Engagement report:

Public perceptions and experiences of community equipment services in Suffolk
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1.0 ACKNOWLEDGEMENTS

1.1 Healthwatch Suffolk would like to thank every person who took the time to respond to our survey about using the community equipment service. We value your feedback and appreciate you sharing your views and experiences with us.

1.2 Healthwatch Suffolk acknowledge the support that was provided by Suffolk Community Healthcare (SCH) who disseminated the postal surveys to service users. Additionally, Healthwatch Suffolk offer their thanks to local organisations in and around Suffolk for providing their support whilst we have been completing this project. The assistance of local organisations in the dissemination of our survey and their willingness to allow members of staff from Healthwatch Suffolk to attend drop in sessions for community equipment users enabled us to reach a more representative sample of the population.

1.3 Healthwatch Suffolk do not claim that the responses to our survey are statistically representative of all community equipment users in Suffolk. Despite this, Healthwatch Suffolk are confident that the statistical insight and personal stories that have been distilled from the data provide great value in terms of evaluating the service that the current community equipment service provides.

1.4 Healthwatch Suffolk would like to encourage any questions about this report to be directed to our researcher via info@healthwatchsuffolk.co.uk.
2.0 INTRODUCTION

2.1 Healthwatch Suffolk have been working with Suffolk Community Healthcare (SCH) to explore patient experience of using the community equipment service in Suffolk. This service is provided throughout Suffolk by the provider Serco Group plc.

2.2 SCH already carry out satisfaction surveys and the family and friends test (FFT). It was recognised that additional research insight and perception of quality from other independent sources (i.e., Healthwatch Suffolk) would support local service improvement.

2.3 The aim of this project was to analyse service users’ experience of the community equipment service in order to explore the quality of the service and the level of care provided by members of staff within Serco.

2.4 This report sought to provide an unbiased and impartial reflection of data gathered, offering both commentary, insight and recommendations. SCH, Serco and Healthwatch Suffolk have agreed that the outcome of this report will be used to underpin future service improvement and innovation.
3.0 BACKGROUND

Healthwatch Suffolk

3.1 Local Healthwatch is a facilitator and advocate of local voices. Our role is to listen to service users’ views and use our statutory powers to influence change within the health and social care system, influencing the delivery and design of local health and care services. In summary, our vision is to champion the views of local people to achieve excellent health and social care services in Suffolk. We have been working with SCH and Serco (the provider of the community equipment service) to find out people’s experiences of using the community equipment service and to identify how the service can be improved for service users.

SUFFOLK HEALTH SCRUTINY COMMITTEE

When the Suffolk Health Scrutiny Committee was held in October 2014, it was decided that the following questions would be addressed:

1. What is the current performance of the community equipment service relating to:
   • delivery of equipment
   • collection of equipment
2. What are the variances in performance across the county?
3. What steps have been taken to improve stock availability and how effective has this been?
4. What steps have been taken to improve the system for special order equipment and how effective has this been?
5. What progress has been made in respect of clearing the invoicing backlog?
6. What actions have been taken to improve communications and how effective has this been to date?
7. What are the views of stakeholders and people in receipt of the service?
8. What steps are being taken to jointly procure this service in future?

Although it is beyond the scope of this report to research and analyse all of the above, many of the questions have been incorporated into this report.
Suffolk Community Healthcare

3.2 Suffolk Community Healthcare is a partnership between Serco, South Essex Partnership University NHS Foundation Trust and Community Dental Services CIC. SCH oversee 15 community health teams who offer nursing and therapy care, working with specialist nurses and their community intervention service for urgent cases.

3.3 SCH also operate the wheelchair service and community equipment service to help people maintain their independence for longer. SCH note that they try to make services easy to access individual, personalised and joined-up, and as close to what each patient wants and needs.

3.4 The community equipment service includes a full assessment so that they can make sure that patients have the correct equipment to meet their needs. The community equipment service operates three main clinics in Bury St Edmunds, Ipswich and Lowestoft. Service users can visit these clinics for wheelchair and portable equipment assessments and repairs.

3.5 SCH state that their vision and values are to deliver high quality, safe and efficient healthcare to the people of Suffolk.

Patient Experience

3.6 In 2004, the Department of Health definition of patient experience included:

- Getting good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way;
- Having information to make choices, to feel confident and to feel in control;
- Being talked to and listened to as an equal; and
- Being treated with honesty, respect and dignity.

3.7 In February 2012 the NHS National Quality Board (NQB) published the NHS Patient Experience Framework. The points cover:

1. Respect of patient-centred values, preferences, and expressed needs;
2. Co-ordination and integration of care (across health and social care systems);
3. Physical comfort;
4. Emotional support;
5. Welcoming the involvement of family and friends;
6. Transition and continuity; and
7. Access to care.

