Our report:
Public perceptions and experiences of wheelchair repair services in Suffolk
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1.0 ACKNOWLEDGEMENTS

1.1 We would like to thank every person who took the time to respond to our survey about using the wheelchair repair 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.

1.3 Healthwatch Suffolk offer their thanks to local organisations in and around Suffolk for providing their support whilst we have been completing this project. Their assistance with dissemination of our survey and their willingness to allow members of staff from Healthwatch Suffolk to attend drop in sessions for wheelchair users enabled us to reach a more representative sample of the population.

1.4 We would like to thank all other organisations who helped us to complete this very important piece of work by electronically disseminating our survey and actively encouraging service users to fill in our survey.

1.5 Healthwatch Suffolk do not claim that the responses to our survey are statistically representative of all wheelchair users in Suffolk. Despite this, Healthwatch Suffolk are confident that the personal stories that are shared in the data that we have collected has great value in terms of evaluating the service that the wheelchair service provides.

1.6 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 wheelchair repair service in Suffolk. This service is provided throughout Suffolk by the provider Serco.

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 would support local service improvement.

2.3 The aim of this project was to analyse experiences of using the wheelchair repair 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 a balanced reflection of data gathered, offering both commentary and recommendations. SCH, Serco and Healthwatch Suffolk have agreed that the outcome of this report will be used to underpin service improvement within the service.
3.0 BACKGROUND

Healthwatch Suffolk

3.1 Local Healthwatch is all about local voices being able to influence the delivery and design of local health and care services. Our role is to listen to service users’ views and use our statutory powers to influence change within the health and social care system. 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 wheelchair repair service) to find out people’s experiences of using the wheelchair repair service and to identify how the service can be improved for service users.

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. It is important to note that Suffolk Community Healthcare and Serco both work towards maintaining the Wheelchair Repair Service, but at different stages of the pathway. As such, Suffolk Community Healthcare are responsible for wheelchair repair assessments, while Serco are responsible for the repairs and replacements thereafter.

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

3.4 The wheelchair service includes a full assessment so that they can make sure that patients have the right wheelchair to meet their needs. The wheelchair service operates three main clinics in Bury St Edmunds, Ipswich and Lowestoft. Service users can visit these clinics for wheelchair assessments and repairs. However, the wheelchair repair service although operated by SERCO is not an SCH service.

3.5 The wheelchair repair service is a service that is run within the wheelchair service in Suffolk. If a service user has an issue with their wheelchair they can contact the wheelchair repair service by phone.
3.6 SCH’s ethos is to deliver high quality, safe and efficient healthcare to the people of Suffolk.

Patient Experience

3.7 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
- Being treated with honesty, respect and dignity.

3.8 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
7. Access to care.

3.9 Patient experience is also inextricably linked with staff experience. 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.

3.10 The process must be grounded in the patient and/or family being well informed. Sensitive to the individual’s and/or family’s needs and values and that shared decision-making holds the key to maximising quality and efficiency in these circumstances. The evidence showed that patients and their families, making a choice using patient decision aids and the evidence available, often choose an option that 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 members of the Wheelchair Repair Service. 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 20 closed questions (quantitative) and 7 open-ended (qualitative) questions, see Appendix 1. Phase 2 consisted of telephone interviews, which aimed to collect qualitative data (in-depth experiences), see Appendix 3 for the script used to guide the interview. Phase 2 also consisted of drop in sessions and meetings at Suffolk Independent Living (SIL) and with Suffolk Disability Health Action Group. Both organisations network with and offer support to wheelchair users in Suffolk.

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

- Overall experience of using the wheelchair repair service
- Initial contact
- The engineer
- The home visit
- The repair 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)
• Satisfaction (with treatment and the repair process)
• Provision of information through contact with the wheelchair repair 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 wheelchair repair service in Suffolk in more depth.

Dissemination

4.9 1,000 surveys were printed by Healthwatch Suffolk and delivered to SCH’s office based in Ipswich. The administration team at SCH posted surveys and cover letters to all service users that used the service between 1st May and 31st July 2014. 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 500 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 full dissemination list can be found in Appendix 4.

4.11 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 4.

4.12 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.

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

4.14 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 1,500 surveys were disseminated, Healthwatch Suffolk calculated a response rate of 12%. Healthwatch Suffolk usually anticipate a minimum response rate of 10% for a project that uses postal surveys as the main dissemination method. Healthwatch Suffolk and SCH acknowledged that a range of factors had the potential to reduce the response rate and were particularly pleased to have received such a good response to our postal survey.

5.2 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 wheelchair repair service.

