

Evaluation of Brighton and Hove's Equipment and Adaptations service:

The views of Service Users and Prescribers



For contact:

Dr Lester Coleman

Lester@healthwatchbrightonandhove.co.uk

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Evaluation of Brighton and Hove's Equipment and Adaptations service - Paragraph summaries

From the 343 **Service Users** who responded to the survey, most were generally satisfied with the support they received regarding their equipment and minor adaptations. Most Service Users did not have any problems when waiting for their equipment; most were contacted by the Community Equipment Service (CES) when arranging equipment delivery; delivery and fitting occurred mostly on the agreed day and time expected and was to a good standard; and the equipment had ultimately helped most people stay at home rather than having to be in a care environment. However, compared to the 2017 findings, a lower proportion of Service Users were 'extremely' or 'very' satisfied with the equipment they received from the service. This may reflect the one in five Service Users who had problems when waiting for their equipment, however this could relate to waits outside of the providers' control, including the waiting time for a clinician assessment and the prescription of the equipment; the 17% who were not told how to report a fault or return the equipment; the 16% who were 'very unhappy' with the quality of the installation of a ceiling hoist, ramp or handrail; or the 16% who were 'very unhappy' with the politeness of the Customer Service Team. A further finding was that the majority of Service Users would not use an online form, website or App to manage their orders. Also, although most people still needed their equipment, a sizeable 15% had equipment they no longer needed.

The 92 **Prescribers** who responded were highly satisfied with the CES in a number of different areas. These were: the general communication including telephone and email responses; the ordering and process of orders; access to online information regarding catalogue items and non-standard equipment; and access to technical information and advice from warehouse staff. Also, Prescribers showed high levels of agreement towards the support from the CES online system and reports, and the level of equipment choice including spare parts. However, there were also some concerns: nearly one in ten Prescribers said they were dissatisfied with the access to technical information and advice from warehouse staff, and access to online information regarding catalogue items and non-standard equipment. Nearly one in five Prescribers said that installation did not happen on the planned date. In terms of recycling, 13% of Prescribers said they did not review items of equipment that were no longer required when completing an assessment, and nearly two-thirds said they do not have access to a 'Hand It Back' postcard. The use of online technology is limited, with only 37% using the IRIS system remotely.

Evaluation of Brighton and Hove's Equipment and Adaptations service

This review of the Equipment and Adaptations Service was commissioned by Brighton and Hove City Council to inform the recommissioning process, due in 2023. To support this process, this report presents the experiences and opinions from Service Users and Prescribers of the service.

Executive summary - Service User survey findings and recommendations

Sample characteristics

A total of 343 responses from Service Users were received. This provided a response rate of 22.9% from those who were sent the postal questionnaire. Based on a sample size calculation, this sample size was shown to be statistically significant and broadly representative of the likely views from the remaining people who did not return questionnaires¹.

The average age of a respondents was 71.1 years, ranging between ages 7 and 100. The majority were female (68%). 87% described themselves as White-English/Welsh/Scottish/Northern Irish/British.

The most common areas of Brighton & Hove, where respondents lived (where at least 10 people lived) were Hove (20.2%)²; Portslade (8.4%); Kemptown (6.5%); Central Brighton (4.6%); Woodingdean (4.3%); Patcham (4.0%); and Whitehawk (3.4%). This was a free-text box.

As expected, a large proportion (93%) were living with a disability that limited their day-to-day activities, with 70% (of the total) reporting this was limiting them 'a lot' and 23% 'a little'.

Ordering and receiving the equipment

Waiting for equipment

The length of time waiting for the equipment did not cause any problems for most people. However, one in five people did report problems: 15% reported 'minor problems' and 5% said they experienced 'serious problems' in waiting for their equipment³. For some people there may have been a significant wait for an assessment for equipment by a therapist and it is hard to distinguish here whether this has had an impact on satisfaction rates. These figures are similar (three percentage point difference) to those in 2010 and 2017.

¹ Based on a 95% Confidence Interval and 5% Margin of Error. As an example, if 45% chose a particular answer, then one can be confident that 40-50% of the wider sample would respond in the same manner. This applies to a sample size exceeding 306 responses from a possible 1500.

² Service users added their neighbourhood in a comment box. Although several chose 'Hove' it is known that there are several neighbourhoods within this area that were not shared.

³ Throughout this report, percentage totals may not add up to 100% due to rounding up or down of decimal points.

Delivery and installation

In terms of delivery, the majority (78%) were contacted by the Community Equipment Service to arrange the delivery/collection by a driver. This was over 15 times more than those who were not contacted beforehand (5% said 'no')⁴.

High proportions of people said the driver 'arrived on the day and time expected' (93%) and 'fitted or adjusted the equipment' (90%). Slightly less people (76%) said the 'driver demonstrated the equipment with written instructions on how to use it'; and even less (69%) said the driver 'explained how to report a fault or return the equipment'. The area of most concern was that 17% said they were not told by the driver how to 'report a fault or return the equipment'.

Although most Service Users showed favourable responses to the service, they were somewhat contradictory in their rating of happiness towards the politeness of the Customer Service Team and the driver, and the quality of the installation. For example:

- 80% were either 'very' or 'fairly' happy, with the 'politeness of the driver (who delivered or collected the equipment)', however 14% were 'very unhappy'.
- 79% were either 'very' or 'fairly' happy with the 'politeness of the Customer Services Team' whereas 16% were 'very unhappy'.
- 75% were either 'very' or 'fairly' happy with the 'quality of the installation of a ceiling hoist, ramp or handrail (if you had any of these)' and 16% were 'very unhappy'.

Additional items

58% had purchased additional small items of equipment or technology to improve their daily living activities, such as grabbers, jar openers, or a chair raiser.

Recycling equipment

Very few people (15%) had equipment they 'no longer needed', relative to 80% reporting 'no' and 6% 'don't know'⁵.

For those ordering and returning equipment, there is an option to process this online. Although 67% had 'access to the smart phone, tablet or computer', fewer people (35%) were happy to use this technology to 'assist with their equipment deliveries and collections'. If the proportion excludes those without a smartphone, then 55% of smartphone users would use this technology to 'assist with their equipment deliveries and collections'.

Impact of having equipment

With the option to choose several responses, the most common impacts on people's lives were:

- 'looking after your personal care needs (such as grab rails, shower or bath seats)' (72%);

⁴ The remaining responses were 'Don't know'.

⁵ For this and other findings, results do not always add to 100% due to rounding up or down decimal points.

- ‘getting around within your home (such as small portable ramp, grab rails)’ (52%); and
- ‘helping you have more control over your daily life (this could be any piece of equipment)’ (46%).

The same three impacts were also the most popular in 2017. However, for all three, a greater proportion of Service Users in 2021 reported these impacts - for example, in 2017, 62% reported ‘looking after your personal care needs’ compared to 72% in 2021.

A slight majority of Service Users said that they were given the equipment to ‘support them living as independently as they can’ (54%). A slightly lesser proportion said to ‘help with their day-to-day living’ (52%), and 35% said they ‘came out of hospital and were provided equipment to allow them to return home’. The lowest proportion were given the equipment on the basis of ‘needing an assessment’ (20%).

70% said that the ‘equipment/adaptation had helped them stay at home rather than having to be in a hospital or other care environment’.

Equalities and disadvantage

Only 4% of Service Users said that their sensory need (hearing or sight loss), or English not being their first language, caused difficulties as regards the delivery or collection of their equipment.

There were minimal comments to a question that asked whether the service had been responsive to ‘your age, caring role, disability, ethnicity, gender identity, married status, pregnancy, religion, gender or sexuality’. Although many comments were positive, for example, either “No” or “No they have been wonderful they have done all they could and more”, there were some recommendations mainly around responding to people’s disabilities. This suggest that some Service Users, all be it small proportion, face additional difficulties with the equipment and adaptations service due to their disability.

Satisfaction with the service

A total of 68% were ‘extremely’ or ‘very’ satisfied with their equipment that they received from the service. However, 8% described themselves as ‘extremely dissatisfied’. Closer inspection of the open-ended comments suggested that a proportion of these may have mis-read the response option, where they expressed satisfaction in their related comments.

In comparison, satisfaction levels in 2021 were lower to those reported in 2017 (even if the above misreading of the question is taken into account). In 2021, 68% were with ‘extremely’ or ‘very’ satisfied with the equipment (compared to 83% in 2017).

Recommendations from the Service User survey

As regards the future of the service, the attention naturally focusses on areas of improvement within a broadly satisfied customer base. Responding to the following may well be able to contribute to bringing the overall service satisfaction back to the 2017 levels. Looking at the 2017 recommendations and the findings from this 2021 survey, the following improvements are required:

1. (From the 2017 report), provide a more consistent aftercare service ensuring all users receive a follow-up check to monitor use of equipment. This was not a requirement of the provider in 2017 nor within the current contract but would be beneficial.
2. (From the 2017 report), provide frequent and clear communication to users and carers about how to return equipment when no longer needed - 15% of the 2021 sample had equipment they 'no longer needed'.
3. Encourage greater use of a smartphone, tablet or computer to 'assist with their equipment deliveries and collections' - only 35% were happy to use this technology for this purpose.
4. Explain to the Service Users how to report a fault or return the equipment - 17% were not told how to do this.
5. Reduce waiting times for equipment. This will reduce the proportion of Service Users having any problems as a result of this. 20% of people reported some problems due to this waiting and this figure has not changed significantly from earlier 2010 and 2017 findings. The provider delivers equipment according to the timescales set by the Prescriber, so this recommendation relates to the wider 'service' of assessment and prescription of equipment.
6. Improve the perceived 'quality of the installation of a ceiling hoist, ramp or handrail' as well as the 'politeness of the Customer Service Team'. Although most were satisfied, 16% were 'very unhappy' with both.
7. Address comments about unsuitability of equipment in some instances.
8. Be mindful that some people face disadvantage in the application and delivery of their equipment according to their disability. Although a minor proportion, the Community Equipment Service need to be aware of these issues.

Executive summary - Prescriber survey findings and recommendations

An online questionnaire was sent to all 355 active equipment Prescribers across Brighton and Hove. A total of 92 Prescribers responded to the survey providing a response rate of 25.9%.

Sample characteristics

Most Prescribers responding to this survey worked for Sussex Community NHS Foundation Trust (51%), followed by Brighton and Hove City Council (BHCC) Adult Social Care (23%). Most worked as an Occupational Therapist / Occupational Therapy Assistant (58%). The majority prescribed equipment for those with long term health conditions (63%). Another 48% prescribed equipment for short term rehabilitation care. Some respondents prescribed for both of these hence the total is more than 100%.

Ordering equipment

Sourcing equipment

When ordering equipment, the most frequently used source ('every month' as opposed to 'every 3 months', 'every 6 months' or 'every year') was the equipment catalogue (69%). This is compared to the use of non-standard specials (46%) and minor adaptations (40%).

Ordering process and support

Prescribers were generally satisfied with the 'general communication including telephone and email responses' (89% were either satisfied or very satisfied), and the 'ordering and process of orders' (89% 'satisfied' or 'very satisfied'). This was relative to the experience of 'any delays in receiving equipment' where 65% were 'satisfied' or 'very satisfied'. For the latter, 28% were 'neither satisfied nor unsatisfied' (and 7% were 'unsatisfied' or 'very unsatisfied').

Prescribers were generally satisfied with the 'access to online information regarding catalogue items and non-standard equipment' (77% were either 'satisfied' or 'very satisfied') and 'access to technical information and advice from warehouse staff' (68% were either satisfied or very satisfied). This was relative to the 'support from the CES [Community Equipment Service] regarding the discharge process from an in-patient setting' where 47% were either 'satisfied' or 'very satisfied' and 49% were 'neither satisfied nor unsatisfied' (a further 4% were 'unsatisfied' or 'very unsatisfied').

Nearly one in ten of Prescribers said they were dissatisfied or very dissatisfied with the 'access to technical information and advice from warehouse staff' (9.4%) and 'access to online information regarding catalogue items and non-standard equipment' (9.3%).

83% agreed or strongly agreed that the 'CES online system and reports (IRIS) supports their role as a Prescriber and/or manager of a team of Prescribers'. 75% 'agreed' or 'strongly agreed' that the 'CES catalogue provides a suitable level of choice of equipment including spare parts' (7% 'disagreed' or 'strongly disagreed').

37% were using the IRIS system remotely. However, only 6% (of all Prescribers) were using the NRS⁶ App (expected as the App was currently in development). A further 1% did not have access to a smartphone/computer.

Delivery and installation

In terms of installation, 64% said 'the work was carried out to a good standard' (with 31% 'not sure' and 6% saying 'no') and 45% said it 'happened on the planned date' (with 38% 'not sure'). 18% said the installation did not happen on the planned date.

A total of 71% felt that the 'community equipment currently supports a 2-hour urgent community response need'. The few comments added were that Prescribers had rarely used an urgent option, either it was not needed for their job role or they were not aware of this service (the current CES provides a 'same day' service for emergency provision, with a 2pm cut off for urgent orders).

Additional items

The majority (83%) of Prescribers had 'suggested people purchase small-non catalogue items of equipment or technology independently of the CES to improve their daily living activities'. A range of small items were purchased including helping hands, long handed shoehorns, urinal bottles, jar openers, sock aids, and drinking aids.

64% of Prescribers found it easy to 'prescribe equipment from a buffer store including the associated documentation'. Comments showed that many do not use this 'buffer store' facility.

Meeting specific needs

Prescribing equipment to 'those with sensory needs' or 'those for whom English is not their first language' largely did not apply: with 67% replying 'not sure' to sensory needs and 67% 'not sure' to English not a first language. A further 7% of Prescribers said the delivery or collection of equipment for those with sensory needs 'caused difficulties', as did an equal proportion (7%) of those for whom English was not their first language. Equal proportions (26%) said that the delivery or collection of equipment for 'those with sensory needs' or those with 'English not a first language' did 'not cause difficulties'.

Recycling equipment

84% of Prescribers said they 'reviewed which items of equipment were no longer required and could be recycled' when completing an assessment. 22% of all Prescribers said they reviewed whether the equipment was no longer required 'after 3 months'. 13% of Prescribers said they did not review items of equipment that were no longer required when completing an assessment.

90% of Prescribers gave out 'details to Service Users on how to return equipment when it is no longer required'. However, 63% said they do not have access to a 'Hand It Back' postcard to support the recycling of equipment.

⁶ NRS Healthcare is a provider of products and services designed to support independent living.