3.8 Patient experience is also inextricably linked with staff experience, with numerable studies showing positive and negative patient-staff correlation. The business case for investing in improving patient experience is clear: improved patient outcomes, shorter hospital stays, fewer readmissions, improved staff engagement, reduced absenteeism, improved system efficiencies, and improved organisational reputation, are just a few examples.

3.9 However, the process must be formulated from a grassroots level, grounded in the patient and/or family being sufficiently informed. An ethos of sensitivity to the individual’s and/or family’s needs and values, combined with shared decision-making holds the key to maximising quality and efficiency in these circumstances. The empirical evidence shows that including patients and their families in the decision making processes relating to bespoke products and services often utilises less resources and results in a better patient experience.
4.0 METHODOLOGY

4.1 The methodology adopted for this project was developed jointly by Healthwatch Suffolk and SCH.

4.2 The methodology consists of three components in two phases:

- A questionnaire (Phase 1)
- A follow-up telephone interview and dissemination at drop in sessions (Phase 2)

4.3 The survey (see appendix 1) was designed by Healthwatch Suffolk in collaboration with the SCH’s Patient Experience Manager, SCH’s Director of Nursing, and CES services. The final version of the survey incorporated suggestions from all involved parties. The survey sought to obtain both qualitative (comments on the service) and quantitative (numerical) data.

4.4 The survey was created and uploaded to www.surveymonkey.com, which is an online survey creation service. It allows Healthwatch Suffolk to gather responses with one URL by including a link on emails, websites, Twitter and Facebook. Hard copies of the questionnaire were also made available on request from Healthwatch Suffolk.

4.5 Phase 1 was a survey, which consisted of 19 closed questions (quantitative) and 2 open-ended (qualitative) questions, see Appendix 1. Thereafter, phase 2 consisted of telephone interviews, which aimed to collect qualitative data (in-depth experiences). Healthwatch Suffolk note that there is selection bias when addressing possible phase 2 respondents as only respondents who had said they wished to be contacted were interviewed. However, to counteract any selection bias, an equal number of “negative” and “positive” scoring respondents were contacted.

4.6 The questions within the survey aimed to explore the following themes:

- Overall experience of using the community equipment service
- Initial contact
- The engineer
- The home visit
- The repair, instalation or replacement process
- The complaints process
Improvements to the service

4.7 Specifically, questions within the survey tapped into the following constructs:

- Level of care (provided by the telephone operator and the engineer)
- Waiting times (between request and visit, between visit and repair, instillation or replacement)
- Satisfaction (with treatment and the repair process)
- Provision of information through contact with the Community Equipment Service
- Suggestions for improvements (Time and Quality)

4.8 The telephone interviews drop in sessions and meetings aimed to explore people’s experiences of accessing the Community Equipment Service in Suffolk in more depth.

Dissemination

4.9 4,500 surveys were printed by Healthwatch Suffolk and delivered to SCH’s office based in Ipswich. Thereafter, Serco’s community equipment delivery drivers disseminated the surveys and cover letters to service users. 1,500 were disseminated in and around the geographical locality of Bury St Edmunds during October, 1,500 were disseminated in and around Ipswich during November, and 1,500 were disseminated in and around Ellough during December. The aforementioned timeframe was chosen as SCH did not want to disseminate their FFT concurrently. Healthwatch Suffolk and SCH agreed that this was a long enough time period in order to receive a representative sample of views from service users.

4.10 Additionally surveys were distributed by Healthwatch Suffolk’s community development team. These surveys were disseminated to a number of local organisations and individual members of the public. The survey was also circulated electronically to Healthwatch Suffolk’s existing network of contacts within the community. The URL to the electronic version of the survey was disseminated with the help of local organisations in Suffolk. The full dissemination list can be found in Appendix 3.

4.11 The survey was also circulated by the Healthwatch Suffolk Information Team in the following ways:
• An article in the Healthwatch Suffolk quarterly newsletter issued to Friends and Members.
• Repeated articles in Healthwatch Suffolk electronic fortnightly updates.
• Regular social media updates on Facebook and Twitter.
• Front-page feature on the Healthwatch Suffolk website including a banner animation with supporting updates on the news, consultation and surveys page.

4.12 The newsletter and bi-weekly update reach over 3,100 local people who have registered as friends or members of Healthwatch Suffolk.

4.13 Suffolk Coalition of Disabled People (SCODP) advertised our survey on their website and included an advert in their autumn newsletter.
5.0 RESPONDENTS

5.1 As over 4,500 surveys were disseminated, Healthwatch Suffolk anticipated a response rate of 12%, which would have provided statistically representative insight. Healthwatch Suffolk and SCH acknowledged that a range of factors had the potential to reduce the response rate. However, the response rate for this particular report was disproportionately low as Healthwatch Suffolk received a response rate of 0.02%.