5.3 When you sample a survey of the population, you do not know that the views expressed by your sample are an accurate representation of the views that belong to the entire population. Healthwatch Suffolk acknowledge that opinions are subjective as they are often 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 wheelchair users within Suffolk.

5.4 It is Healthwatch Suffolk’s understanding from SCH that all service-users who requested a repair with the wheelchair repair service between 1st May and 31st July 2014 were sent a copy of the survey. 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 may present with a self-selection bias. This should be acknowledged when interpreting the results and when considering the implications of this research.

Demographics

5.5 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

5.6 Respondents were asked to record their postcode so that we could map the locality of respondents. 131 respondents provided this information, 87 respondents skipped it.

5.7 Respondents were asked to record their gender. Out of 217 respondents 24 skipped it, 193 provided a response. 112 respondents stated that they were female, 79 respondents stated that they were male, and 2 respondents stated that they would rather not say, see Figure 1.

![Gender Chart](image)

**Figure 1: Gender**

5.8 Respondents were asked to record their age. Out of 217 respondents 25 skipped it, 192 provided a response. 2 respondents stated that they were aged younger than 16 years, 8 respondents stated that they were aged between 16-24 years, 28 respondents stated that they were aged between 25 and 44 years. 72 respondents stated that they were aged between 44 years and 64 respondents and 82 respondents stated that they were aged 65+, see Figure 2.
Respondents were asked to record their sexual orientation. Out of 217 respondents 49 skipped this question, 168 provided a response. 128 respondents stated that they were heterosexual, 2 respondents stated that they were lesbian or gay, 2 respondents stated that they were bisexual and 3 respondents stated their sexual orientation as ‘other’. 33 respondents stated that they would rather not say, see Figure 3.

Respondents were asked to record whether they had a disability. Out of 217 respondents 49 skipped this question, 192 provided a response. 173 respondents (80%) stated that they had a disability, 11 respondents stated that they did not have a disability and 8 respondents stated that they would rather not say see Figure 4.
5.11 Respondents were asked to record their ethnicity. Out of 217 respondents 24 skipped this question, 193 provided a response. 188 respondents (87%) stated that they were white, 2 respondents stated that they were black, 1 respondent stated that they were from another mixed background and 2 respondents stated that they would rather not say see Figure 5.

Figure 4: Disability status

**Ethnicity**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number of respondents</th>
</tr>
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<tbody>
<tr>
<td>White</td>
<td>188</td>
</tr>
<tr>
<td>Black</td>
<td>2</td>
</tr>
<tr>
<td>Other mixed background</td>
<td>1</td>
</tr>
<tr>
<td>I would rather not say</td>
<td>2</td>
</tr>
</tbody>
</table>

Figure 5: Ethnicity
6.0 SURVEY FINDINGS

6.1 Respondents were asked to rate their overall experience of using the wheelchair repair service (Q1). Respondents were required to rate their experience using a 5-point Likert scale from 1-5 (very negative, negative, neither negative nor positive, positive, very positive).

6.2 Out of 217 respondents, 214 provided an answer to this question. 16 respondents (7%) rated their experience as very negative and 24 respondents (11%) rated their experience as negative. 19 respondents (9%) recorded their experience as neither negative nor positive, 84 (39%) respondents recorded their experience as positive and 71 respondents (33%) recorded their experience as very positive.

6.3 In summary 72% of respondents recorded their experience of using the wheelchair repair service as positive or very positive whereas 18% of respondents rated their experience of using the service as negative or very negative.

![Figure 6: Respondent's overall experience of using the wheelchair repair service](image)

Initial contact (Q2, Q3, Q4, Q5)

6.4 Respondents were asked to rate how easy it was to contact the wheelchair repair service (Q2). Respondents were required to rate their experience using a 5-point Likert scale from 1-5 (extremely difficult, difficult, neither difficult nor easy, easy, extremely easy).

6.5 Out of 217 respondents, 213 provided an answer to this question. 4 respondents skipped this question. 5 respondents (2%) stated that it was extremely difficult and 19 respondents (9%) stated that it was difficult. 20 respondents (9%) stated that it was neither difficult nor easy, 103 respondents (48%) stated that it was easy and 66 respondents (31%) stated that it was extremely easy.
6.6 In summary 79% of respondents stated that it was easy or extremely easy to contact the wheelchair repair service as positive or very positive whereas 11% of respondents stated that it was difficult or extremely difficult.