Additional comments were dominated towards the NRS system and how this could be improved, in particular regarding the updating of records automatically. Comments also showed an overall positive sentiment about the CES.

Links to Service User findings

In reviewing the Service User and Prescriber findings, there were four parallel themes that arose across the two surveys as follows:

Firstly, 65% of Prescribers were satisfied with 'any delays in receiving equipment', with 28% neither satisfied nor dissatisfied, and 7% dissatisfied. Prescribers also reported that nearly one in five (18%) installations did not happen on the planned date. These findings tie in with the 20% of Service User who reported problems in waiting for their equipment (15% reporting 'minor problems' and 5% 'serious problems').

Secondly, there appears to be a need to increase the use of online technology, both for the Prescribers and Service Users. 37% of Prescribers were using the IRIS (software) system remotely. Similar level of technological use was reported by the Service Users, whereby only 35% were happy to go online to 'assist with their equipment deliveries and collections'.

Thirdly, 83% of Prescribers had 'suggested people purchase small-non catalogue items of equipment or technology independently of the CES. This had been translated to purchases experienced by 58% of Service Users.

Fourthly, 13% of Prescribers said they did not review items of equipment that were no longer required when completing an assessment. This is two percentage point difference to the 15% of Service Users who had equipment they 'no longer needed'. This provides an indication of the equipment in circulation that could be recycled.

Recommendations from the Prescriber survey

Unlike the Service User questionnaire, there are no recommendations from prior surveys of Prescriber opinion. In view of the headline findings from this survey, the recommendations to improve the prescribing service are as follows:

1. Reduce the proportion of the nearly one in ten of Prescribers who were dissatisfied or very dissatisfied with the:
 - 'access to technical information and advice from warehouse staff' (9.4%); and
 - 'access to online information regarding catalogue items and non-standard equipment' (9.3%).
2. Increase the proportion (37%) of Prescribers who use the IRIS system remotely.
3. Improve the proportion of installations that happen on the planned date. Nearly one in five (18%) installations did not happen on the planned date.
4. Consider how the CES provider responds to the NHS 2 hour urgent response timescales?

5. Improve the recycling of the equipment - 13% of Prescribers said they did not review items of equipment that were no longer required when completing an assessment, and 63% did not have access to a 'Hand It Back' postcard.

Evaluation of Brighton and Hove's Equipment and Adaptations service - Full report

Introduction

This review of the Equipment and Adaptations Service was commissioned by Brighton and Hove City Council to inform the recommissioning process, due in 2023. To support this process, this report presents the experiences and opinions from Service Users and Prescribers of the service.

The Community Equipment Service (CES) currently provides the equipment, installs the equipment (if applicable), offers appropriate aftercare, provides information, and administers the recycling of equipment.

To be clear, minor adaptations are those that are easily installed and do not require structural changes to the home. They can include items such as grab rails, stair rails and external rails. These adaptations are provided by the Community Equipment Service. Major adaptations are those that require some form of structural change to the home such as widening doors, ramps, installing stair lifts and track ceiling hoists. They can incur high costs and are not provided through the Community Equipment Service that is the focus of the engagement.

The equipment and adaptation service aims to help individuals living with long term physical disabilities or illnesses to live as independently as possible at home. Health and Adult Social Care professionals assess the needs of eligible adults and recommend appropriate equipment and minor home adaptations with the intention of helping them live safely and independently at home.

The evaluation was comprised of two components - the views of Service Users and that of the equipment⁷ Prescribers.

Part 1 - Service Users - This evaluation aimed to assess the effectiveness of the service in helping people live independently at home. The evaluation considered the Service User's experience of applying or asking for equipment; the installation and delivery of the equipment; equipment recycling; and generally what impact the equipment had on their day-to-day living. There were also several questions on equalities, including age, gender, and disability.

The equipment service was previously evaluated in 2010 and 2017. There are three questions in the 2021 Service User questionnaire that are phrased in the exact same manner to these earlier surveys. These questions will provide an indication of how people's experiences may have changed through time.

Part 2 - Prescribers - This evaluation, shown following the Service Users' findings, looked at their professional background; experience of ordering equipment; and recycling and returning equipment.

⁷ The term 'equipment' will now refer to 'equipment and minor adaptations'.

Evaluation Part 1 - Service User evaluation

Aims of Service User evaluation

The evaluation aimed to explore:

1. Effectiveness of the service in providing and installing suitable equipment and adaptations.
2. Different types of equipment and adaptations received and which areas of life this has helped.
3. Thoughts and experiences of recycling and returning equipment.
4. Overall satisfaction with the equipment and the service as a whole.
5. How several of the above questions compare to findings from 2010 and 2017.

Methodology

The evaluation used a combination of quantitative forced choice questions and open-ended comment boxes to assess the effectiveness of the service. The questionnaire can be viewed in Appendix 1. The introductory page of the survey included a link to a joint Healthwatch Brighton and Hove and Brighton and Hove City Council privacy policy. The survey was open for five weeks, closing at the end of September 2021.

A postal questionnaire was distributed to people once final checks had been made to ensure names and addresses were valid. The questionnaire contained 15 forced response and open-ended questions, followed by a further 10 equalities questions including the neighbourhood name where people lived. Two final questions asked whether people were interested in a follow-up call or group discussion to talk about their experiences further, and/or were interested in entering a prize draw for a high-street voucher.

The hard-copy of the postal questionnaire also included a link to an identical online survey should people prefer that option. Further, a link was provided to a video of the questions in BSL and an easy read version was available, although neither were requested. A Freepost envelope was provided by those completing hard-copy questionnaires and these were manually entered into the online portal (SmartSurvey). No questions were mandatory.

The questionnaire was sent out in a letter to a random sample of 1,500 from an approximate total of 8,000 users of the service. A total of 343 responses were received. This provided a response rate of 22.9% from those sent the questionnaire. Based on sample size calculation, this sample was shown to be statistically significant and broadly representative of the likely views from the remaining people who did not return questionnaires⁸.

The report includes a combination of text, charts and quotations. Occasionally the percentages may not amount to 100% exactly, due to the rounding up and down on decimal points.

⁸ Based on a 95% Confidence Interval and 5% Margin of Error. As an example, if 45% chose a particular answer, then one can be confident that 40-50% of the wider sample would respond in the same manner. This applies to a sample size exceeding 306 responses.

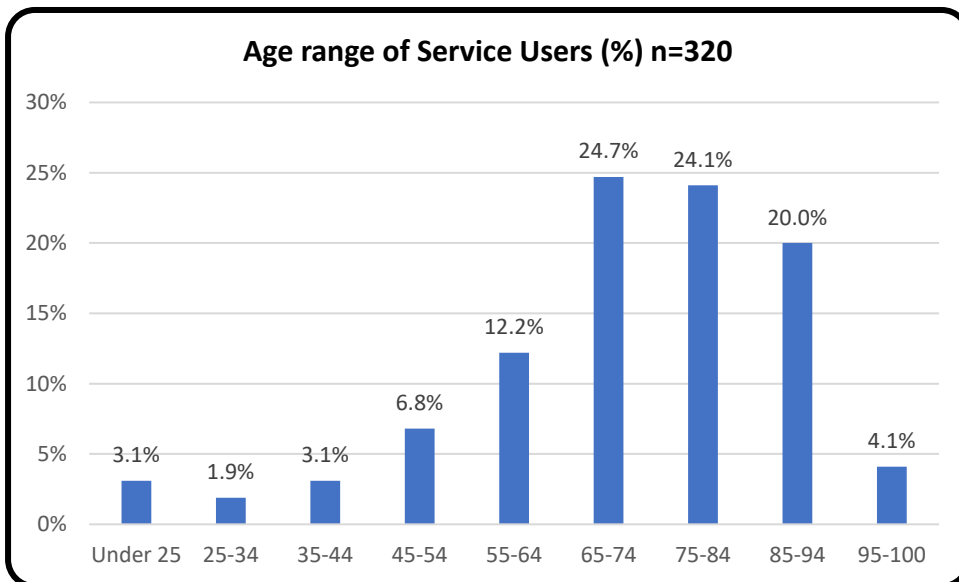
Following the survey invitation for follow-up conversations, semi-structured interviews are planned and will be reported separately. From those 70 who volunteered we will choose people who reported a range of experiences within their questionnaire data, including age, gender, ethnicity, etc.

Findings

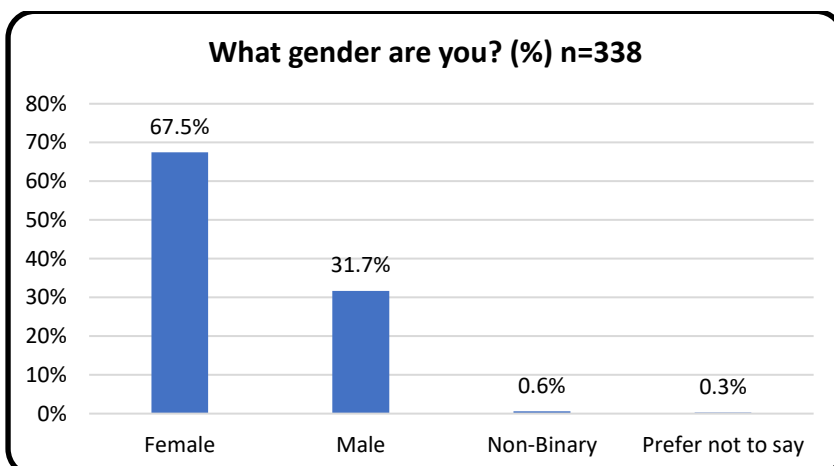
The following findings are generated from up to 343 Service Users. As all questions were optional, most of the findings are derived from fewer numbers. In the charts, 'n' denotes the number of people who responded to a question.

Sample profile:

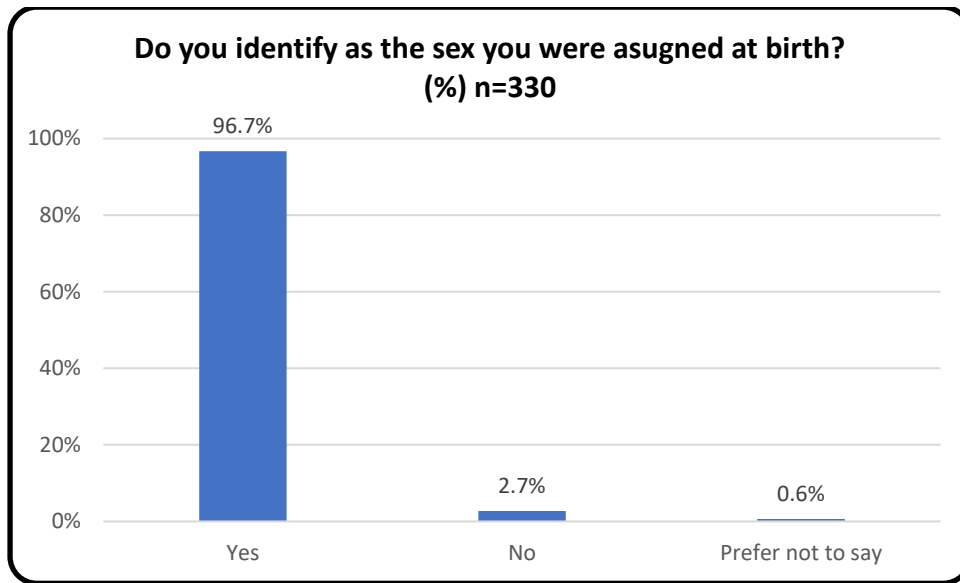
As an important context to the survey findings, the average age of a respondents was 71.1 years, ranging between ages 7 and 100:



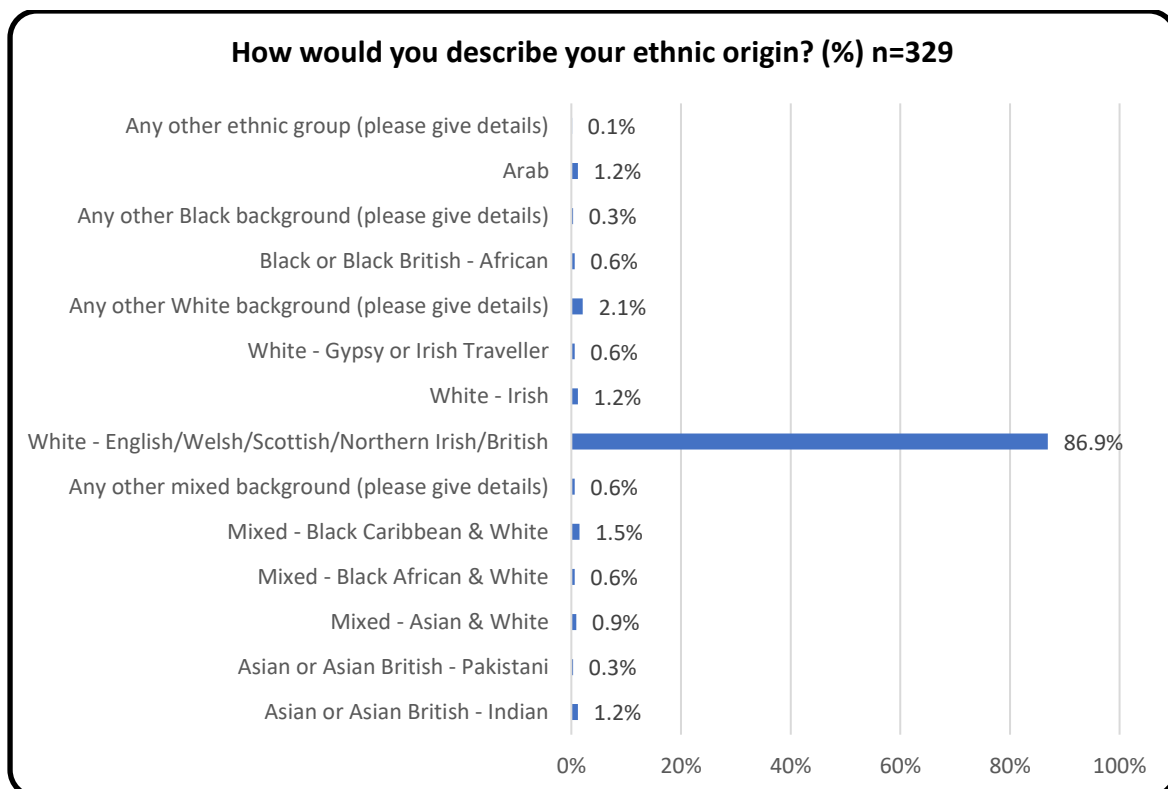
Just over two-thirds (68%) of Service Users were female, 32% were male and 0.6% were non-binary (2 people). For reference, 0.3% refers to one person, 0.6% for 2 people and so forth.