5.2 There are several possible reasons for the low response rate, which could include, but are not limited to:

- Individuals aged 70 or over are less likely than those aged 60-69 to take part in the survey interview and are the least likely of all age groups to complete the self-completion questionnaire that is requested once the interview has ended. They are also the most likely of all age groups to refuse a second interview a year after the first; and
- The sample group are predominantly individuals with disabilities. This may result in many respondents having an inability return the survey via post.

5.3 Although Healthwatch Suffolk could have reached a statistically representative response rate via an extended timeframe and/or personal collection of surveys, the capacity and the monetary cost of taking such actions is beyond the scope of this project.

5.4 Nonetheless, Healthwatch Suffolk are particularly grateful to everybody that took the time to respond to our survey. We would like to acknowledge the importance of the contribution that these service users have provided by contributing their views and experiences of using the community equipment service.

5.5 Healthwatch Suffolk acknowledge that the opinions of service users are subjective as they are a result of personal experience. Therefore, one should consider these points when interpreting the findings of this report. Importantly, Healthwatch Suffolk do not claim that responses are statistically representative of the population of community equipment users within Suffolk.
5.6 Respondents who completed the survey and posted their responses back have self-identified themselves as being willing to take part in the survey. Therefore respondents hold a self-selection bias. This should be acknowledged when interpreting the results and when considering the implications of this research.

Demographics

5.7 Respondents were asked to answer 6 questions that invited them to share demographic information about themselves. The following information was collected about each service user:

- Postcode
- Gender
- Age
- Sexual orientation
- Disability
- Ethnicity

5.8 Respondents were asked to record their postcode so that we could map their locality. 100 respondents provided this information, 31 respondents skipped it. The postcodes that were provided have been mapped across the county on the locality map below. As seen in the map, there has been a lack of respondents from central Suffolk locations. This is something Healthwatch Suffolk will work towards improving. Please see Figure 1.

![Figure 1. County coverage of location mapped by postcode of respondent](image)

Respondents were asked to record their gender. Out of 131 respondents, 22 skipped it while 109 provided a response. 66 respondents stated that they were female and 43 respondents stated that they were male. See Figure 2.
Respondents were asked to record their age. Out of 131 respondents, 21 skipped the question while 110 provided a response. No respondents stated that they were aged younger than 16 years, 1 respondent stated that they were aged between 16-24 years, and 5 respondents stated that they were aged between 25 and 44 years. As expected, there were few respondents below 44 years of age as most users of community equipment are elderly. As such, the majority - 95% of respondents - were 45 to 65+ years of age (22 respondents stated that they were aged between 44 years and 64 respondents and 82 respondents stated that they were aged 65+). See Figure 3.

Respondents were asked to record their sexual orientation. Out of 131 respondents 33 skipped this question, while 98 provided a response. 84 respondents stated that they were heterosexual, 7 respondents stated that they were lesbian or gay, and 1 respondent stated that they were bisexual. 6 respondents stated that they would rather not say. See Figure 4.
5.12 Respondents were asked to record whether they had a disability. Out of 131 respondents 28 skipped this question, while 103 provided a response. 74 respondents (72%) stated that they had a disability, 15 respondents stated that they did not have a disability and 14 respondents stated that they would rather not say. See Figure 5.

72% of respondents said they had a disability

Figure 6: Respondents with Disabilities

5.13 Respondents were asked to record their ethnicity. Out of 131 respondents, 22 (17%) skipped this question while 109 provided a response. 106 respondents (81%) stated that they were White British, 1 respondent stated that they were Polish, and 1 respondent stated that they were from an Other White Background. 1 respondent stated that they would rather not say.
6.0 SURVEY FINDINGS

The following section will highlight and analyse the data collected from respondents. Please note that although 131 people responded to the survey, not all answered every question. In light of this, each graph (referred to as figure 1, 2, 3, etc.) will include a number below which represents the number of respondents who answered the question (i.e., N=100 indicates that 100 out of 131 people responded to the question).

Q1: Receipt of Survey

6.1 When all 131 respondents were asked ‘when was the survey given to you?’, 127 answered while 4 did not provide an answer. Of those that answered, 77 (61%) received their survey upon delivery, while 33 (26%) received their survey upon collection of an item. Thereafter, 20 respondents noted ‘other’. Respondents that noted ‘Other’ received their community equipment surveys from Healthwatch Suffolk’s Community Development Officers who regularly disseminate Healthwatch Suffolk’s surveys throughout Suffolk. Please see figure 6.