![Bar chart showing the ease of contacting the wheelchair repair service](chart.png)

**Figure 7: Initial contact with the wheelchair repair service**

6.7 Respondents were asked to state whether their call was answered promptly when they first contacted the wheelchair repair service (Q3). Respondents were required to rate their experience using a 5-point Likert scale from 1-5 (strongly disagree, disagree, neither disagree nor agree, agree, strongly agree).

6.8 Out of 217 respondents, 212 provided an answer to this question. 5 respondents (3%) strongly disagreed, 19 respondents (9%) stated that they disagreed. 26 respondents (12%) stated that they neither agreed nor disagreed, 106 respondents (50%) stated that they agreed and 54 respondents (25%) strongly agreed.

6.9 In summary 75% of respondents stated that they agreed or strongly agreed that their phone call was answered promptly, whereas 12% of respondents stated that they disagreed or strongly disagreed that their phone call was answered promptly.
6.10 Respondents were asked to state whether the person they spoke to on the phone was polite (Q4). Respondents were required to rate their experience using a 5-point Likert scale from 1-5 (strongly disagree, disagree, neither disagree nor agree, agree, strongly agree).

6.11 Out of 217 respondents, 214 provided an answer to this question. 3 respondents skipped this question. 2 respondents (1%) stated that it they strongly disagreed, 3 respondents (1%) stated that they disagreed. 13 respondents (6%) stated that they neither agreed nor disagreed, 112 respondents (52%) stated that that they agreed and 84 respondents (39%) stated that they strongly agreed.

6.12 In summary 92% of respondents stated that they agreed or strongly agreed that the person that answered their phone call was polite, whereas 2% of respondents stated that they disagreed or strongly disagreed that the person that answered their phone call was polite.
6.13 Respondents were asked to state whether the person they spoke to on the phone was knowledgeable and understood their request (Q5). Respondents were required to rate their experience using a 5-point Likert scale from 1-5 (strongly disagree, disagree, neither disagree nor agree, agree, strongly agree).

6.14 Out of 217 respondents, 214 provided an answer to this question. 3 respondents skipped this question. 5 respondents (2%) stated that they strongly disagreed, 20 respondents (9%) stated that they disagreed. 29 respondents (14%) stated that they neither agreed nor disagreed, 61 respondents (29%) stated that they agreed and 61 respondents (29%) stated that they strongly agreed.

6.15 In summary 75% of respondents stated that they agreed or strongly agreed that the person they spoke to on the phone was knowledgeable and understood their request, whereas 11% of respondents stated that they disagreed or strongly disagreed that the person was knowledgeable and understood their request.

![The person I spoke to was knowledgeable/understood my request](image)

Figure 10: Knowledge level of the person that answered the phone

The engineer (Q6)

6.16 How satisfied were you with the length of time it took for an engineer to visit from when you first requested the repair? (Q6)

6.17 Respondents were asked to state whether they were satisfied with the length of time it took for an engineer to visit from when they first requested the repair (Q5). Respondents were required to rate their experience using a 5-point Likert scale from 1-5 (Extremely dissatisfied, dissatisfied, neither satisfied nor dissatisfied, satisfied, extremely satisfied).

6.18 Out of 218 respondents, 198 provided an answer to this question. 19 respondents skipped this question. 18 respondents (9%) stated that it they were extremely dissatisfied, 24 respondents (12%) stated that they dissatisfied. 20 respondents (10%) stated that they were neither satisfied
nor dissatisfied, 67 respondents (34%) stated that that they were very satisfied and 69 respondents (35%) stated that were extremely satisfied.

6.19 In summary 69% of respondents stated that they were satisfied or extremely satisfied with the length of time it took for an engineer to visit from when they first requested the repair, whereas 21% of respondents stated that they were dissatisfied or extremely dissatisfied with the length of time it took for an engineer to visit from when they first requested the repair.

![Figure 11: Knowledge level of the person that answered the phone](image)

6.20 Respondents were invited to provide more detail about why they selected their answer to question 6. 30 respondents who stated that they were very dissatisfied or very dissatisfied with the length of time that they had to wait, provided more detail in the follow up box. These comments were analysed via thematic analysis and coded into four themes: availability of spare parts, time and date of visit, waiting times and contact, see Table 1.

<table>
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<tr>
<th>Theme</th>
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</tr>
</thead>
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</tr>
<tr>
<td>Time date of visit</td>
<td>2</td>
</tr>
<tr>
<td>Waiting</td>
<td>6</td>
</tr>
<tr>
<td>Contact</td>
<td>9</td>
</tr>
<tr>
<td>Chase up</td>
<td>4</td>
</tr>
<tr>
<td>Visit did not happen</td>
<td>1</td>
</tr>
<tr>
<td>Engineer did not turn up</td>
<td>2</td>
</tr>
<tr>
<td>Lack of communication</td>
<td>2</td>
</tr>
</tbody>
</table>
Home visit (Q7, Q8, Q9, Q10)

6.21 Respondents were asked to state whether the engineer treated them with dignity and respect (Q7). Respondents were required to rate their experience using a 5-point Likert scale from 1-5 (Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree).