2.7% or 9 people said they did not identify with their sex assigned at birth:



The majority were expectedly of White-British ethnic origin. The largest additional ethnic groups were Any other White Background (7 people) and Mixed-Black Caribbean & White (5 people). Although relatively small in number compared to the White-British, there were a variety of ethnic groups included in the sample.

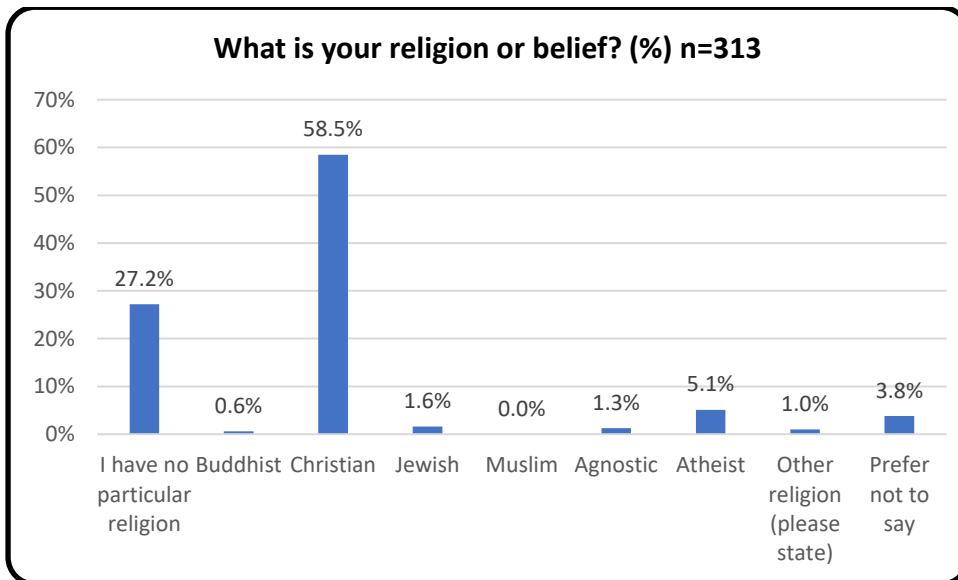


For ‘any other ethnic group’, one person identified for each of the following ethnic groups (self-described in a comment box):

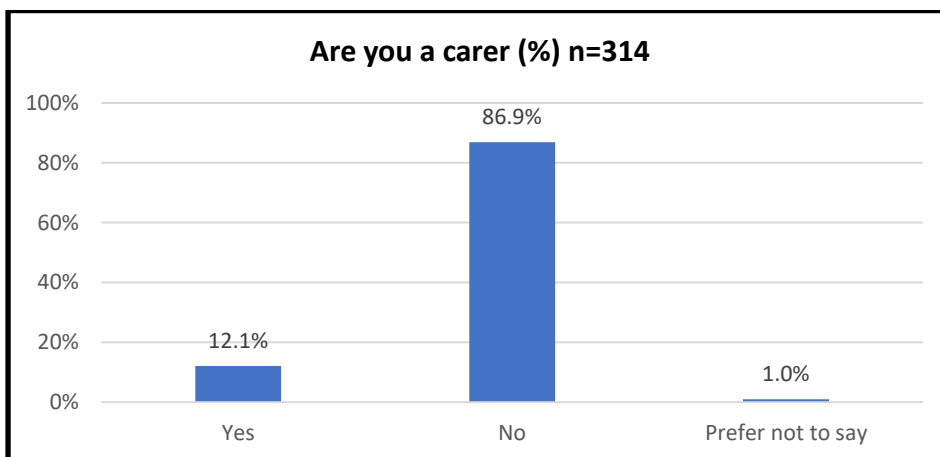
- British European

- British Turkish
- Dutch
- European
- Italian
- Jamaican / Greek
- Polish
- South American mix
- White European
- White Italian
- White Jewish
- White South African
- Widely mixed South African

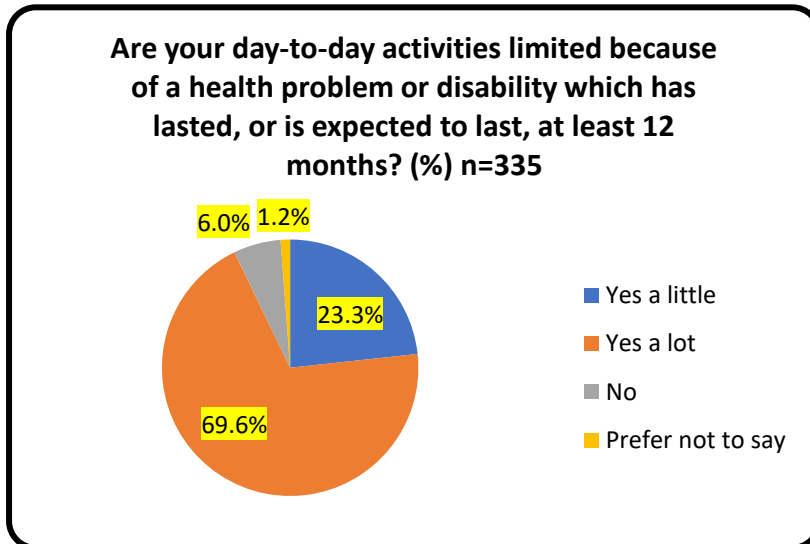
Most people were either Christian (59%) or of no particular religion (27%). Those saying 'other religion', which could include those who ticked another response, included 8 Church of England, 6 Catholic, and one of the following: Humanist, Jehovah Witness, and Mormon:



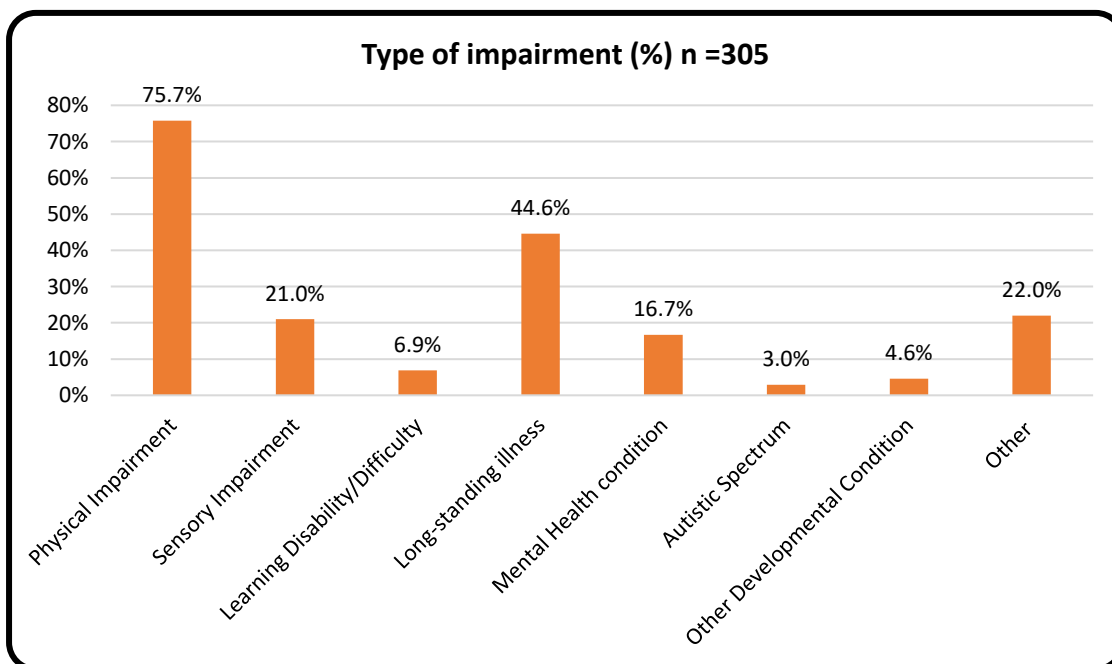
12% of the sample were carers, defined as a person who provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems:



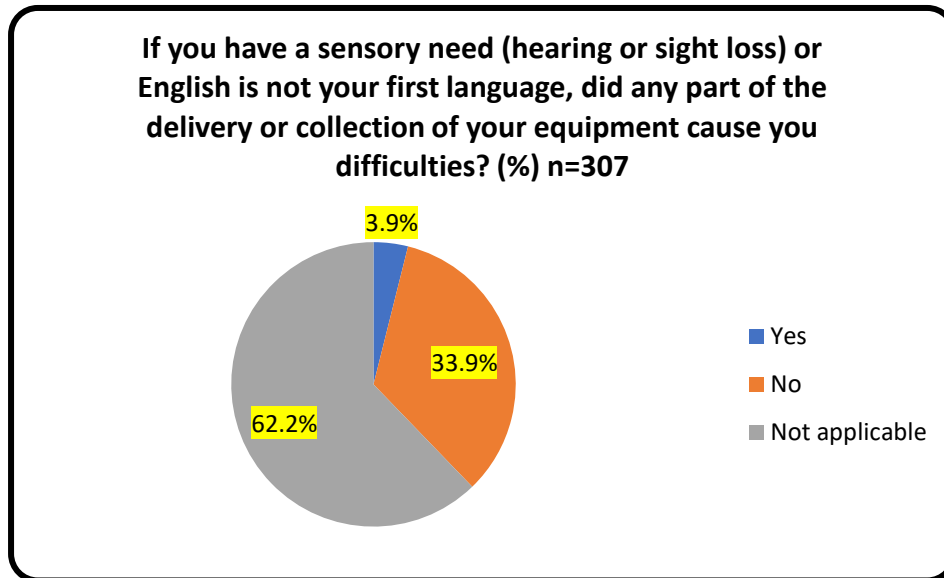
As expected, a large proportion (93%) were living with a disability that limited their day-to-day activities, with 70% (of the total) reporting this was limiting them ‘a lot’ and 23% ‘a little’:



For those with a disability, the main types of impairments were physical (76% of those with disabilities) and long-standing illness as shown below (45%):



This high proportion of people with disabilities may account for the 29% of people who had their questionnaire completed by someone else, alongside the 4% of the sample who reported difficulties with any part of the delivery or collection of their equipment due to a sensory need or English not being their first language (see later).



The most common areas of Brighton & Hove where Service Users lived (where at least 10 people lived) were Hove (20.2%)⁹; Portslade (8.4%); Kemptown (6.5%); Central Brighton (4.6%); Woodingdean (4.3%); Patcham (4.0%); and Whitehawk (3.4%).

Sample sub-sets:

A series of cross-tabs, using Chi square to show statistically significant differences, were performed to observe detailed patterns across the data. Comparisons including carer status and sex assigned at birth have too few numbers to form meaningful comparisons so were not tested.

Comparisons by age reflected an old-aged sample (average 71.1 years), so similar sized numbers were grouped into 64 and younger, 65-74, 75-84 and 85 or older. All other variables were binary e.g. yes with disability or no disability. Statistically significant differences with detail are shown (at less than the 0.05 level, or a 95% probability the observations were not due to chance).

Overall, there were very few significant differences across the sample. Most of the sample characteristics varied across age relative to other aspects. The analysis shows that older people are more religious, and less likely to be of BAME ethnicity. There were also age variations in disability but no obvious trend with those aged 75-84 being the least likely to have a disability. Apart from women being more likely to be Christian than men, there were no further differences:

- Younger people were more likely to say ‘no particular religion’ (of those aged 64 or younger, 41% said ‘no particular religion’ compared to 13% of those aged 85 or older). Older people more likely to say they were Christian (80.3% aged 85 or older compared to 44% of those aged 64 and younger) ($p < 0.001^{10}$).
- Of those aged 64 or younger, 23.5% were from minority ethnic groups, compared to between 6 and 11% for all other older age groups ($p < 0.005$).

⁹ Service users added their neighbourhood in a comment box. Although several chose ‘Hove’ it is known that there are several neighbourhoods within this area that were not shared.

¹⁰ Analysis using cross-tabs and Chi Square tests unless stated.

- Those aged 75-84 had the least proportion of people with disabilities (89%) compared to between 93% and 99% of other age groups ($p < 0.05$). Looking across 9 separate age groups confirmed there was no obvious trend (increase or decrease) of disability by age.

Aside to these age differences, 65% of women were Christian compared to 54% of men with similar proportions saying they were not religious ($p < 0.05$).

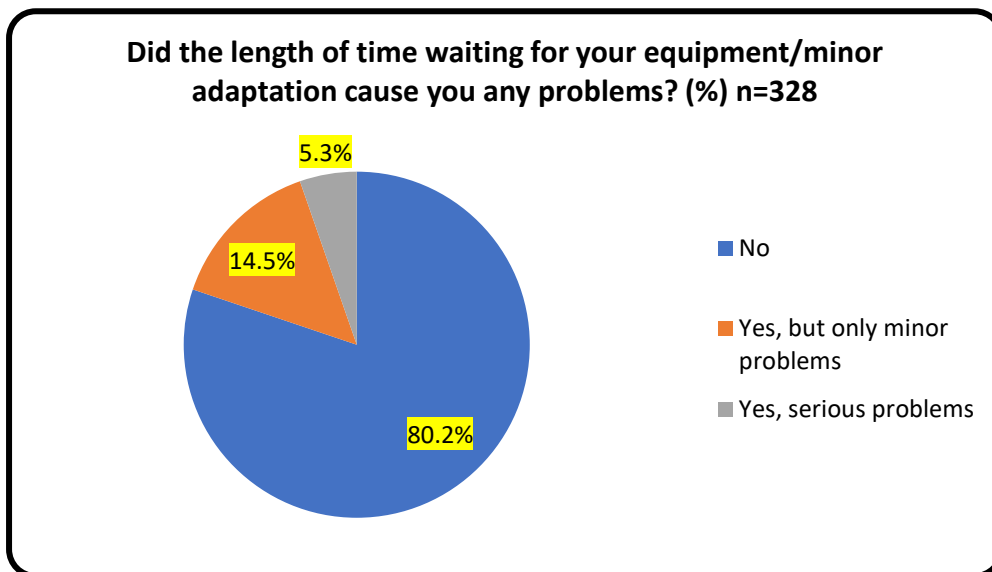
There were no significant differences for the following: Age by gender, ethnicity by gender, ethnicity by religion, ethnicity by disability, disability by gender, and disability by religion.