When was this survey given to you? If you select ‘Other please record more detail in the box below.

![Figure 6: When was the survey given to the respondent?](image)

Q2: Equipment delivered or collected

6.2 Respondents were asked to list the community equipment that was either delivered or collected from them. Figure 7 shows the percentage of respondents that received each item that was listed. The comments from the respondents highlight that there are six main types of equipment being delivered or collected: bath and/or shower equipment, equipment for beds,
equipment regarding toilets and commodes, walkers, perch stools, and cushions with pumps.

![Equipment Diagram](image)

**N=121**

**Figure 7: Equipment Delivered or Collected**

**Q3: Timeframe satisfaction**

6.3 When respondents were asked how satisfied they were with the length of time that they had to wait between their assessment and the delivery of the piece of equipment that they received - as shown in figure 8 below - the majority (85% aggregated) were either satisfied or extremely satisfied with the timeframe between assessment and delivery. However, it must be noted that almost 1 in 10 respondents (9% - 12 respondents, aggregated) noted that they were either extremely dissatisfied or dissatisfied with the timeframe between assessment and delivery. Although this is a relatively low figure in comparison, it highlights rooms for improvement.
Q4: Delivery Information

6.4 When respondents were asked if the Community Equipment Service (CES) informed them when the equipment would be delivered, the majority of respondents (71%) said that they had been informed during the delivery process, while 5% of respondents could not remember. However, it must be noted that 25% of the respondents who answered this question were given no information regarding the delivery of their community equipment. Although those individuals who answered ‘no’ are the minority, they still account for 1 out of 4 respondents. Please see figure 9 below.

Did the Community Equipment Service (CES) inform you when the equipment would be delivered?

N=122

Figure 9: Were you informed of the delivery
Q5 and Q6: Were the delivery drivers polite and helpful?

6.5 Question 5 asked the respondents how polite the person who delivered their community equipment was, while question 6 asked if the person who delivered the community equipment was helpful. As can be seen in figure 10, the politeness and positive manner of the delivery team is almost unquestionable as 98% said that the person who delivered their community equipment was polite, while 95% of respondents said that the person who delivered their community equipment was helpful. Only 1 respondent (1%) said that the person who delivered the community equipment was not polite, while only 2 respondents (2%) said that the person who delivered their community equipment was not helpful. These results were the same for respondents who had items delivered and collected.

N=120

Waterfall, 2007

Q9: Information provided for faulty community equipment

6.6 When respondents were asked if they were informed about who to contact if their equipment failed to work properly, 2 out of 3 respondents (66%) acknowledged that they had been informed by the provider. Just over 1 in 10 respondents (13%) could not remember. However, 21% of respondents had not been sufficiently informed and did not know who to contact if their community equipment malfunctioned. This highlights a cause for concern as there may not be an implemented process or information leaflet that informs service users. Please see figure 11 below.
Q11: Satisfaction regarding set-up of equipment

6.8 Those that answered ‘yes’ to Question 10 were asked to rate how satisfied they were with how the equipment was put together or set up. As shown in figure 13 below, the majority (58%) of respondents were extremely satisfied, while over a third of respondents (37%) were satisfied. Aggregated, 95% of respondents noted a positive satisfaction rating. However, 5% (which equates to 3 respondents) were extremely dissatisfied with the set-up of their equipment.
community equipment. No respondents noted a rating of ‘dissatisfied’ nor ‘neither satisfied nor dissatisfied’.

If you answered 'Yes' to Question 10, please rate how satisfied you were with how the equipment was put together or set up.

- Extremely Dissatisfied
- Dissatisfied
- Neither Satisfied nor Dissatisfied
- Satisfied
- Extremely Satisfied

N=62

Figure 13: How satisfied was the respondent with the installation of their equipment?

Q12: Requesting a repair or replacement

6.9 Respondents were asked if they had requested a repair or replacement. As shown in figure 14, the majority of respondents (85%) noted that they had not requested a repair or replacement. Therefore it is assumed that majority of respondents had new items delivered. However, 15% of respondents had requested a repair or replacement.

Did you request a repair or replacement? If you select 'No', please skip to Question 14.

N=117

Figure 14: Did the respondent request a replacement?

Q13: Repair and replacement, continued

6.10 The respondents that answered ‘yes’ to question 13 were asked if they were satisfied with the length of time that it took for the replacement to arrive or for the repair to be completed. Although it must be noted that the response rate was minimal at 22 respondents and cannot be seen as statistically representative, 77% noted that they were satisfied with the length of time it
took for the community equipment to be repaired or replaced. However, 14% of respondents were not satisfied with the length of time it took for their community equipment to be repaired or replaced. 9% of respondents could not remember. Please see figure 15 below.

