

**Consultation on the introduction  
of a Framework Agreement for  
younger adults' care providers  
and the use of a micro-  
procurement process to  
purchase care services for  
younger adults (18 - 64 years)**

**Monday 22 December 2014 to  
Saturday 31 January 2015**

**Questionnaire**

## Proposals to introduce a Framework Agreement and use a micro-procurement process to purchase care services for younger adults

Please refer to the consultation document to help you answer the questions.

**1. Do you think that care providers should be registered onto a Framework Agreement, so that all care providers are subject to the same terms and conditions?**

Yes  No  Don't know

**2. Do you think that Birmingham City Council is right to concentrate on specific personalised outcomes when purchasing care services for younger adults?**

Yes  No  Don't know

**3. Do you think that Birmingham City Council should use a care provider's quality score as an important factor in its decision to purchase care services for younger adults?**

Yes  No  Don't know

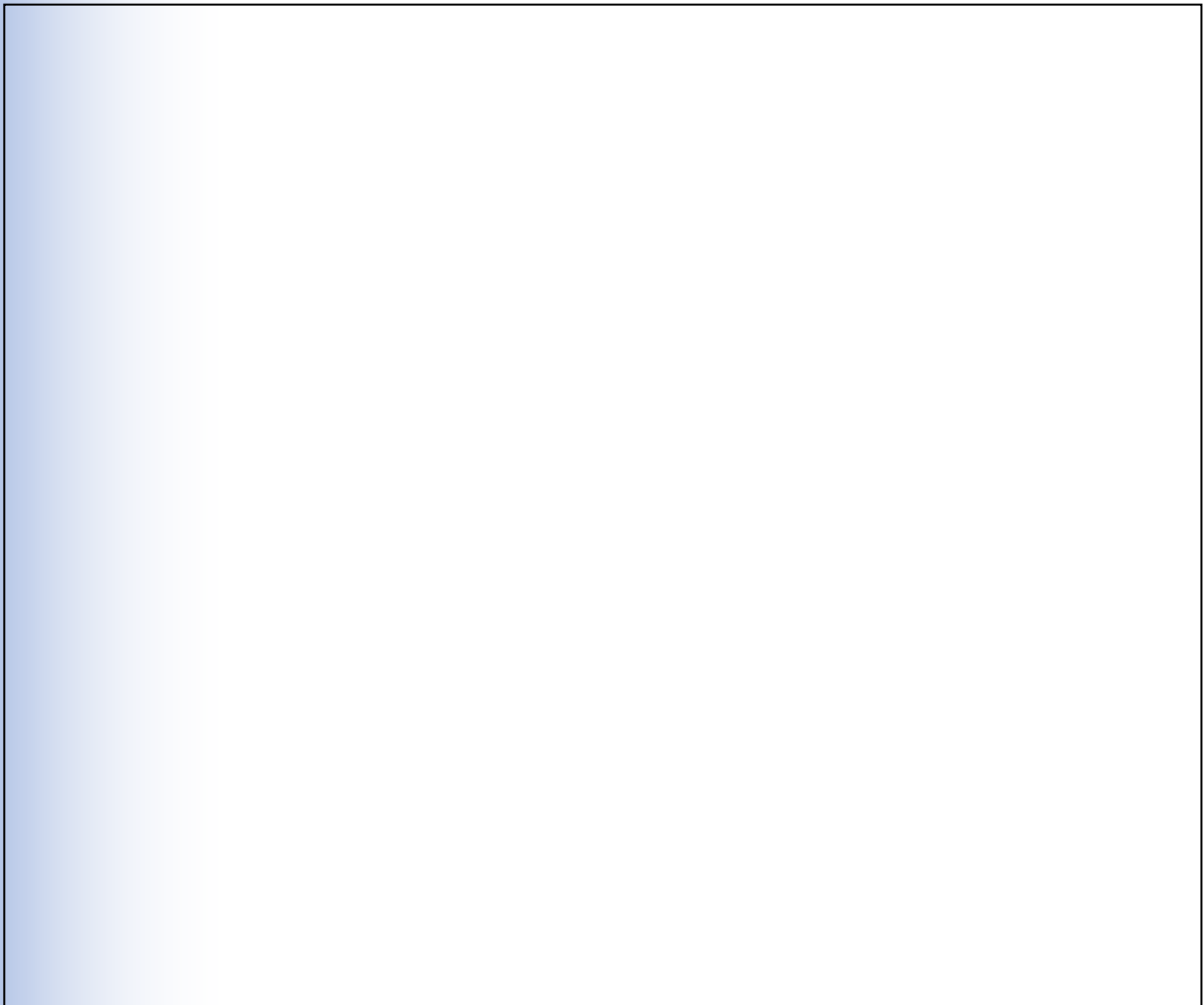
**4. Do you think that Birmingham City Council should ensure that it receives value for money when purchasing care services for younger adults?**