Ordering and receiving the equipment:

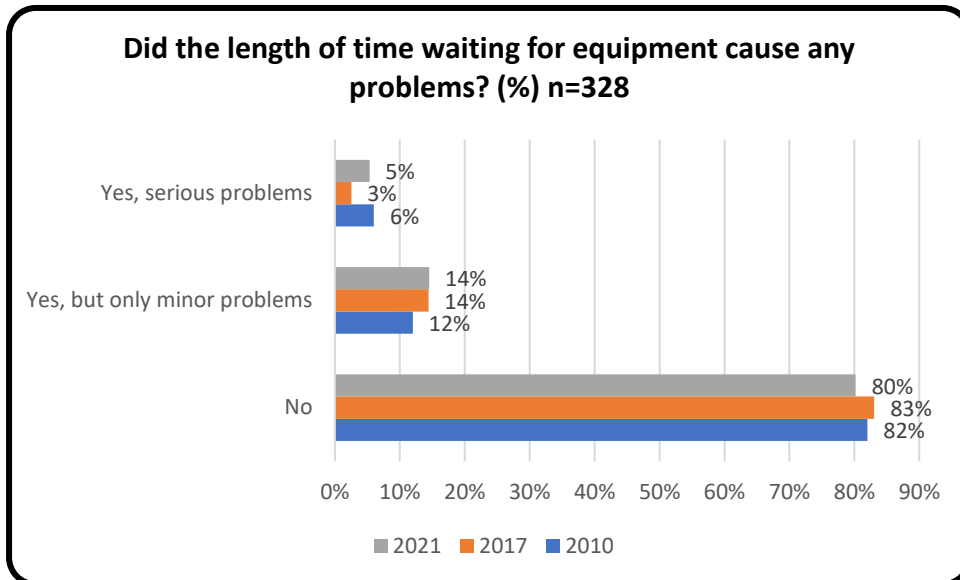
Most of the questions for Service Users related to the order and receipt of the equipment. These findings are grouped in terms of: waiting for equipment, delivery and installation, and additional items.

Waiting for equipment

The length of time waiting for the equipment did not cause any problems for most people. However, one in five people did report problems: 15% reported ‘minor problems’ and 5% said they experienced ‘serious problems’ in waiting for their equipment:



This particular question was asked in the 2010 and 2017 surveys and shows similar findings. Those reporting ‘no’ problems in waiting for their equipment was 82% in 2010 and 80% in 2021, and those reporting ‘serious problems’ was 6% in 2010 and 5% in 2021 - a maximum of a 3 percentage point difference across the three surveys:



Comments from those people who said the waiting time was quick and did not cause them any problems were as follows:

“Adaptations put in fairly quick.”

“Very good and fast service.”

“Things have improved this time round compared to when I had the service 3 years ago.”

“Getting the hoist in the living room was quick and easy.”

Exceptions to the above comments were criticisms about having to wait and the poor quality of the installation:

“Grab rail was delayed and it meant that it could not be used.”

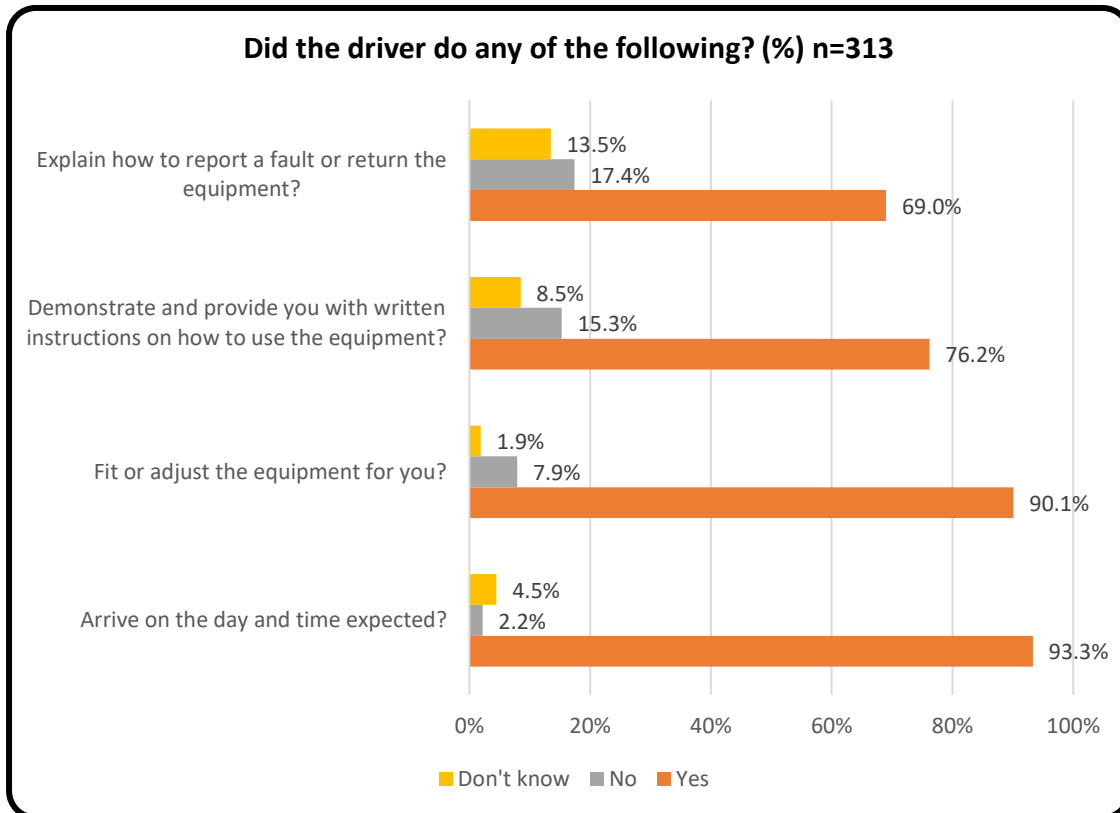
“I waited a long time to get my bed rails and I have been waiting to hear if I can get my bathroom converted to a wet room, but still no news yet.”

“My child has had no safe access to our garden for nearly a year after botched work.”

Delivery and installation

In terms of delivery, the majority (78%) were contacted by the Community Equipment Service to arrange the delivery/collection by a driver. This was over 15 times more reported than those who were not contacted beforehand (5%).

In more detail, high proportions of people said the driver ‘arrived on the day and time expected’ (93%) and ‘fitted or adjusted the equipment’ (90%). Slightly less people said the ‘driver demonstrated the equipment with written instructions on how to use it’ (76%); and even less ‘explained how to report a fault or return the equipment’ (69%). The area of most concern was that 17% said they were not told how to ‘report a fault or return the equipment’:



The overall positive response to this question was illustrated by some comments about the brief time waiting and the speed of equipment installation. This was despite this open-ended question inviting people to say whether they had any problems with these aspects of delivery:

“Everything arrived as promised.”

“Someone who arrived with the driver fitted the equipment.”

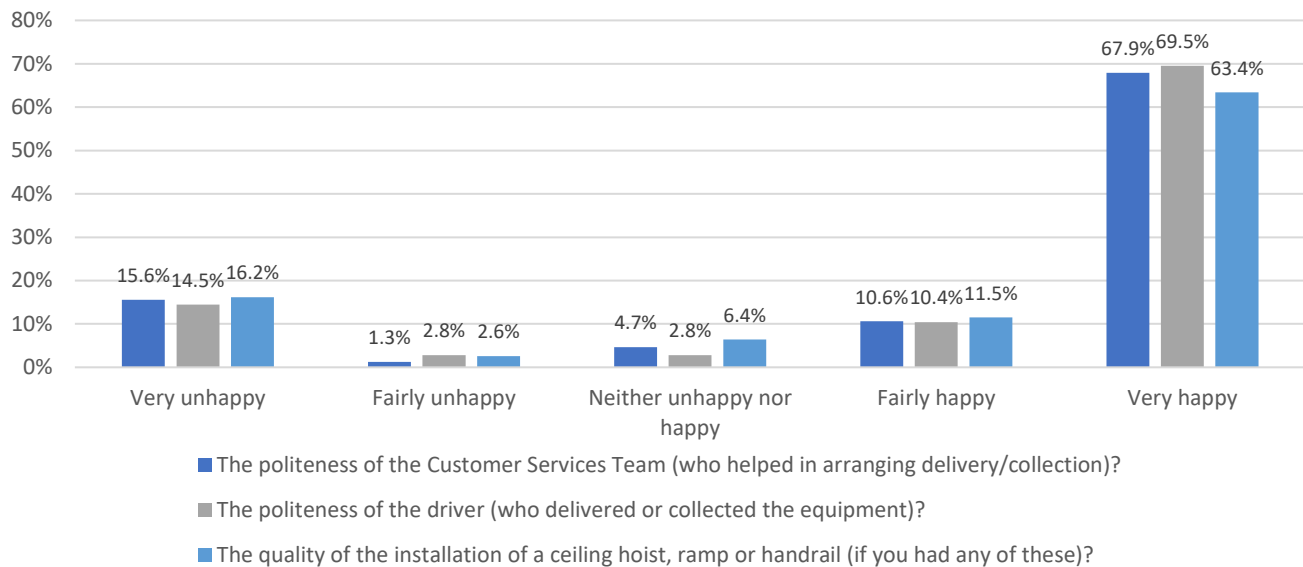
“The physio came round to demonstrate how to use the walking frame.”

“The equipment was self-explanatory.”

Overall, the majority of Service Users were happy with the ‘politeness of the Customer Service Team’; ‘the politeness of the driver’; and the ‘quality of the installation’ if applicable. The following shows the proportions who were ‘very happy’ and ‘fairly happy’ with these various aspects of delivery.

Most happiness was evident for the ‘politeness of the Customer Service Team’ (70% very happy’ and 10% ‘fairly happy’). Remaining proportions were ‘neither unhappy nor happy’, ‘fairly unhappy’ or ‘very unhappy’. The highest percentage for ‘very unhappy’ was in relation to the ‘quality of the installation of a ceiling hoist, ramp or handrail (if you had any of these)’ as well as the ‘politeness of the Customer Service Team’, where 16% were ‘very unhappy’ for both responses:

How happy were you with the following? (%) n=326



In relation to this question, Service Users were specifically asked whether they had any problems to report. Some examples are shown below and reflect the concerns for some over the quality of the installation:

“Driver did not help assemble the equipment.”

“The banister doesn't really work well at the top of the staircase but I can just about manage.”

“Grab rail in the bathroom not fitted in the correct place.”

Additional items

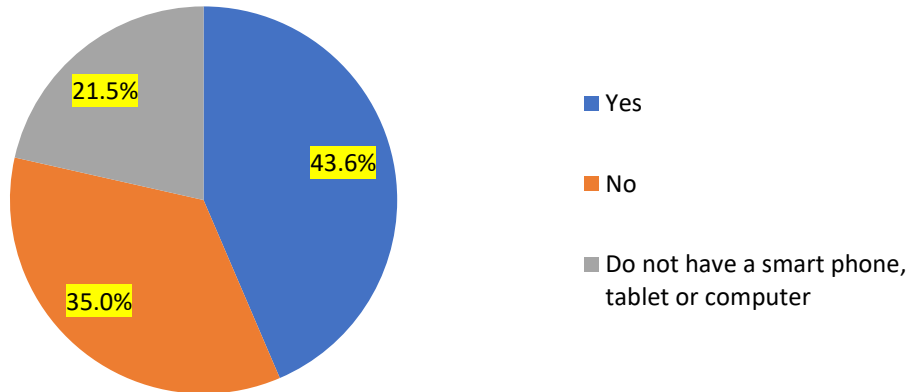
Interestingly, 58% had purchased additional small items of equipment or technology to improve their daily living activities, such as grabbers, jar openers, or a chair raiser. Most of the purchases were grabbers, jar openers, some walking aids and other isolated equipment like Alexa and “A clock, giving time, am or pm, day, date and year.”

Recycling equipment:

Very few people (15%) had equipment they ‘no longer needed’, relative to 80% who reported they did not, and 6% who did not know.

For those ordering and returning equipment, there is an option to process this online. Although 67% had ‘access to the smart phone, tablet or computer’, fewer people (35%) were happy to use this technology to ‘assist with their equipment deliveries and collections’:

If you do have a smart phone, tablet (e.g. iPad) or computer, would you use an online form, website or phone app to assist with your equipment deliveries and collections? (%) n=326

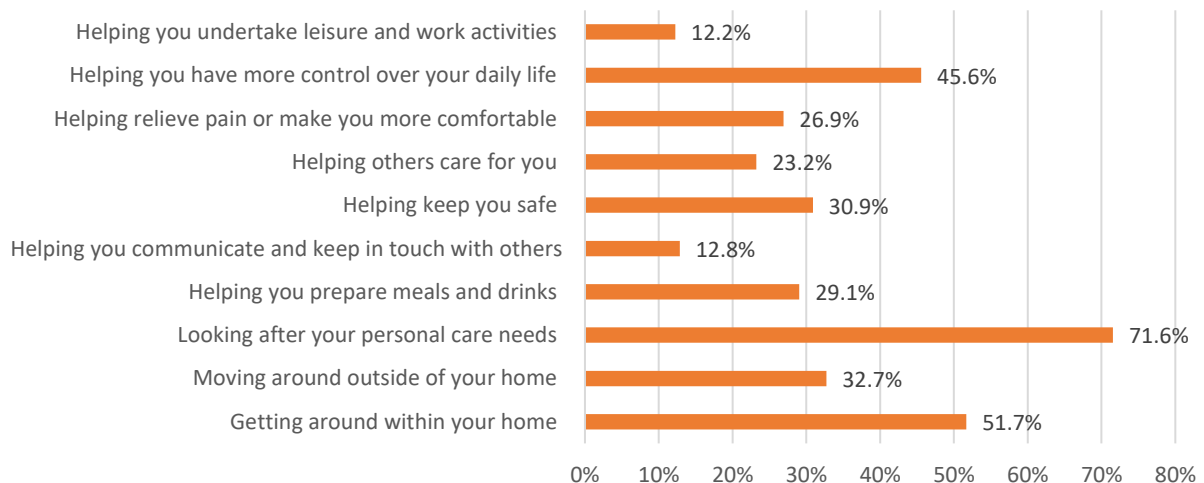


If the proportion excludes those without a smartphone, then 55% of smartphone users would use this technology to 'assist with their equipment deliveries and collections'.