Were you satisfied with the length of time that it took for the replacement to arrive or for the repair to be completed?

![Chart showing satisfaction levels](image)

Over 1 in 10 respondents were not satisfied with the time it took to receive their replacement or repair

N=22*

*Low base size - treat data with caution

Figure 15: length of time it took for a replacement to arrive

**Q14: Item collection**

6.11 When respondents were asked how satisfied they were with the length of time that they had to wait for their piece of equipment to be collected, the results were less conclusive than the previous questions. Almost half of the respondents (47%) were extremely satisfied with the length of time taken to collect their community equipment, while almost a third of respondents (31% - 19 respondents) were satisfied. However, it must be noted that 11% of respondents (7 respondents) were dissatisfied and 3% (2 respondents) were extremely dissatisfied. This highlights a collection process that has not been standardised and/or a process that does not inform the customer of collection processes. 8% of respondents were neither satisfied nor dissatisfied. Please see figure 16 below.
If you have requested items of equipment for collection, how satisfied were you with the length of time that you had to wait for the piece of equipment that you had to be collected?

![Bar chart showing satisfaction levels](image)

Q15: Item collection, continued

6.12 When respondents were asked if the Community Equipment Service (CES) informed them if and/or when the equipment would be collected, the majority (84%) stated that they were informed while 15% said they were not. 2% of respondents did not remember. Once again, the community equipment service shows a disparity in the dissemination of information to its service users. Although the majority of respondents received the correct information, more than 1 in 10 respondents received no information at all. This raises questions about the information mechanisms that are provided to community equipment service users. Please see figure 17 below.

![Bar chart showing CES information](image)
Q18: Overall satisfaction of Community Equipment Service

6.13 Respondents were asked how satisfied they were with the service and overall experience that they had received from the Community Equipment Service. As shown in figure 18 below, over half of the respondents were extremely satisfied while 4 out of 5 respondents (40%) were satisfied. A very small group of respondents were either dissatisfied (2%) or extremely dissatisfied (2%). 5% of respondents were neither satisfied nor dissatisfied. Overall, respondents have painted a positive picture of the Community Equipment Service in Suffolk as over 9 out of 10 people acknowledged positive satisfaction ratings.

How satisfied are you with the service and overall experience that you received from the Community Equipment Service (CES)?

Over 9 out of 10 respondents showed positive satisfaction ratings

Figure 18: Overall satisfaction
8.0 INTERVIEWS

8.1 Telephone interviews are often an effective and resourceful way of collecting in-depth information from a participant about specific experiences, as they provide the opportunity for an exchange of information between a researcher and a participant.

8.2 The researcher at Healthwatch Suffolk contacted all respondents (40) who shared their contact details and provided consent to be contacted for a follow up telephone interview within their survey response. Respondents were either contacted by email or by telephone, depending on the type of contact details they had provided.

8.3 As a result the researcher completed eight telephone interviews with participants. The researcher designed an interview script which was used to guide the flow of each interview. In order to design the interview script the researcher identified themes from the survey responses and asked questions that related to these themes. The interview script was adapted accordingly for each interview and was applied in a semi-structured manner. This means that the researcher allowed the service user to dictate the direction of the interview, but used the interview script to guide the topic of conversation back to the participant’s experience of community equipment provision in Suffolk.

8.4 All respondents were provided with a written information sheet, which provided details about the rationale for the interview and information about their role as a participant. All participants were informed that they could withdraw from the interview at any time and they were informed that they could refuse a question if they would prefer to do so. Before the interview was conducted the researcher informed the participant that all comments shared within the dialogue of the interview may be included in a final report. The participant was informed that these would be presented to Suffolk County Council and Serco Group Plc in an anonymous format. The researcher collected verbal consent from all participants before asking any questions that related to the participant’s experience of the community equipment service in Suffolk.

8.5 Each telephone interview lasted between 10-20 minutes. Four females and four males took part in the interviews.
Positive experiences of the community equipment service

Positive experience of community equipment hinged on two central aspects. Firstly, service users were appreciative of the community equipment service as a whole, as it allows individuals the opportunity to be more mobile or self-sufficient. This point was raised by all who were interviewed. The second central positive aspect of the community equipment service related to the delivery drivers and engineers. The consensus from all who were interviewed was that the community service delivery drivers and engineers were kind and caring, often going beyond their job descriptions to aid service users.