6.22 Out of 217 respondents, 196 provided an answer to this question. 21 respondents skipped this question. 0 respondents (0%) stated that they strongly disagreed, 2 respondents (1%) stated that they disagreed. 5 respondents (3%) stated that they neither agreed nor disagreed, 102 respondents (52%) stated that they agreed and 87 respondents (44%) stated that they strongly agreed that the engineer treated them with dignity and respect.

6.23 In summary 1% of respondents stated that they disagreed that the engineer treated them with dignity and respect whereas 96% of respondents stated that agreed or strongly agreed.

![Figure 12: The engineer treated me with dignity and respect](image)

6.24 Respondents were asked to state whether the engineer explained what they were doing (Q8). Respondents were required to rate their experience using a 5-point Likert scale from 1-5 (Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree).

6.25 Out of 217 respondents, 195 provided an answer to this question. 22 respondents skipped this question. 1 respondent (1%) stated that they strongly disagreed, 5 respondents (3%) stated that they disagreed. 13 respondents (7%) stated that they neither agreed nor disagreed, 105 respondents (54%) stated that that they agreed and 71 respondents (36%) stated that they strongly agreed that the engineer explained what they
were doing whilst they were conducting the assessment/repair of the wheelchair.

6.26 In summary 4% of respondents stated that they disagreed or strongly disagreed that the engineer explained what they were doing whereas 90% of respondents stated that agreed or strongly agreed.

![The engineer explained what they were doing](image)

Figure 13: the engineer explained what they were doing

6.27 Respondents were asked to state whether the engineer attended on the agreed date (Q9). Respondents were required to record their answer using 3 predetermined options; yes, no or other.

6.28 Out of 217 respondents, 196 (90%) provided an answer to this question. 21 respondents skipped this question. 171 respondent (87%) stated that the engineer did attend on the agreed date, 16 respondents (8%) stated that the engineer did not attend on the agreed date and 9 respondents (5%) stated other.
6.29 Respondents were asked to state whether the engineer attended on the agreed time (Q10). Respondents were required to record their answer using 3 predetermined options: yes, no or other.

6.30 Out of 217 respondents, 199 (92%) provided an answer to this question, while 18 respondents skipped this question. 154 respondent (77%) stated that the engineer did attend at the agreed time, 21 respondents (11%) stated that the engineer did not attend on the agreed time and 24 respondents (12%) stated other.

6.31 24 respondents provided more detail in the text box that was provided with this question. The additional discourses provided by the respondents highlighted a dissatisfaction with the timing of the delivery drivers’ arrivals. More specifically, many respondents noted that they were only offered “morning” or “afternoon” slots for deliveries, which respondents found too vague. This, it seems, is a determinant of logistics and communication rather than the individual delivery drivers.
Repair process (Q11, Q12)

6.32 Respondents were asked if they were kept fully informed throughout the repair process (Q11). Respondents were required to provide an answer over a 5-point scale that ranged from strongly disagree to strongly agree.

6.33 As such, 206 respondents answered the question, 11 skipped it. 10 respondents (5%) strongly disagreed and 17 disagreed (8%). Conversely, 103 respondents (50%) agreed and 48 respondents (23%) strongly agreed. 28 respondents neither agreed nor disagreed. Therefore, the majority of respondents (73% aggregated) showed positive satisfaction ratings.
Respondents we asked if the engineer provided the information that they needed (Q12). Respondents were required to record their answer using 3 predetermined options: yes, no or other.

As such, 199 respondents answered the question, while 11 skipped it. 171 respondents (86%) answered yes, while 16 respondents (8%) answered no. 12 respondents answered ‘other’.

![Bar chart showing responses to the question: Did the engineer give you the information that you needed?](image)

**Figure 16: did the engineer give you the information you needed?**

**Complaints (Q13, Q14, Q15, Q16, Q17)**

Respondents were asked to answer five questions that asked them to share their experiences of making a complaint within the wheelchair repair service. Respondents were advised to skip this section of questions if they had not made a complaint.

Respondents were asked whether they knew how to raise a concern/complaint if they were unhappy with the repair service (Q13). Respondents were required to record their responses using Yes/No/Other. 175 respondents answered this question, 42 skipped it.