Impact of having equipment:

Within the context of the previous set of findings, this section outlines the usefulness and satisfaction with the equipment. With the option to choose several responses, the most common areas of support were: 'looking after your personal care needs (such as grab rails, shower or bath seats)' (72%); 'getting around within your home (such as small portable ramp, grab rails)' (52%); and 'helping you have more control over your daily life (this could be any piece of equipment)' (46%). The individual responses are shown as follows:

We would like to know what areas of your life are helped by equipment/adaptation to your home? (%) n=327

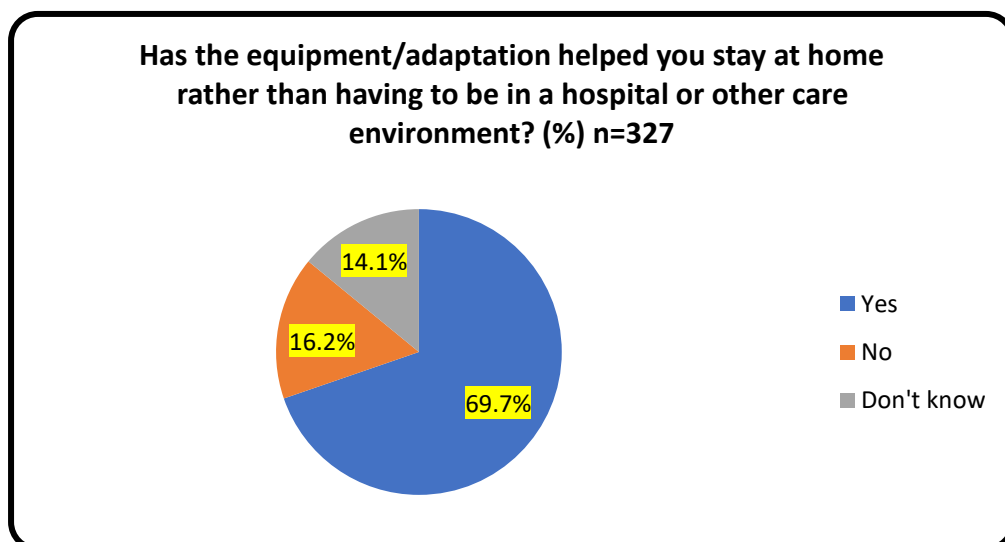


When comparing to the same question in 2017 there were a number of interesting observations. The overall percentage of people showing areas helped were generally higher in 2021 - for example, 72% reporting help with ‘personal care needs’ in 2021 compared to 62% in 2017. The three most common areas were similar in 2017: ‘personal care needs’, ‘getting around at home’ and ‘more control over daily life’:

Areas of your life helped by equipment/adaptation to your home	2017	2021
Personal care needs	62%	72%
Getting around at home	41%	52%
More control over daily life	41%	46%
Preparing meals and drinks	24%	29%
Moving around outside	23%	33%
Keeping safe	21%	31%
Relieve pain	16%	27%
Helping others care for me	10%	23%
Undertaking leisure and work	8%	12%
Helping communicate	7%	13%

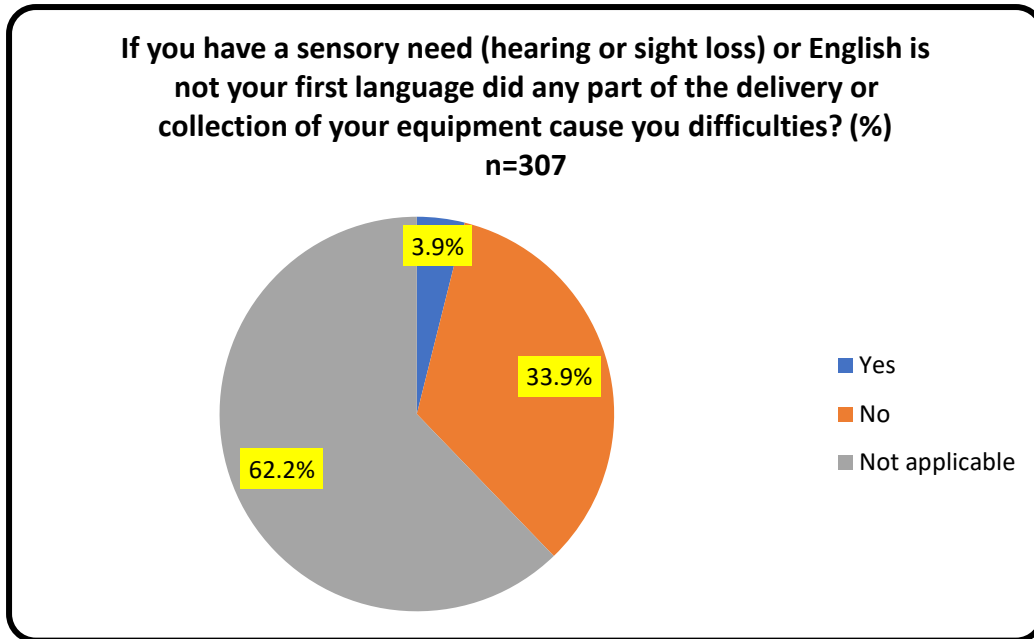
A slight majority of Service Users said that they were given the equipment to ‘support them living as independently as they can’ (54%). A slightly lesser proportion said to ‘help with their day-to-day living’ (52%), and 35% said they ‘came out of hospital and were provided equipment to allow them to return home’. The lowest proportion were given the equipment on the basis of ‘needing an assessment’ (20%).

In relation to the above, the service could be considered as effective in supporting people’s independent living in their own home - 70% said that the ‘equipment/adaptation had helped them stay at home rather than having to be in a hospital or other care environment’:



Equalities and disadvantage:

The Service User questionnaire included two questions related to equalities. The first asked whether “If you have a sensory need (hearing or sight loss) or English is not your first language did any part of the delivery or collection of your equipment cause you difficulties?” In response, 4% said ‘yes’, 34% said ‘no’, and 62% said ‘not applicable’:



With so few expressing such difficulties, the comments were limited to 10 people, including:

“Didn’t see ID or instructions.”

“I do have hearing aids.”

There were also minimal comments to a question that asked whether the service had been responsive to ‘your age, caring role, disability, ethnicity, gender identity, married status, pregnancy, religion, gender or sexuality’. Although many comments were positive, for example, either “No” or “No they have been wonderful they have done all they could and more”, there were some recommendations mainly around responding to people’s disabilities. This suggest that some Service Users, all be it small proportion, face additional difficulties with the equipment and adaptations service due to their disability:

“Ideally NRS giving shorter time slots for arrival - it’s hard to plan my fatigue levels around a ‘between 8am and 5pm’ time slot.

“Having medically trained staff that can understand disability and illness from a clinical perspective.”

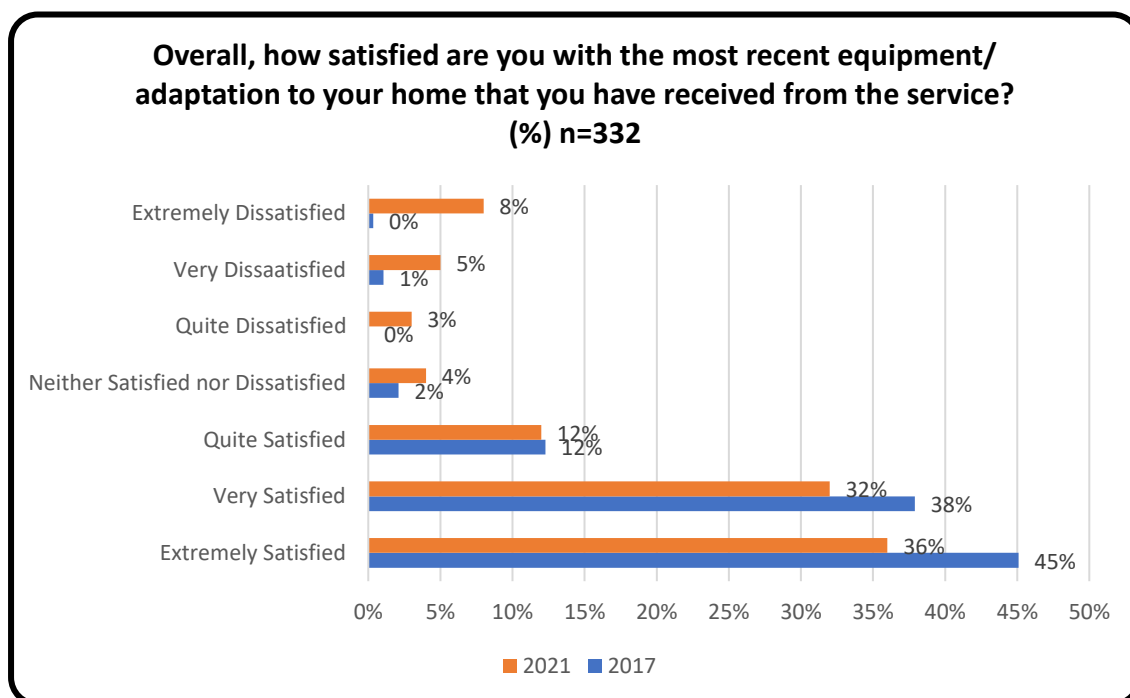
“Would prefer telephone communications rather than forms.”

“A prior visit could have helped in identifying the correct grab rail and prevented the delay.”

Satisfaction with the service:

As a measure of overall satisfaction with the equipment received from the service, survey respondents were asked to rate along a 7-point scale of ‘extremely satisfied’ to ‘extremely dissatisfied’.

As shown in the chart below, satisfaction levels were slightly lower to that reported in 2017. In 2021, 68% were with ‘extremely’ or ‘very’ satisfied with the equipment (compared to 83% in 2017). Although 8% described themselves as ‘extremely dissatisfied’ in 2021, closer inspection of their open-ended comments suggested that a proportion of these may have mis-read the response option, given they expressed satisfaction in the related comments:



To examine if any differences occurred according to the overarching satisfaction question, comparisons were made between those ‘extremely’, ‘very’ and ‘quite’ dissatisfied (54 people), to those ‘quite’, ‘very’ or ‘extremely’ satisfied (266) - for the 2021 data. Comparisons¹¹ in satisfaction were performed by age group, gender, ethnicity, disability and religion. There were no statistically significant differences in satisfaction, showing that the levels of satisfaction did not differ between different gender, age groups, ethnicity, disability, or religion.

To complement this level of satisfaction, a selection of people’s comments are as follows. They are a combination of improved independence and the nature of a supportive Community Equipment Service:

“My mum has been so lucky to have the help that has been given to her.”

“I couldn’t be more pleased with the service, and is exactly what I needed.”

¹¹ Using cross-tabs and Chi Square tests.

“I am very very grateful for the help that I continue to receive from my local council and the health service and wish to thank everybody involved!”

“NRS have been great, I feel confident with their work and their aftercare. Especially with the 24/7 help available if bed/hoist breaks.”

“Recently our minor adaptations have been more swift and done quickly. In previous years we have had many problems and long waits for adaptations but the most recent have been a fairly ok process.”

“Staff were easy to talk to and they showed that they cared.”

There were less comments about Major adaptations (not provide by the CES), but they included:

“Since having the ceiling hoist I’ve gone from being unable to safely transfer out of bed to being able to do so independently at times, and that’s a huge huge improvement to my quality of life and my safety in emergency situations too.”

“Without all the equipment in my home I’d be completely unable to live in the community, and my health would be far far worse. The profiling bed and ceiling hoist do so much for my stability of health, it’s difficult to put into words.”

Nonetheless, there were a few comments where there were criticisms, almost exclusively around the unsuitability of the equipment:

“I find it hard to get out of bed as the equipment supplied was not quite suitable.”

“The bath chair is too big for bath and I also get cold quite quickly.”

“The bed I received is comfortable but a bit narrow and am still having difficulties getting out of bed. The equipment supplied is unsuitable but there is no other alternative, I am worried that I am going to fall.”

Conclusions to the Service User survey

Overall, people are benefitting from their equipment and are generally satisfied with the process of ordering and receiving their equipment. However, there were also several areas of concern. This section outlines some headline findings and reports progress towards the recommendations made in 2017.

Headline findings:

The length of time waiting for the equipment did not cause any problems for most people. However, one in five people did report problems: 15% reported ‘minor problems’ and 5% said they experienced ‘serious problems’ in waiting for their equipment. These figures are similar (three percentage point difference) to those in 2010 and 2017.

78% were contacted by the Community Equipment Service to arrange the delivery/collection by a driver. This was over 15 times more than those who were not contacted beforehand (5%)¹².

93% of people said the driver 'arrived on the day and time expected' and 90% 'fitted or adjusted the equipment'. A lower proportion (69%) said the driver 'explained how to report a fault or return the equipment'. The area of most concern was that 17% said they were not told by the driver how to 'report a fault or return the equipment'.

Although most Service Users showed favourable responses to the service, they were somewhat contradictory in their rating of happiness towards the politeness of the Customer Service Team and the driver, and the quality of the installation. For example:

- 80% were either 'very' or 'fairly' happy, with the 'politeness of the driver (who delivered or collected the equipment)', however 14% were 'very unhappy'.
- 79% were either 'very' or 'fairly' happy with the 'politeness of the Customer Services Team' whereas 16% were 'very unhappy'.
- 75% were either 'very' or 'fairly' happy with the 'quality of the installation of a ceiling hoist, ramp or handrail (if you had any of these)' and 16% were 'very unhappy'.

58% had purchased additional small items of equipment or technology to improve their daily living activities, such as grabbers, jar openers, or a chair raiser.

15% had equipment they 'no longer needed', relative to 80% reporting they did not and 6% who did not know¹³.

Although 67% had 'access to the smart phone, tablet or computer', fewer people (35%) were happy to use this technology to 'assist with their equipment deliveries and collections'. If the proportion excludes those without a smartphone, then 55% of smartphone users would use this technology to 'assist with their equipment deliveries and collections'.

With the option to choose several responses, the most common impacts on people's lives were:

- 'looking after your personal care needs (such as grab rails, shower or bath seats)' (72%);
- 'getting around within your home (such as small portable ramp, grab rails)' (52%); and
- 'helping you have more control over your daily life (this could be any piece of equipment)' (46%).