Appreciation for Community Equipment Service:

“...Although the service could be improved, the equipment and service is vital for people like me. I’d be lost without them or it”

“People don’t understand what the service means to elderly people that are not as mobile as we once were. Without this service I’d have a lot of problems in my day-to-day life”

“...The items took too long to arrive, but nonetheless, the service is vital for the community. I have used it for some time and I am very grateful to have such a service”

“I think the equipment service is wonderful. Not that it’s perfect, it isn’t. But I’d say that it’s needed and appreciated”

Delivery drivers and engineers:

“...the driver was extremely helpful. He had seen me previously and knew that I was unsure of opening the door to people, so he called me when he was on his way”

“The engineer was very helpful indeed. I couldn’t praise him enough”

“...I thought that the driver would be like the people in the office, but he was the complete opposite. He actually cared and did his best to make sure that I understood and was comfortable”

“Although I had waited far too long for my items, the driver was on time and extremely respectful. In fact, he made himself and I a cup of tea after he had fitted my equipment”
Negative experiences of the community equipment service

8.7 As with the positive attributes of the community equipment service, the respondents' transcripts highlight two negative trends that can be understood in terms of information dissemination (mentioned by all who were interviewed) and poor office/administrative communication and information management (mentioned by six out of eight who were interviewed).

Information dissemination:

“...I was not told a delivery date or time, nor was informed about at what stage of the process my assessment was. It took two months to receive my equipment - six weeks after they said it would arrive”

“I was provided little to no information at each stage of the process. The only people who informed me were the engineers and they admitted that the office staff are clueless”

“...I do not think that service users are provided enough information. I had to call them several times to find out the relevant information”

“How am I supposed to arrange my day or week when I have not been told when my items will arrive? More information is needed”

Office and Administrative Communication:

“The office staff don’t know their arm from their leg. They’re nice enough, but I’m assuming they’re poorly managed. They couldn’t find my details and then took three days to call me back”

“Poor communication from the office staff. I called several times and left a message but had no response. It left me feeling a little lost”

“The administrative team haven’t filled me with hope and joy, that’s for sure. It was so much better when Serco didn’t run the service”

The previous company should be reinstalled or it should return to the NHS. The staff are okay, but the communication is so poor that if it were a private company I would not ever return”
Although there were several other underlying topics that were highlighted in the respondents' transcripts, they related to personal issues that could not be generalised to the wider sample group.

Nonetheless, the transcripts clearly identify two diverging trends: firstly, a positive trend of good service provided by the engineers and delivery drivers. This is arguably the most fundamental aspect of the community equipment service as the delivery drivers and engineers personally interact with service users and are therefore representing the Community Equipment Service on a day-to-day and face-to-face basis. Moreover, the data collected from the surveys and telephone interviews attests to their good nature and professionalism. Secondly, however, is a negative trend of poor information and communication delivery and dissemination. The data received from the surveys and the transcripts from the interviewees highlight that service users are not sufficiently informed. This has been attributed to the office and administrative staff within the Community Equipment Service. As such, it is evident that the Community Equipment Service needs to develop, implement and monitor a best practice approach in regards to the provision of information and communication processes. Moreover, Healthwatch Suffolk's report on Service User’s Satisfaction of the Wheelchair Repair Service in Suffolk, which is also implemented by Serco Group Plc, highlight the same findings in regards to poor information and communication.
7.0 KEY MESSAGES AND FINDINGS

7.1 Healthwatch Suffolk has written this report to identify key themes relating to:

- Level of care (provided by the telephone operator and the engineer)
- Waiting times (between request and visit, between visit and repair, installation or replacement)
- Satisfaction (with treatment and the repair process)
- Provision of information through contact with the Community Equipment Service

Level of Care

7.2 The level of care provided by the engineers has been a positive theme throughout the analysis of the data collected. This can be seen through the positive satisfaction ratings of the survey respondents, as 98% said that their delivery driver was polite and 95% said that they were helpful. This was also highlighted throughout the interviews Healthwatch Suffolk held.

7.3 In relation to the telephone operators, it was acknowledged via interviews with respondents that the telephone operators were forthcoming, often polite and helpful. However, all of the interviewees spoke of the telephone operators having little knowledge of community equipment and the delivery/collection timetable. Although this insight is borne of interviews with a small sample group, the survey findings support this. As seen, 1 in 5 survey respondents were not informed of a delivery date while 1 in 5 were not informed of who to contact if their equipment malfunctioned. Although this is not directly related to the job description of telephone operators, it highlights a need to improve communication systems within the community equipment service as information is not being given to frontline staff, which has a negative effect of service user satisfaction.

Waiting Times

7.4 The majority (85%) of respondents were satisfied or extremely satisfied with the length of time between their assessment and the delivery of their equipment. Moreover, 77% of respondents were happy with the length of time it took the community equipment service to replace or repair faulty equipment. However, there is a consistent level of 1 in 10 respondents who were not satisfied with the length of time they had to wait.
Satisfaction

7.5 Overall, the majority of respondents show a positive satisfaction towards their overall experience of the community equipment service as over 9 out of 10 respondents (92%) were either satisfied or extremely satisfied.