97 respondents (55%) answered yes, while 65 respondents (37%) answered no. 13 respondents answered ‘other’. Moreover, respondents were invited to share more detail in a text box below the question.
Three respondents provided more detail:

- ‘I contacted the manager both them directly number and also I got the mobile phone number and despite raising direct’
- ‘What’s the point they have you by the short & curlies’
- ‘Did not ask’

If you were unhappy with the repair service, did you know how to raise a concern/complaint?

![Chart showing the responses to the question](chart.jpg)

Figure 17: did you know how to raise a complaint?

6.39 Respondents were asked whether their complaint/concern was dealt with promptly if they raised one (Q14). Respondents were required to record their responses using Yes/No. 38 respondents answered this question, 179 skipped it.

6.40 As such, 16 respondents (42%) answered yes, while 22 respondents (58%) answered no. Moreover, respondents were invited to share more detail in a text box below the question.

Three respondents provided more detail:

- ‘very poor response to complaints’
- ‘Tom is dealing with it from wheelchair services’
- ‘Raised a complaint with Tom Hutchinson’
Respondents were asked whether they were listened to if they had raised a complaint/concern (Q15). Respondents were required to record their responses using Yes/No. 31 respondents answered this question, 186 skipped it.

As such, 19 respondents (61%) answered yes, while 12 respondents (39%) answered no. Moreover, respondents were invited to share more detail in a text box below the question.

Four respondents provided more detail:

- ‘sorry but what a waste of time and money’
- ‘Not until we got in touch with P.A.L.S’
- ‘by Tom wheelchair services not serco’
- ‘only by Tom Hutchinson’
- ‘I HAVE WAITED THREE MONTHS FOR A NEW CUSHION FROM SERCO. I AM STILL WAITING FOR IT DESPITE PROMISES I WILL GET IT SOON’
Respondents who had raised a complaint/concern were asked to state whether their complaint/concern had been resolved? (Q16). Respondents were required to record their responses using Yes/No. 26 respondents answered this question, 191 skipped it.

As such, 12 respondents (46%) answered yes, while 14 respondents (54%) answered no. Moreover, respondents were invited to share more detail in a text box below the question.

Five respondents provided more detail:

- ‘They book different? because twice it was scheduled as no one turn-up’
- ‘After some considerable time and quite a few complaints’
- ‘I told caller it was urgent but they did not seam to care I told them when I would be there but they didn’t want to help.’
- ‘Eventually but not by Serco’
- ‘Whilst my complaint was eventually listened to there has been no noticeable difference to this service’
Respondents who had raised a complaint/concern were asked to state whether they were satisfied with the resolution of their complaint/concern (Q17). Respondents were required to record their responses using Yes/No. 18 respondents answered this question, 198 skipped it.

As such, 8 respondents (44%) answered yes, while 10 respondents (56%) answered no. Moreover, respondents were invited to share more detail in a text box below the question.

Seven respondents provided more detail:

- ‘Eventually’
- ‘Eventually, but only after long delay’
- ‘By having better stock in hand to offer people whose equipment was in for repair’
- ‘Neither I ended up asking for a new wheel chair to be issued. Now waiting for it’
- ‘ongoing’
- ‘Tom Hutchinson resolved issues 100%’
- ‘When an engineer visits it would be better if they repaired the chair instead of just inspecting it. An engineer informed me he carried no spares. Carry stock so individuals don’t have to wait several weeks for even small repairs to be made’
Improvements (Q18)

6.47 Respondents were asked to share their views about how the wheelchair repair service could be improved (Q18).

6.48 111 respondents provided an answer to this question. The chart below denotes the most mentioned improvements service users would like to see. As shown, 1 in 5 respondents mentioned communication and information.
Further comments (Q19)

6.49 Respondents were asked to include further comments about their experience with the wheelchair repair service (Q19).

6.50 88 respondents provided an answer to this question, and as seen below, several of the points raised were felt among many of the respondent. For example, almost half (44%) of respondents acknowledged that the engineers were brilliant at their job, but the rest of the service was lacking. Also, it seems that 1 in 5 respondents acknowledged that all of the staff are friendly and helpful. However, related to the issues of poor service (excluding engineers), respondents suggested that the staff were not capable, which was felt by almost 1 in 5 respondents (17%). Moreover, 1 in 5 respondents (20%) thought that the service did not fix their problem. This may be due to issues of poor communication and information dissemination by the service provided, both internally and externally.

Figure 23: further comments
7.0 TELEPHONE INTERVIEWS

7.1 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.