The same three impacts were also the most popular in 2017. However, for all three, a greater proportion of Service Users in 2021 reported these impacts - for example, in 2017, 62% reported 'looking after your personal care needs' compared to 72% in 2021.

A slight majority of Service Users said that they were given the equipment to 'support them living as independently as they can' (54%). A slightly lesser proportion said to 'help with their day-to-day living' (52%), and 35% said they 'came out of hospital and were provided equipment to allow them to return home'. The lowest proportion were given the equipment on the basis of 'needing an assessment' (20%).

¹² The remaining responses were 'Don't know'.

¹³ For this and other findings, results do not always add to 100% due to rounding up or down decimal points.

70% said that the 'equipment/adaptation had helped them stay at home rather than having to be in a hospital or other care environment'.

Only 4% of Service Users said that their sensory need (hearing or sight loss), or English not being their first language, caused difficulties as regards the delivery or collection of their equipment.

There were minimal comments to a question that asked whether the service had been responsive to 'your age, caring role, disability, ethnicity, gender identity, married status, pregnancy, religion, gender or sexuality'. Although many comments were positive, for example, either "No" or "No they have been wonderful they have done all they could and more", there were some recommendations mainly around responding to people's disabilities. This suggests that some Service Users, all be it small proportion, face additional difficulties with the equipment and adaptations service due to their disability.

A total of 68% were 'extremely' or 'very' satisfied with their equipment. However, 8% described themselves as 'extremely dissatisfied'. Closer inspection of the open-ended comments suggested that a proportion of these may have mis-read the response option, where they expressed satisfaction in their related comments.

In comparison, satisfaction levels in 2021 were lower to those reported in 2017 (even if the above misreading of the question is taken into account). In 2021, 68% were with 'extremely' or 'very' satisfied with the equipment (compared to 83% in 2017).

Progress towards the recommendations in 2017:

The 2021 survey did not ask questions on user's choice in selecting equipment. This leaves four recommendations made in 2017 that can be assessed through these findings, outlined in turn:

- ***The service maintains strong customer relations taking time to understand user's needs and working with them closely to identify appropriate equipment.*** Although user needs were not explicitly asked in 2021, the survey shows a low proportion of Service Users *not* being contacted by the Customer Services Team to arrange delivery; and high satisfaction with the politeness of the customer services team. Also, 52% of people were given equipment that they identified as helping with their day-to-day living. **This suggests progress is being made in this area.**
- ***Increased attention to efficient and timely delivery aiming to minimise problems experienced by users waiting for equipment.*** 80% did not report problems in waiting for their delivery and most people (93%) reported that their equipment generally arrived on the day and time expected. **This suggests progress is being made in this area.**
- ***A more consistent aftercare service ensuring all users receive a follow-up check to monitor use of equipment.*** The closest question to this aftercare, was that 69% said that the driver was able to explain how to report a fault or return the equipment. However, 17% said they did not have this explained, and 15% were not provided with written instructions on how to use the equipment. **This remains a relevant recommendation going forward from this 2021 report.**
- ***Frequent and clear communication to users and carers about how to return equipment when no longer needed.*** Although it is not possible to respond directly to

this recommendation as people's awareness of the process is not asked, the inclusion of the how to return equipment is stated in this questionnaire. With 15% saying they have equipment no longer needed there is a recyclable loss. Also, one-third of the sample were not happy to use an online form, website or phone app to support this. **This suggests the return of equipment, particularly through online technology, needs to be improved.**

Recommendations from the Service User survey

As regards the future of the service, the attention naturally focusses on areas of improvement within a broadly satisfied customer base. Responding to the following may well be able to contribute to bringing the overall service satisfaction back to the 2017 levels. Looking at the 2017 recommendations and the findings from this 2021 survey, the following improvements are required:

1. (From the 2017 report), provide a more consistent aftercare service ensuring all users receive a follow-up check to monitor use of equipment. This was not a requirement of the provider in 2017 nor within the current contract but would be beneficial.
2. (From the 2017 report), provide frequent and clear communication to users and carers about how to return equipment when no longer needed - 15% of the 2021 sample had equipment they 'no longer needed'.
3. Encourage greater use of a smartphone, tablet or computer to 'assist with their equipment deliveries and collections' - only 35% were happy to use this technology for this purpose.
4. Explain to the Service Users how to report a fault or return the equipment - 17% were not told how to do this.
5. Reduce waiting times for equipment. This will reduce the proportion of Service Users having any problems as a result of this. 20% of people reported some problems due to this waiting and this figure has not changed significantly from earlier 2010 and 2017 findings. The provider delivers equipment according to the timescales set by the Prescriber, so this recommendation relates to the wider 'service' of assessment and prescription of equipment.
6. Improve the perceived 'quality of the installation of a ceiling hoist, ramp or handrail' as well as the 'politeness of the Customer Service Team'. Although most were satisfied, 16% were 'very unhappy' with both.
7. Address comments about unsuitability of equipment in some instances.
8. Be mindful that some people face disadvantage in the application and delivery of their equipment according to their disability. Although a minor proportion, the Community Equipment Service need to be aware of these issues.

Evaluation Part 2 - Prescriber evaluation

To complement the views of the Service Users, the Prescribers of equipment and adaptations were asked for their experiences and opinions about the service they provide.

Aims of Prescriber evaluation

The evaluation aimed to explore:

1. The professional background to the Prescribers in terms of organisation representing, job roles and services provided.
2. Experience of ordering equipment, including ordering source (catalogue etc.), and satisfaction with various aspects of the ordering process.
3. Returning and recycling equipment.

Methodology

The evaluation used a combination of quantitative forced choice questions and open-ended comment boxes to assess the Prescriber views and experiences. The questionnaire can be viewed in Appendix 2 and consisted of 20 questions. The introductory page of the survey includes a link to a joint Healthwatch Brighton and Hove and Brighton and Hove City Council privacy policy. The survey was open for five weeks, closing on October 29th 2021 (approximately five weeks after the Service User survey closed).

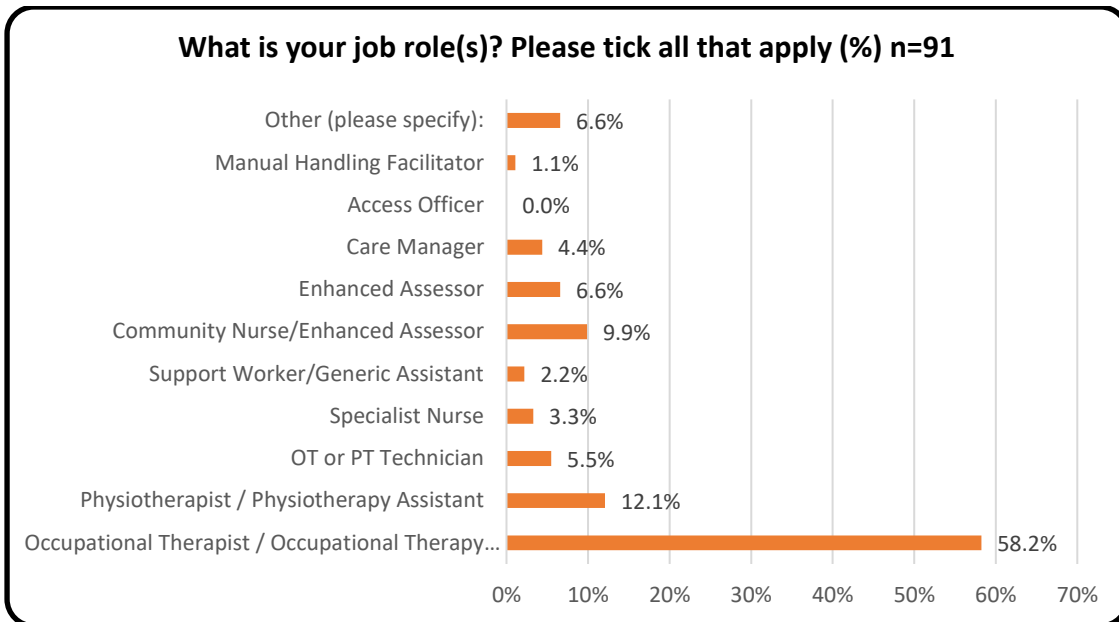
An online questionnaire was sent to all 355 active equipment Prescribers across Brighton and Hove. A total of 92 Prescribers responded to the survey providing a response rate of 25.9%.

Findings

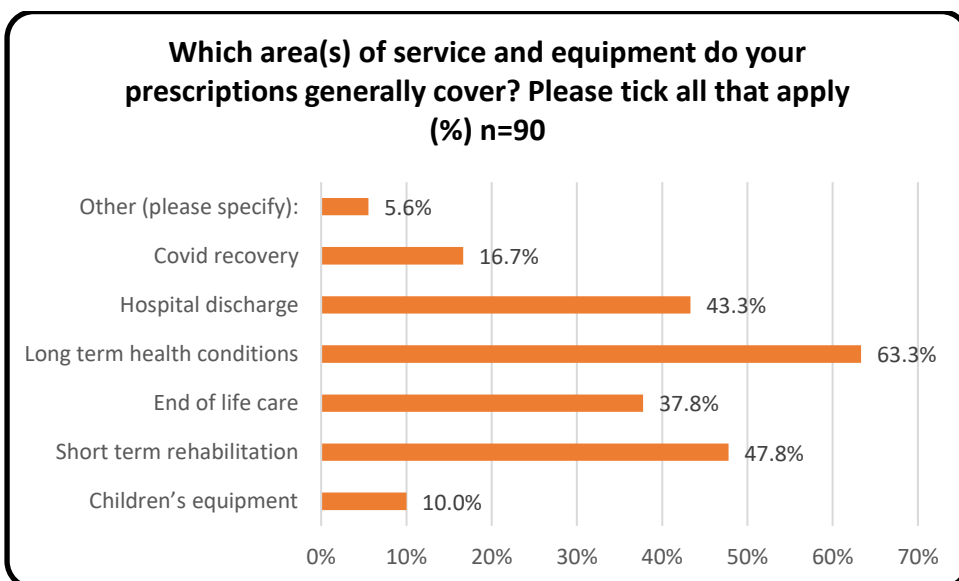
Job role:

The first three questions asked about people's employment role. People worked for a number of different organisations, mostly Sussex Community NHS Foundation trust (51%), followed by BHCC Adult Social Care (23%), Brighton and Sussex Universities Hospital Trust (13%) and Sussex Partnership Foundation Trust (6%). 11% reported they worked for 'other' organisations (mostly at a Hospice). It was possible for people to work for more than one organisation.

In terms of job roles, most people worked as an Occupational Therapist/Occupational Therapy Assistant (58%). The next most popular roles were a Physiotherapist/Physiotherapist assistant (12%) and a Community Nurse/Enhanced Assessor (10%). No one described themselves as an Access Officer. Again, people could choose more than one job role:



In terms of the service and equipment prescribed, most said they prescribed equipment for people with long term health conditions (63%). The next most likely reason was prescribing for short term rehabilitation (48%):



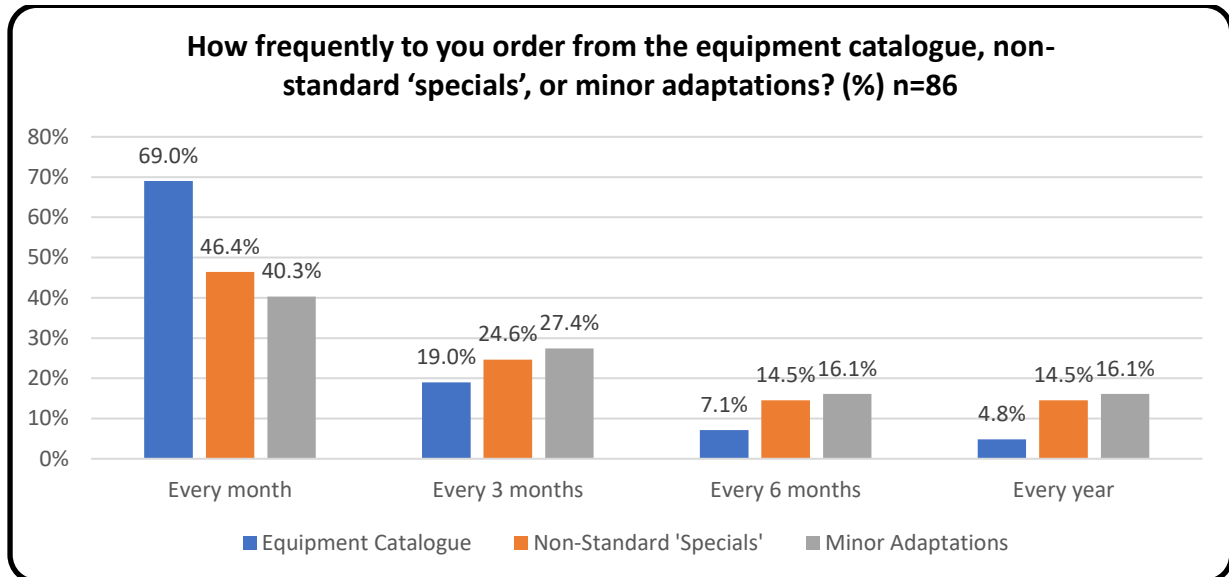
Ordering equipment:

This was the most extensive part of the questionnaire and is separated under the following headings: sourcing equipment, ordering process and support, installation, and additional items.