Provision of Information

7.6 Currently the Community Equipment Service is falling short of “good” information dissemination. The aforementioned findings highlight the need for greater information systems within the administrative arm of the Community Equipment Service.

7.7 Currently the community equipment service is falling short of “good” information dissemination. The aforementioned findings highlight the need for greater information systems within the administrative arm of the community equipment service. Although the majority of respondents showed positive satisfaction ratings towards the majority of questions, 1 in 10 respondents - and in some cases 1 in 5 respondents - had not been sufficiently informed at each stage (i.e., time management, information dissemination, and signposting). Therefore, a standardised process whereby the service provider continually informs the service user on a step-by-step basis will improve customer engagement and satisfaction.

Key Finding

7.8 The main findings highlight a sample group where the majority of service users (92% aggregated) are satisfied or extremely satisfied with the “overall” community equipment process. Additionally, 85% (aggregated) of respondents showed positive satisfaction towards the length of time that it took between their assessment and delivery of their equipment. However, dissatisfaction seems to occur due to poor dissemination of information to all service users. This becomes evident when analysing the questions directed at the provision of information as they show that not all service users are being kept up-to-date or signposted to the relevant departments. This, in turn, leaves service users feeling disengaged which results in lower levels of satisfaction.

7.9 It must be noted, however, that this does not apply to the delivery drivers and engineers as over 95% of respondents acknowledged that that the delivery drivers and engineers were polite and helpful.
9.0  RECOMMENDATIONS

9.1  As the data collected for this report is not statistically representative, it becomes very problematic when attempting to distil suitable recommendations. Therefore, the main topics that have arisen from Healthwatch Suffolk's research have been documented below. Please note that the recommendations below are not all-encompassing nor are they exhaustive, as Healthwatch Suffolk have chosen to highlight key areas that can be generalised to the wider service user population. If future recommendations are to be made, there must be a concentrated cross-partnership approach to receive a statistically representative response rate.

Information Systems

9.2  Currently the Community Equipment Service is falling short of “good” information dissemination. The aforementioned findings highlight the need for greater information systems within the administrative arm of the Community Equipment Service. Although the majority of respondents showed positive satisfaction ratings towards information dissemination regarding delivery, collection, and who to contact when equipment malfunctions, a minimum of 1 in 5 respondents had not been sufficiently informed at each stage (i.e., delivery, collection, etc.). Therefore, a standardised process whereby the service provider continually informs the service user on a step-by-step basis will improve customer engagement and satisfaction. Moreover, the transcripts from the interviewees highlight the need for high standards of information dissemination to occur both internally and externally, from the top down. This means that all staff and service users will be informed throughout the varying Community Equipment processes.

Time Management

9.3  Once again, although the majority of respondents showed positive satisfaction ratings in regards to the length of time they had to wait at various stages of the community equipment process (i.e., delivery, repair, collection, etc.), 1 in 10 respondents showed a negative satisfaction rating. In rare cases there may have been an extended wait for various parts or equipment, but more generally, Healthwatch Suffolk find that standardised, “best-practice” approaches to information dissemination alleviates negative satisfaction ratings in regards to acceptable waiting periods. Put simply, if a service user is informed throughout a process, perceived waiting times diminish as there are not long periods where service users are left uncertain of when, where and how their desired product will reach them. Uncertainty leads to service users becoming discontent, which results in poor satisfaction ratings.
10.0 CONCLUSION

10.1 It is evident from Healthwatch Suffolk’s research that the Community Equipment Service being provided by Serco Group Plc is a vital service for the people of Suffolk, which is shown by over 9 out of 10 respondents showing positive satisfaction ratings in regards to the “overall” service.

10.2 The Community Equipment Service received an outstanding appraisal in regards to their delivery drivers and engineers as there were many positive words bestowed upon them. However, an area of contention arose when questions were asked of delivery and collection times and information dissemination. Although the majority of respondents stated positive satisfaction ratings to questions relating to timeframes and information, 10 per cent to 25 per cent of respondents showed negative satisfaction ratings. Healthwatch Suffolk are therefore concerned by the lack of continuity among service user responses.

10.3 Although the Community Equipment Service’s staff have good intentions and provide a necessary service, 1 in 5 respondents have highlighted a lack of information and communication in relation to the community equipment service. Therefore, an invested effort into information and communication mechanisms needs to be developed to ensure that all service users receive the outstanding level of care that the Community Equipment Service is able to provide.