7.2 The researcher at Healthwatch Suffolk contacted all respondents (69) 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.

7.3 As a result, the researcher completed ten 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 the wheelchair repair service in Suffolk.

7.4 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.

7.5 Each telephone interview lasted between 10-20 minutes. Four females and six males took part in the interviews. Additionally, the ten respondents were chosen on a positive and negative basis. As such, five interviewees represented negative feedback while five represented positive feedback. This was done for purposes of equality and each interviewee was chosen at random from their respective sample group (i.e., a negative sample group and a positive sample group).
Findings from Interviews:

7.6 The findings from the interviewees compounds the aforementioned findings gathered from the survey data. It is apparent that the overall wheelchair repair service receives positive appraisal by the majority of service users. However, there are specific elements of the service that are lacking continuity, which has resulted in negative satisfaction ratings among a proportion of the service user population.

7.7 As with Healthwatch Suffolk’s report on the Community Equipment Service in Suffolk (also provided by Serco Group Plc), the transcripts from the interviewees identify the same two diverging trends: firstly, a positive trend of good service provided by the engineers and delivery drivers, and a positive appraisal of the service as a whole. This is arguably the most fundamental aspect of the wheelchair repair service as the delivery drivers and engineers personally interact with service users and are therefore representing the Wheelchair Repair 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. Although many will understand that long waiting times are an issue for a proportion of service users, the interviewees were not necessarily concerned with waiting times, rather they showed annoyance at the lack of information provided while they were waiting for their repairs. As such, it seems that the lack of information exacerbates negative satisfaction regarding waiting times; if service users are informed they do not feel as though they are waiting.

7.8 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 Wheelchair Repair Service. As such, it is evident that the Wheelchair Repair Service needs to develop, implement and monitor a best practice approach in regards to the provision of information and communication processes.
8.0 SUMMARY AND KEY FINDINGS

8.1 In the following paragraphs a summary of the key findings will be presented. Each paragraph will relate to a specific topic of enquiry.

Overall service user satisfaction

8.2 72% of service users showed positive satisfaction ratings towards the wheelchair repair service, while 18% noted negative satisfaction ratings. These figures are aggregated.

Contacting the service provider

8.3 79% of service users said that it was easy or extremely easy to contact the service provider, while 11% found it difficult or very difficult.

Service providers telephone etiquette

8.4 92% of service users were satisfied or very satisfied in regards to the politeness of the service providers on the telephone. Only 2% of respondents were dissatisfied or very dissatisfied.

Service provider was knowledgeable on the telephone

8.5 75% of respondents agreed or strongly agreed that the service provider was knowledgeable, while 11% disagreed or strongly disagreed.

Length of time taken between request and arrival of engineer

8.6 69% of respondents were satisfied or extremely satisfied with the length of time it took for engineers to arrive. However, 21% were dissatisfied or extremely dissatisfied.

Raising complaints

8.7 55% of respondents knew how to raise a complaint, while 37% did not.

Service provider: complaints handling

8.8 When respondents were asked if their complaints were dealt with promptly, 42% acknowledged that they had been. However, 58% of service users who complained said that their complaint had not been dealt with promptly.

Listening to complaints

8.9 When respondents were asked if their complaints were listened to, 61% said that they had been. However, 39% of service users said that their complaints had not been listened to.

Complaint resolution

8.10 When service users were asked if their complaint had been resolved, 46% said that it had been. However, 54% of respondents said that their complaint had not been resolved.
9.0 RECOMMENDATIONS

9.1 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.

Time Management

9.2 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 wheelchair repair process, 1 in 5 respondents showed a negative satisfaction rating. In rare cases there may have been an extended wait for various parts or equipment, but more generally, 1 in 5 respondents showing negative satisfaction towards waiting times has to be addressed by the service provider as soon as possible.

9.3 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 the engineer or wheelchair part will reach them. Uncertainty leads to service users becoming discontent, which results in poor satisfaction ratings. Therefore, there needs to be a focused effort that addressed the service provider’s internal and external information systems, ensuring that everybody involved - staff and service users - are continually kept up-to-date and informed.

Complaints Handling

9.4 As many respondents noted negative satisfaction ratings in regards to complaints handling, it is important to note the following frameworks and recommendations.

9.5 All public bodies must comply with the law and have regard for the rights of those concerned. They should act according to their statutory powers and duties, and any other rules governing the service they provide. Therefore, Serco Group Plc should follow their own policy and procedural guidance on complaint handling, whether published or internal.