Sourcing equipment

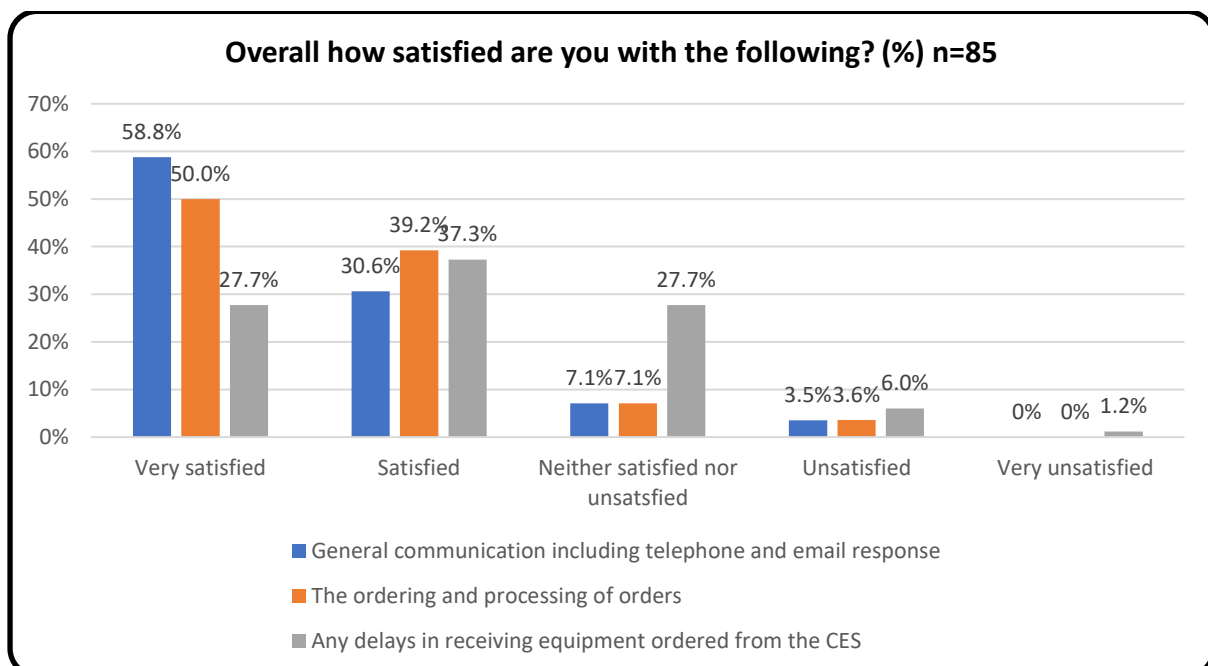
Prescribers were asked how frequently they ordered equipment from a variety of sources: the equipment catalogue, non-standard 'specials', and minor adaptations.

Of these three sources, the most frequently used source ('every month' as opposed to 'every 3 months', 'every 6 months' or 'every year') was the equipment catalogue (69%), compared to non-standard specials (46%) and minor adaptations (40%). The least frequently used source was minor adaptations, with 16% using this every year:



Ordering process and support

In relation to the ordering, Prescribers were asked about their satisfaction with the processing of orders and communication. In terms of ordering equipment, Prescribers were generally more satisfied with the 'general communication including telephone and email responses' (89% were either 'satisfied' or 'very satisfied'), and the 'ordering and process of orders' (89% 'satisfied' or 'very satisfied'), relative to the experience of 'any delays in receiving equipment' (65% 'satisfied' or 'very satisfied'). For the latter, 28% were 'neither satisfied nor unsatisfied':



The comments were mostly positive, especially as regards the help from NRS:

“NRS are always helpful in answering questions about the progress of my orders and seek to rectify any problems immediately.”

“Haven't experienced any delays that were caused by NRS.”

“Brighton and Hove NRS team are very helpful and usually communicate well with any issues.”

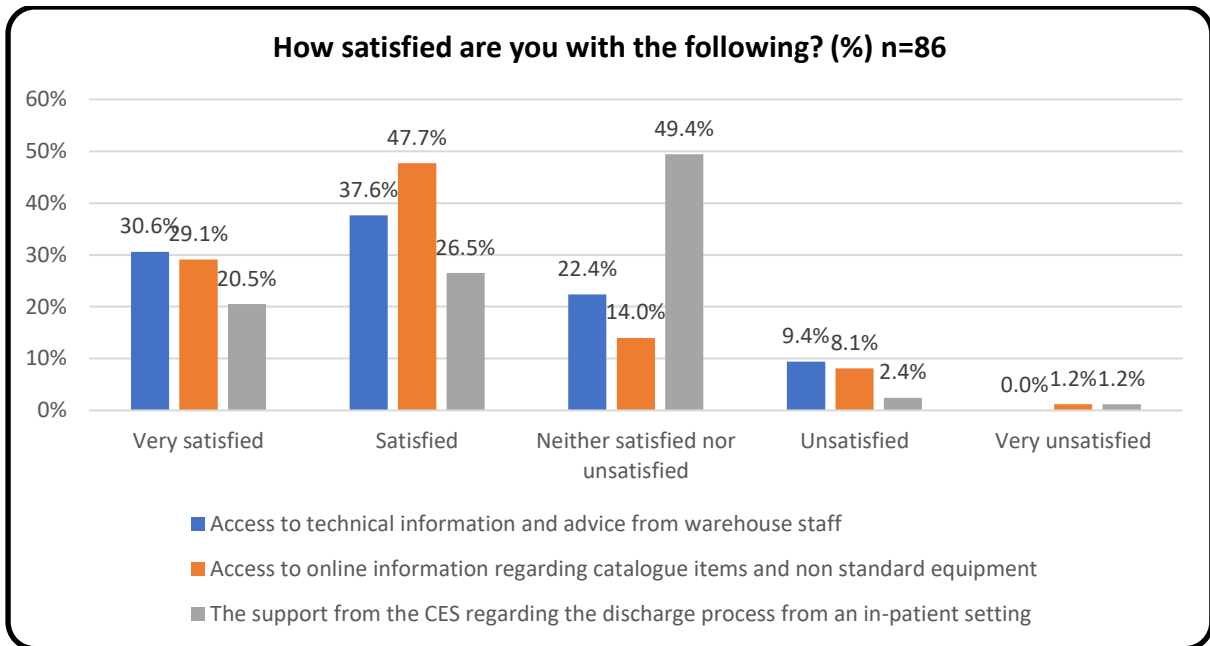
“The staff are absolutely incredible keeping in touch via email and with their readiness to accommodate patients and staff to provide a great service.”

The only negative comments were in relation to communicating with the drivers:

“Generally communication is usually good via emails from the admin team. The techs and delivery drivers for some reason generally avoid or are not very good at communicating any equipment issues directly to the Prescriber. The drivers and techs report back to admin who then contact Prescribers but information is then very basic, just there was some kind of problem.”

“It takes a long time to get through. I can't use the call back service as I am not constantly at my desk and when I am, I am making outbound calls to patients. I often receive 'driver out of time' when the next delivery day is 2 days later. This can have a massive impact on the patient if they are discharged and there is no equipment in place.”

Questions were also asked around the access to information and support from the CES regarding the discharge process from an in-patient setting. Prescribers were more satisfied with the 'access to online information regarding catalogue items and non-standard equipment' (77% were either 'satisfied' or 'very satisfied') and 'access to technical information and advice from warehouse staff' (68% were either 'satisfied' or 'very satisfied'). This is relative to the 'support from the CES regarding the discharge process from an in-patient setting' (47% either 'satisfied' or 'very satisfied'):



The satisfaction with these aspects of ordering were slightly lower than the previous question on the processing of orders and communication. Nearly one in ten Prescribers said they were ‘dissatisfied’ or ‘very dissatisfied’ with the ‘access to technical information and advice from warehouse staff’ (9.4%) and ‘access to online information regarding catalogue items and non-standard equipment’ (9.3%). This is relative to the 4% who were ‘unsatisfied’ or ‘very unsatisfied’ with the ‘support from the CES regarding the discharge process from an in-patient setting’.

These responses were reflected in the mixed comments below. Concerns were raised about searching and selecting the right choice of equipment:

“Searching for returned specials is laborious and it is difficult to find equipment. It is time consuming to look through all the different categories and they are not always consistently saved in the right category e.g. children’s slings in adults sling section etc.”

“Some information on recycled stock is not detailed enough e.g. size, or model. It would be helpful to have the original quote with the specific parts of the piece of equipment as it would make it easier to determine if appropriate for our client.”

“Technical information is very difficult to obtain so often time (and money) is wasted on trial and error provision. The information on the website is very minimal and it would be really helpful to have some more detailed clinical features. Sometimes important information such as chair dimensions are not available. Sometimes returned stock chairs are listed on IRIS with essential components missing e.g. hand control or seat covers. The listings says that the clinician must order this when issuing the equipment. Unfortunately this takes up valuable clinical time and is not a clinical need. I cannot see why the essential components cannot be ordered at the recycling stage as the equipment cannot be used without it. Often if I see that a chair needs something on it to be replaced I tend to avoid requesting the returned item.”

“It is hard to know what chair raisers or bed raisers to order for example. It would be good if there was an option for the technician to take different supplies and fit what is required.”

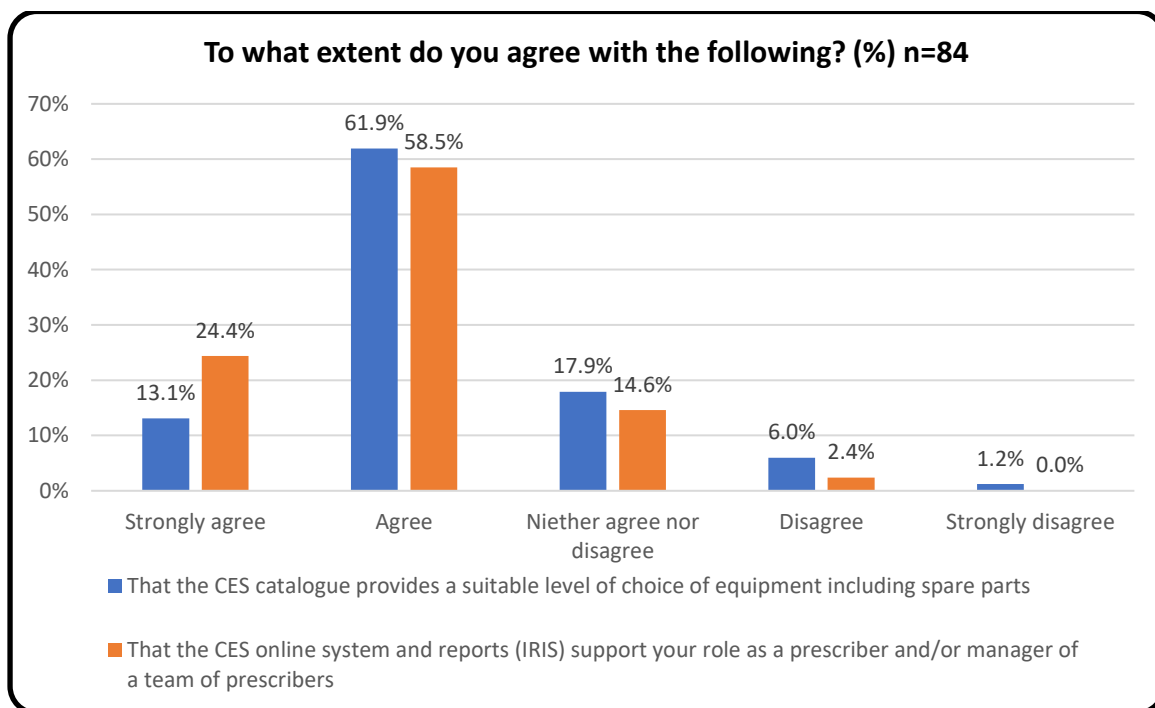
These comments did not detract from the helpfulness of the Customer Service team:

“Customer service team are always great - and will go the extra mile to find the right info.”

“The Brighton and Hove NRS team are always amazingly helpful to the best of their ability!”

Further questions were asked about the choice available from the CES catalogue and the support from IRIS when prescribing equipment. More specifically, Prescribers were asked the extent to which they agree whether the ‘CES catalogue provides a suitable level of choice of equipment including spare parts’ and whether the ‘CES online system and reports (IRIS) supports their role as a Prescriber and/or manager of a team of Prescribers’.

The highest level of agreement was for the latter with 83% ‘agreeing’ or ‘strongly agreeing’ that the ‘CES online system and reports (IRIS) supports their role as a Prescriber’, compared to 75% ‘agreeing’ or ‘strongly agreeing’ to the level of choice through the catalogue:



Comments raised concerns over children’s equipment and bathing support in particular:

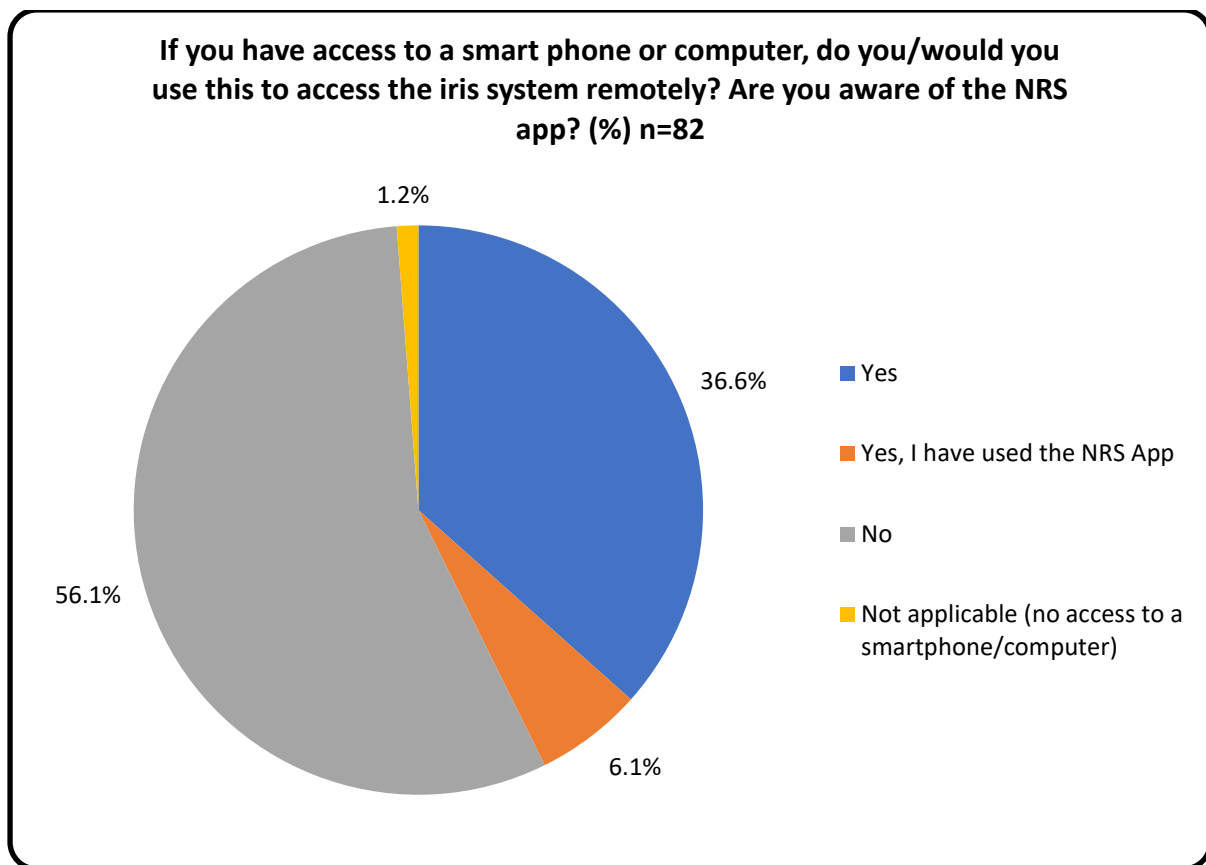
“Limited stock for children’s equipment. Can be difficult if equipment is needed quickly and there is nothing suitable in returned stock. E.g. appropriate children’s profiling bed for hospital discharges.”