Yes  No  Don't know


**5. Do you think that the introduction of a micro-procurement process would create a more transparent way of purchasing care services?**

Yes  No  Don't know

**6. How do you think the proposed introduction of a Framework Agreement and use of a micro-procurement process might affect you?**



**7. Any other comments on our proposals?**



## Part 2: About you

We would like you to tell us something about you.

You do not have to tell us if you do not want to, but if you do, it will help us to plan our services.

### Data Protection Act 1998

The personal information on this form will be kept safe and is protected by law.

You can see more information about data protection on our website at:

[www.birmingham.gov.uk/privacy](http://www.birmingham.gov.uk/privacy)

### 1. What best describes your interest in this consultation?

Please tick  one of the boxes

- A paid carer who looks after a younger adult
- A family member or unpaid carer of a younger adult
- A younger adult
- A care provider for younger adults
- Other – please state

### 2. How old are you? My age group is: Please tick one of the boxes

- |                                      |                                  |                                  |
|--------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 17 or under | <input type="checkbox"/> 40 - 44 | <input type="checkbox"/> 65 - 69 |
| <input type="checkbox"/> 18 - 19     | <input type="checkbox"/> 45 - 49 | <input type="checkbox"/> 70 - 74 |
| <input type="checkbox"/> 20 - 24     | <input type="checkbox"/> 50 - 54 | <input type="checkbox"/> 75 - 79 |
| <input type="checkbox"/> 25 - 29     | <input type="checkbox"/> 55 - 59 | <input type="checkbox"/> 80 - 84 |
| <input type="checkbox"/> 30 - 34     | <input type="checkbox"/> 60 - 64 | <input type="checkbox"/> 85+     |
| <input type="checkbox"/> 35 - 39     |                                  |                                  |

**3. What gender are you?** Please tick  one of the boxes

Male

Female

**4. Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?** Please tick  one of the boxes

Yes

No

Prefer not to say

**4a. If yes, do any of these conditions or illnesses affect you in any of the following areas?** Please tick  all that apply

Vision (e.g. blindness or partial sight)

Hearing (e.g. deafness or partial hearing)

Mobility (e.g. walking short distances or climbing stairs)

Dexterity (e.g. lifting and carrying objects, using a keyboard)

Learning or understanding or concentrating

Memory

Mental Health

Stamina or breathing or fatigue

Socially or behaviourally (e.g. associated with autism, attention deficit disorder or Asperger's syndrome)

Other – please state

**5. What is your ethnic group?** Please tick  one of the boxes

White: English/ Welsh/ Scottish/ Northern Irish/ British

Any other white background

Mixed/ multiple ethnic groups

Asian/ Asian British

Black African/ Caribbean/ Black British

Indian Sikh

Jewish

Other ethnic group

**6. What is your religion or belief?** Please tick  one of the boxes

No religion

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion

## How can you take part in this consultation?

We want to know what you think of our proposal.

Please return the questionnaire in the pre-paid envelope provided.

**Write to:** Younger Adults Care Services Consultation  
Joint Commissioning Team  
PO BOX 16467  
Birmingham  
B2 2DR

**Email:** [jointcommissioningteam@birmingham.gov.uk](mailto:jointcommissioningteam@birmingham.gov.uk)

**Website:** [www.birminghambeheard.org.uk](http://www.birminghambeheard.org.uk)

**Tel:** (0121) 303 3893

Thank you for taking part in this consultation.

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