9.6 Good complaint handling requires strong and effective leadership. Those at the top of the wheelchair repair service should take the lead in ensuring good complaint handling, with regard to both the practice and the culture. As such, good complaint handling is not limited to providing an individual remedy to the complainant: Serco Group Plc should ensure that all feedback and lessons learnt from complaints contribute to service improvement.
9.7 Learning from complaints is a powerful way of helping to improve public services, enhancing the reputation of a public body and increasing trust among the people who use its service. Therefore, the wheelchair repair service should have systems to record, analyse and report on the learning from complaints. Indeed, they should feed that learning back into the system to improve their performance.

9.8 It would be good practice for the wheelchair service to report publicly on their complaint handling performance. This should include reporting on the number of complaints received and the outcome of those complaints. Where complaints have led to a change in services, policies or procedures, Serco Group Plc could report those changes. Reporting on complaint handling performance can help to:

- motivate staff;
- promote achievement;
- drive improvement in service delivery;
- boost public confidence in the complaint process;
- encourage potential complainants to access the scheme properly; and
- enable public bodies to identify patterns in complaints.

Public bodies should ensure they:

- tell the complainant when lessons have been learnt as a result of their complaint; and
- state any changes they have made to prevent the problem recurring.

Information Systems

9.9 Currently the Wheelchair Repair Service is falling short of “good” information dissemination. The aforementioned findings highlight the need for greater information systems within the administrative arm of the Wheelchair Repair Service. Although the majority of respondents showed positive satisfaction ratings towards the majority of questions, a minimum of 1 in 5 respondents had not been sufficiently informed at each stage (i.e., time management, communications, and complaint handling). 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 wheelchair repair processes. This reflects the findings from the Healthwatch Suffolk report that evaluated Serco Group’s community equipment service. Therefore, poor information and communication management seems to be a systematic failing of Serco Group Plc.
**APPENDICES 1: Information Sheet**

**Tell us what you think about the Wheelchair Repair Service in Suffolk**

Thank you for responding to our questionnaire about the wheelchair repair service in Suffolk. We would like to invite you to take part in a short telephone interview which may take 10-15 minutes.

If you agree to take part in a telephone interview the Research and Development Officer at Healthwatch Suffolk will call you at a time that is convenient for you. The phone call will be conducted in a private office so that your conversation cannot be overheard.

During the interview you will be asked to answer some more questions about your experience of using the wheelchair repair service in Suffolk. You are free to withdraw from the interview at any time, and you do not have to answer a question if you would prefer not to do so.

If you provide your consent the discussion between you and the Research and Development Officer may be recorded using an audio recording device. The dialogue will be transcribed and responses will be included in a final report. This report will be shared on Healthwatch Suffolk’s website and it will be shared with Serco, the provider of the wheelchair repair service. We will remove all personal details from your comments, which means that it will not be possible to identify you by your comments.

If you have any questions about the interviews please do not hesitate to get in touch with us. You can call the Research and Development Officer at Healthwatch Suffolk on 01449 703949. We look forward to talking to you.

Yours sincerely,

Annie Topping  
Chief Executive  
Healthwatch Suffolk
APPENDICIES 2

Semi-structured Interview Script (example)

1. Which area of Suffolk that you live in?

I live in Felixstowe, by the coast.

2. Can you tell me how many times you used the wheelchair repair service?

A number of times over the past few years. I have been in a wheelchair for the past 12 years. I had in a manual before this chair. I have had to call the repair service about 3 or 4 times a year, as I really do use my chair a lot. I tend to have the same issues, I wear the tyres out and I wear the battery out, most of it is wear and tear. I generally need two new full sets of tyres a year.

3. Can you tell me why you needed to use the repair service?

Some of it is maintenance - e.g. changing tyres, sometimes they come out and do like a MOT test on it. I have had them done in the past, I haven't had one done on this chair. It is just coming up for another one. The old one was 3 years old, I really do run them into the ground.

4. Why did you change the chair?

I had to have different adaptations because my condition has worsened so they gave me a new seating system.

5. Can you tell me how you contacted the wheelchair repair service and what your experience was like?

Yeah, they run through the normal pattern, I ring them up and explain to them what the problem is. What is new with Serco, before I didn't know when they were coming. But Serco also always give me an appointment for when they are going to arrive. Not an exact time, an idea. I am a minister at the Church so sometimes I am there, sometimes I am at my mums. That is the excellent bit of it [the service that Serco provide], but they can’t give me a specific time.

6. Do you feel that they are flexible with the appointment location?

Oh yes, they are flexible where they see me - absolutely. This is brilliant because it means that I haven’t got to be tied to the house. It would be really inconvenient if I could not get
out and about, I would have to stay in and wait for them. But I have to go to mum’s weekly and I am often at the church so if I couldn’t have my repair done at a different place this would cause delays for me.