10.4 Healthwatch Suffolk acknowledge that the response rate for this project is not high enough to claim to be statistically representative of the population of service users that the Community Equipment Service. However, due to the depth of qualitative data that was collected through the survey and telephone interviews, we feel that opinions and experiences shared in this report are of extreme value. Importantly we feel that responses should be considered by Suffolk County Council and Serco Group Plc as a valid method of evaluating the service.
Appendix One: Survey

Please tell us about your experience of using the Community Equipment Service in Suffolk

1. When was this survey given to you? If you select ‘Other’ please record more detail in the box below.
   Upon delivery of an item ☐ Upon collection of an item ☐ Other ☐

2. Please list which item(s) of equipment were delivered/collection.

3. Were the items classed as ‘core stock’ or ‘special stock’ items?
   Special stock ☐ Core stock ☐ I don’t know ☐

Delivery

4. How satisfied were you with the length of time that you had to wait between your assessment and the delivery of the piece of equipment that you received?

<table>
<thead>
<tr>
<th>Extremely Dissatisfied</th>
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5. Did the Community Equipment Service (CES) inform you when the equipment would be delivered?
   Yes ☐ No ☐ I can’t remember ☐

6. Was the person who delivered the equipment polite?
   Yes ☐ No ☐ I can’t remember ☐

7. Was the person who delivered the equipment helpful?
8. Was the equipment in good working order when it was delivered?
   Yes ☐ No ☐ I can’t remember ☐

9. Was the equipment clean when it was delivered?
   Yes ☐ No ☐ I can’t remember ☐

10. Were you informed about who to contact if the equipment failed to work properly?
    Yes ☐ No ☐ I can’t remember ☐

Installation, Repairs/Replacements

11. Did the equipment have to be put together or set up when it was delivered to you? If you select No, please skip to Question 12.
    Yes ☐ No ☐ I can’t remember ☐

12. If you answered yes to Question 11, please rate how satisfied you were with how the equipment was put together or set up.

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13. Did you request a repair or replacement? If you select ‘No’, please skip to Question 14.
    Yes ☐ No ☐ I can’t remember ☐

14. Were you satisfied with the length of time that it took for the replacement to arrive or for the repair to be completed?
    Yes ☐ No ☐ I can’t remember ☐

Collection (If you have not requested an item to be collected skip to Question 18)

15. If you have requested items of equipment for collection, how satisfied were you with the length of time that you had to wait for the piece of equipment that you had to be collected?

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16. Did the Community Equipment Service (CES) inform you when the equipment would be collected?
   Yes  ☐  No  ☐  I can’t remember  ☐

17. Was the person who collected the equipment polite?
   Yes  ☐  No  ☐  I can’t remember  ☐

18. Was the person who collected the equipment helpful?
   Yes  ☐  No  ☐  I can’t remember  ☐

Overall Satisfaction with Service

19. How satisfied are you with the service and overall experience that you received from the Community Equipment Service?

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20. Please share any other comments about the Community Equipment Service (CES) service in the box below.

21. Would you, your family member/friend or a person who supports you, be willing to talk to us about your experiences of using the CES Service in a telephone discussion?
   Yes  ☐  No  ☐

22. If you have answered yes to question 20, please supply us with some details so that we can contact you, your friend/family member or family carer further.
   Name: ...........................................................................................................
   Telephone number: ...........................................................................................
   Email address: ...................................................................................................
Appendix Two: Information Sheet

Tell us about your experience of using the Community Equipment Service in Suffolk

Healthwatch Suffolk is your local consumer champion for Health and Social Care services in Suffolk. We find out what you think about these services in Suffolk so that we can use your views to improve services for everyone. We are working with Serco and Suffolk County Council to find out your views on the Community Equipment Service (CES) in Suffolk.

You may be able to help us understand how the service can be improved, so please fill in our questionnaire. Your answers will be recorded in an anonymous format. You can return a hard copy of the survey, which is attached to this letter, in the envelope provided (no stamp required). Or you can also take part online by visiting the following link: [www.surveymonkey.com/s/CommunityEquipment](http://www.surveymonkey.com/s/CommunityEquipment)

We would appreciate your responses as soon as possible.

If you would like this survey in an alternative format, or if you require additional support to complete this survey then please contact us at 01449 703949 or email us at info@healthwatchsuffolk.co.uk.

If you have any queries about your equipment please contact your local CES team; CES Bury St Edmunds (01284 748827), CES Ipswich (01473 274804), CES Ellough (01502 470360).

We look forward to receiving your questionnaire.

Yours sincerely,

Annie Topping  
Abigail Tierney  
Eve Wheeler

Chief Executive  
Chief Executive  
Assistant Director

Healthwatch Suffolk  
Serco  
Suffolk County Council
## Appendix Three: Dissemination timetable

### Survey Distribution Timetable

**September**

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