly the Care Act 2014 – in our opinion most of the information could be easily applied under Scottish legislation and practice.
3.	Full	General		We are pleased to see the inclusion of continence promotion although in our opinion the guidance does not go into the practicalities around this and we suggest that this subject could be a section on its own.
4.	Full	General		When identifying and assessing social care needs, we suggest that this should list the areas to be assessed and include (as they appear in the document) emotional and psychological needs, sensory, communication, general health needs, continence, social activities, mobility, medicines, self care, budgeting/financial management hydration and nutrition, crises support(s), anticipatory care, and end of life care.
5.	Full	General		Environment should have its own section as it will play a big part in how well people are able to be cared for at home, and should include IT and tele-healthcare. Environment will dictate a lot in relation to care at

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				home, including the health and safety of workers and carers.
6.	Full	General		Funding should be a section on its own, along with finances and personal budgets.
7.	Full	General		Prevention and control of infection needs to be addressed where carers and care staff may be dealing with body fluids, dressings, incontinence aids, etc. We would also suggest that consideration be applied to the situation if a person develops an infection such as Noro virus.
8.	Full	General		Relating to the subject of capacity and right to treat/intervene, we note that there is no reference to capacity in the recommendations (pages 11-21). In our opinion, this needs to be explicit in the initial and on-going assessments.
9.	Full	General		We suggest that there should be a section on medicines management.
10.	Full	General		We suggest that there should be a section on specialist equipment, regarding assessment for, obtaining, training in use, care and return. Please note that if required for reference, Scotland has developed a framework for accessing equipment.
11.	Full	General		We suggest that there should be a section on contracts.
12.	Full	General		We note that younger adults have not been included in this draft- we note that the scoping exercise speaks of increasing discrimination for older people and therefore we would question why younger adults were not also included. However, it also is ignoring the need to plan for the future of the younger adults who have to live with a life limiting condition. We think there is a gap / missed opportunity in this guideline.
13.	Full	8		We suggest amending the reference to 'self funders' to read 'individuals who self fund their care'.
14.	Full	General		We are concerned that younger adults have not been included in this draft- the scoping exercise speaks of more discrimination for older people hence why not included? However, it also is ignoring the need to plan for the future of the younger adults who have to live with a life limiting condition. We think there is a gap / missed opportunity in this guideline.
15.	Full	11	272	The assessment involves a person, so we suggest that consideration is given to their 'consent' to the initial assessment, and consent to the sharing of information.
16.	Full	13	334	With the person's agreement, their carers or advocate can be involved in the planning process. In our opinion, the word 'consent' may make this more meaningful.
17.	Full	13		We note that there is mention of the need to "Develop care plans in collaboration with GPs and representatives from other agencies that will be providing support to the person in the care planning process". In our opinion, this is very important as it represents a positive approach. If this could be developed it would encourage more multi-disciplinary working - which may also encourage more 'anticipatory care plans' to be developed. We note that anticipatory care planning is not mentioned in this

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				guideline and would suggest that this could be included.
18.	Full	17	424	In our opinion, it should be noted that as well as the care home having a choice of foods, it is key that people are asked about their likes and dislikes. This could be added to the standard recommendation and may encourage more outcomes focused planning for people in the community and care homes.
19.	Full	21		The training of health and social care practitioners is an important area and we note that this is identified by the literature in the guideline by the National Collaboration for Integrated Care and Support (2013) on page 7, where it is recognised that there is a lack of training (and support) for social care staff.
20.	Full	21	535	In our opinion, staff should have the necessary training and be competent in medicines management and there should also be a monitoring role for the care staff around medicines and being able to evaluate their effectiveness in the care plan.
21.	Full	21	541	This section in the guideline mentions the need to “Ensure health and social care practitioners are able to recognise – “common conditions and care needs” such as nutrition, hydration and skin integrity. It would be important to also refer to a preventative approach ie assessing and identifying risk as part of care planning.
22.	Full	21	543	In our opinion, there is a need not only to identify and recognise a person’s end of life care needs but also their earlier palliative care needs. Once recognised it is important that staff then know how to support a person’s palliative and end of life care needs, including bereavement care to be more specific. We note that there is no mention of assessing a person’s palliative and end of life care needs in this guideline. As the people referred to are getting older and have multiple co morbidities, the likelihood of people requiring palliative and end of life care increases. As mentioned earlier it is very important that social care staff have the knowledge and skills to address these needs and therefore this could be further highlighted in this guideline.
23.				

Insert extra rows as needed

**Comments on implementation (please see chapter 2 in NICE version)**

**Do you agree with the areas that have been identified as having a big impact on practice and challenging to implement? Let us know if you would give priority to other areas and why.**  
**What would help users overcome these challenges? (For example, you could signpost us to examples of good practice or provide details of educational materials or other relevant resources that you have found useful).**

Comment Number	Document	Page Number	Line Number	Comments
	There is no need to indicate this as the	Not applicable	Not applicable	Please say which challenge you are commenting on (use recommendation number if appropriate).

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	implementation section is only featured in the NICE version			

**Checklist for submitting comments**

- Use this comment form and submit it as a Word document (not a PDF).
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

**Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.