7. How would you describe your overall experience of using the Wheelchair Repair Service?

The engineer -

8. Did the engineer turn up with the relevant parts? Or did they have to be ordered?

Ah, this is the bit that can be the problem. What they don’t seem to be doing, because I have a specific chair, they have been bringing tyres out, twice now they are not ones that fit my chair. They don’t need to know my details but if they know what model it was they could bring out the right tyres for my chair. I used to have an indoor/outdoor chair, mainly indoors but I could go outdoors sometimes. Now my chair is an outdoor/indoor as I go out more, slight difference but means the tyres are a different model. The different is in the size and the depth of the tyre. Twice now they have brought the wrong type, because they haven’t known that difference. The ideal thing would be if they could bring the right tyres with them- this is the failure with the service.

How long have you had to wait for the engineer to come back with the right tyres?

Last time it was quicker, they came on Friday, realized they needed different tyres and they came back on Tuesday the following week. The time before that (08/05/2014) they arrived without the right wheels and they couldn’t come back for another 2 weeks, by that time the tyres were very dodgy. The actual repair was completed by a different engineer. I usually see different engineers each time, there seemed to be a smaller team of people with the old service. Perhaps Serco just have a bigger team of people, I don’t know.

9. Did the engineer visit you at home? Any way the home visit could have been improved?

Sometimes they visit me at home, or whenever I am when they come out for the appointment. Sometimes at the church or at my Mum’s. They are all a bunch of lovely chaps.

10. Has an engineer ever treated you or spoken to you in a way that you were not happy with?

Oh no, they are lovely chaps, very helpful.
Improvements

11. Particular aspects of the process that you were pleased with?

They are normally, whenever I have had to use them, if I have had a breakdown, this is the worst thing because the chair stops, and then I am totally housebound, I can only sit in a manual for a very short time. On those occasions, they listen to me when I explain the situation and say that until my automatic chair is fixed I have to spend most of my time in bed, they make the extra effort to come out as soon as they can.

12. Particular aspects of the process that you were not pleased with?

Something that they don’t do, they don’t introduce themselves. It is very nice to know their name, just their Christian name, although I am seeming to see different people that would be nice. They are always extremely polite, but it would make the extra difference. I am not complaining or anything it would just be nice to be know who I was talking to.

13. Can you suggest how the wheelchair service could be improved?

Mainly just introducing themselves and bringing the right parts, so having access to the details of my chair before they arrive at my appointment.

14. Any other comments?

No thank you.

Thank you for taking part! If you have any questions at any point please email/call me. Have you ever used the community equipment service in Suffolk? This service is provided by Serco and they provide all types of equipment.

- Handles on the bath
- Toilet surrounds
- Steps/ramps
- Commodes

We are running a survey about experiences of using the community equipment service, would you be interested in completing a survey? Can I run through it on the phone with you?
APPENDICIES 3

Dissemination record

Healthwatch Suffolk:

- Healthwatch Suffolk’s website
- Healthwatch Suffolk’s social media accounts
  - Twitter
  - Facebook
- Healthwatch Suffolk’s newsletter
- Healthwatch Suffolk’s biweekly update
- Healthwatch Suffolk’s Community Development Officer’s (CDOs) contact lists for all seven districts in Suffolk.

Drop in sessions:

- The Suffolk Health and Disability Action Group Forum
- Suffolk Independent Living (SIL) group meeting

Community Development Team:

- Golden Age Fair
- Carers Group, Halesworth
- Stroke Group forum, Waveney
- Age UK, Waveney
- Rural coffee caravan, Halesworth
- Mental Health - Feedback
- Connecting Communities, Suffolk County Council (SCC)
- ADHD + Autism Forum
- Suffolk Family Carers (SFC) Eye Group
- VASP networks
- Stowmarket Citizens Advice Bureau (CAB)
- The Boston Lodge Forum, Suffolk Coastal
- Suffolk neuro network, countywide
- Mid Suffolk District Council
- The Belstead Cameo Group, Mid Suffolk
- Leiston Old Abbey Care Home, Suffolk Coastal
- Leiston Old Abbey Care Home, Suffolk Coastal
- Sudbury Library
- Brandon (shops + streets)
- Forest Heath District Council Centre
- Leading Lives, Bury St Edmunds
- Stroke user group (Ipswich Hospital)
- Mid Suffolk Axis
- Sue Ryder Care Home, Chantry Park.