“There are areas that could be improved. For example, a standard children’s bed. Children’s shower seat. Medium belt for the return aid.”

“Alternative bathlift due to many baths having nonslip or narrow bases which are not suitable for the stock bathlift.”

Looking at the attitudinal charts around ordering, most Prescribers (typically around 70% to 90%) were generally satisfied, with the majority of the remaining proportion undecided ('neither satisfied nor unsatisfied'/'neither agree nor disagree'). The least encouraging area was in relation to the 'access to technical information and advice from warehouse staff' and 'access to online information regarding catalogue items and non-standard equipment', where nearly one in ten of Prescribers said they were 'dissatisfied' or 'very dissatisfied'.

In terms of ordering equipment, although 37% were using the IRIS system remotely, only 6% (of all Prescribers) were using the NRS App (not surprising as the App was currently in development). A further 1% did not access to a smartphone/computer:



Comments included those who were not aware of the App (expected as the App was currently in development). Further responses from Prescribers were mixed with some saying they would explore further, and others saying it would be too small to read the text on a smartphone App:

“I wasn't aware of the NRS App.”

“I was not aware of the NRS App but I will look it up.”

“I always work remote from home. I would not use a phone App as the details of specials are too small to see on the screen.”

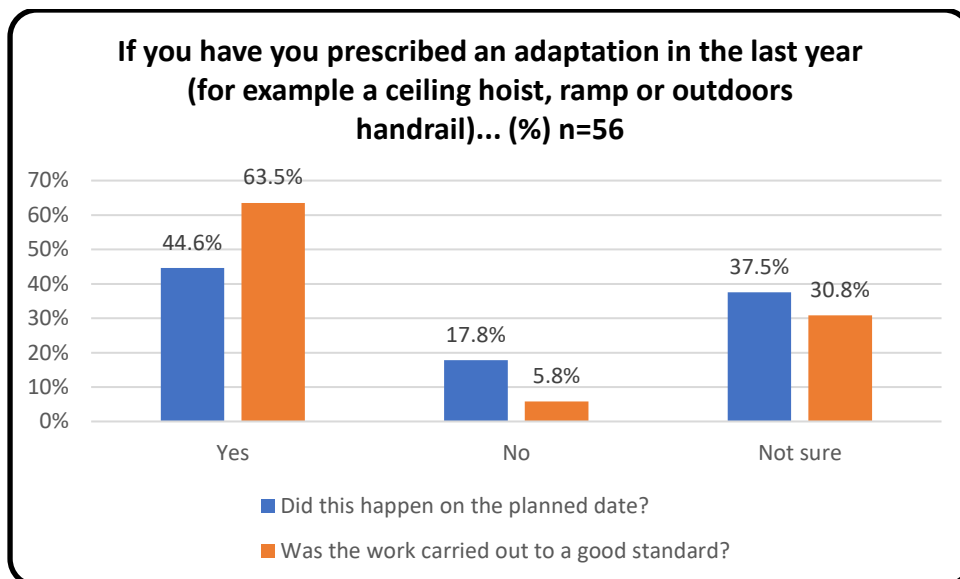
“I will download the app and try it, I do need to order equipment remotely when doing home visits.”

“I order remotely from my computer. I would not use an App on a phone.”

Delivery and installation of equipment

Following the ordering of equipment, Prescribers were asked two questions about the delivery and installation of equipment: whether this ‘happened on the planned date’ and whether ‘the work was carried out to a good standard’. The results were mostly positive although there was also a sizeable proportion who said ‘not sure’.

A total of 64% said ‘the work was carried out to a good standard’ (with 31% saying ‘not sure’ and 6% saying ‘no’). 45% said it ‘happened on the planned date’ (with 38% saying ‘not sure’). 18% said the installation did not happen on the planned date:



Comments suggested that teams had been stretched this last year which had caused delays in some instances. There was no indication that delays were more prone for equipment or minor adaptations:

“Installation delayed due to Covid and staffing.”

“I noticed the ceiling track hoist team has clearly been stretched this year. There have been some delays as they were short staffed. But the team is always helpful and does the best they can.”

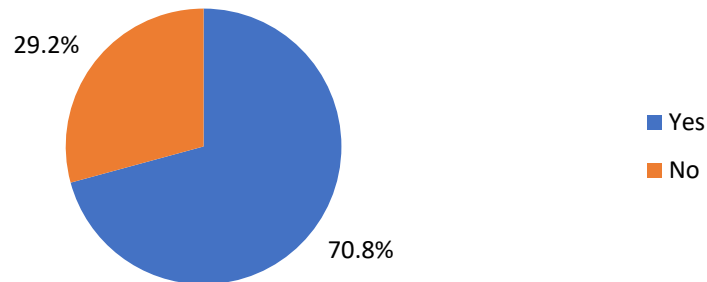
“I have found that obtaining quotes for ceiling track hoists (after the site visit by NRS) have always been delayed and this delayed the ordering process.”

“Quite late, no updates, had to chase it up quite a lot.”

“I do a lot of ceiling hoists (sorry!) although they have sometimes needed to be rescheduled due to staffing levels or scheduling difficulties.”

There were a range of additional questions about the ordering and processing of equipment. A total of 71% felt that the ‘community equipment currently supports a 2-hour urgent community response need’:

Do you feel the community equipment current supports a 2 hour 'urgent community response' need? If not, what do you feel is needed for the service to provide this?' (%) n=65



The few comments added were that Prescribers had rarely used this option, either it was not needed for their job role or they were not aware of the option. The findings may be explained by the fact that the current CES provides a 'same day' service for emergency provision, with a 2pm cut off for urgent orders:

“Our service is not urgent response, I do not use this service and can't comment.”

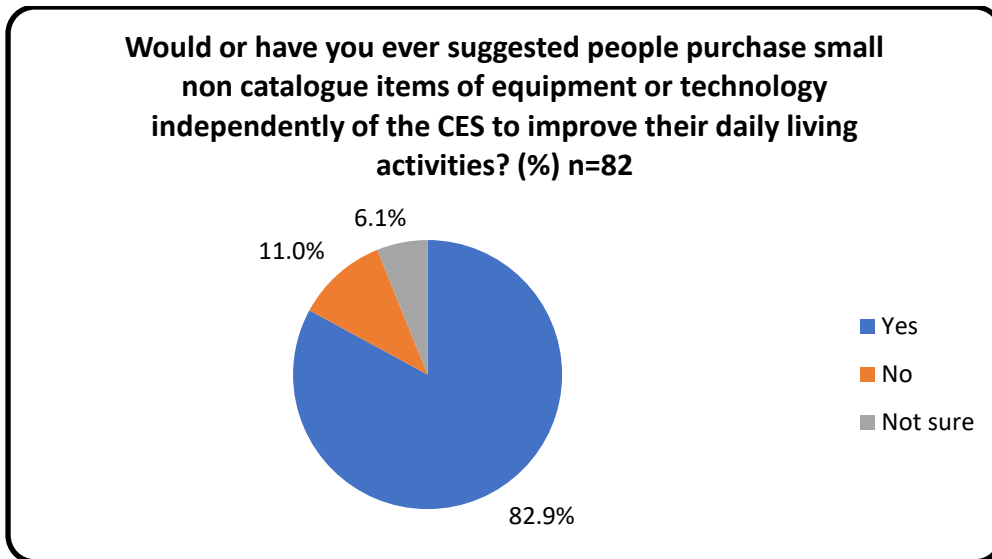
“Cannot comment as don't do urgent response.”

“We have not used this service.”

“I wasn't aware that there was a 2-hour response. I have only used same day.”

Additional items

Also, in terms of equipment provision, the vast majority of Prescribers (83%) had 'suggested people purchase small-non catalogue items of equipment or technology independently of the CES to improve their daily living activities':



A range of small items were purchased including helping hands, long handed shoehorns, urinal bottles, jar openers, sock aids, and drinking aids. Unsurprisingly, the purchasing of non-catalogue items matches the findings in the Service User questionnaire. Comments suggested that as such items were no longer in the catalogue, many advised people to purchase them:

“Yes, I have because we can't get it from the catalogue any more.”

“This has had to be the case as the years have passed with certain smaller items being taken off (long handled aids). Also having some items declined as a specials order with the approach that the admin cost fees outweigh the worth of ordering items. So family members are being made aware and advice is given for self-purchase.”

“Items not available to us include: urine bottles, tables, cutlery, caddies.”

“All the time - small items no longer funded by NRS.”

As a further finding within this section on ordering equipment, 64% found it ‘easy’ to ‘prescribe equipment from a buffer store including the associated documentation’.

Although comments showed that most do not use this buffer store facility, the few remaining comments were positive:

“We have had a recent buffer store set up at Hove Polyclinic. This has helped enormously and is restocked weekly and has the ordering system option on IRIS which is great not having to fill out paper referral.”

“We have a very good system in place that our technicians manage.”

“The online process is very simple, the written process is easy. But it is more complex adding in all patient information.”

Meeting specific needs

Prescribing equipment to ‘those with sensory needs’ or ‘those for whom English is not their first language’ largely did not apply: with 67% replying ‘not sure’ to sensory needs

and 67% 'not sure' to English not a first language. A further 7% of Prescribers said the delivery or collection of equipment for those with sensory needs 'caused difficulties', as did an equal proportion (7%) of those for whom English was not their first language. Equal proportions (26%) said that the delivery or collection of equipment for 'those with sensory needs' or those with 'English not a first language' did 'not cause difficulties'.

Comments were exclusively around a language barrier, occasionally leading to delivery problems and need for specialist staff to overcome these problems:

"Not sure how this could be avoided as client needs interpreter and sometimes things are difficult to explain, best effort was made but I needed to use an interpreter."

"Not sure reasons for failed deliveries - could have been due to the family not having English as their first language."

"Referring patients to instruction booklets is not appropriate as they are unable to read English. Patients who are struggling to manage phone calls tend to have delays in receiving their equipment."

"NRS usually need my support to successfully book appointments for people with sensory needs. NRS always need my support to book appointments when there is a language barrier."

Finally, in relation to these needs, Prescribers were asked to comment whether there could be any 'improvements that could be made to the service in relation to equipment and access/needs for people with protected characteristics - older people, people from BAME backgrounds or different genders or sexual orientation'? There were very few responses to this question, typified by one person who did not see people with protected characteristics having contrasting needs to others:

"More equipment in buffer store variety and stock numbers I do not believe that protected characteristics are impacted by CES."

"I think if I identify English not to be first language, there should be a drop down menu advising what language to supply instructions in but they should come in."

"Square raised toilet seats to be an option, it is becoming more popular for people to have these in their property."

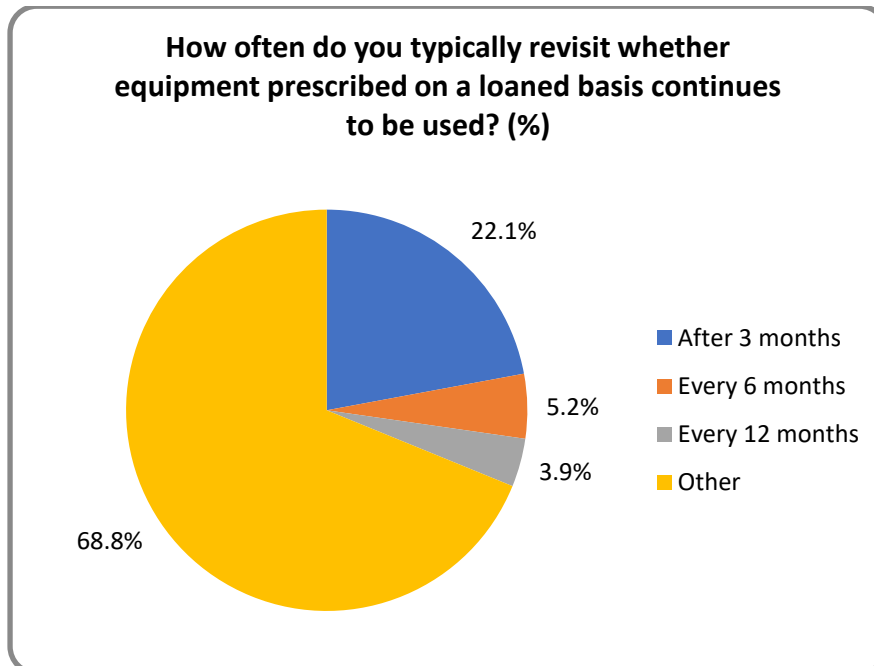
"The standard stock bathlift frequently does not fit in people's baths, resulting in many non-standard bathlifts needing to be ordered."

"Wider bathboards."

Returning and recycling equipment:

Prescribers were asked about whether they assess if equipment is still required and to what extent they raise this with the Service User. When completing an assessment, 84% of Prescribers said they 'reviewed what items of equipment were no longer required and could be recycled'. 13% of Prescribers said they did not review items of equipment that were no longer required when completing an assessment.

In terms of how often they revisit to see ‘whether equipment prescribed on a loan basis continues to be used’, most (22%) said they do this ‘after 3 months’:



The additional ‘other’ responses to this question were mostly ‘never’, ‘rarely’ or varied on a case-by-case basis, with some additional comments shown below. Comments suggested the reviewing of equipment was routine for many:

“Every time in home environment or when in liaison with family. Actively do this!”

“If we are in the patient’s home, we will try and review older equipment and support the process with collection of unused items - to support with recycling.”

“We always advise patients to call the number on the equipment to arrange collection once they have finished using it.”

Other Prescribers said that either they do not review the need (usually because it is not their responsibility), or do so on an individual case by case need:

“My service capacity does not allow me to revisit and review equipment after the initial review.”

“We don’t revisit. A list is provided to our professional leads to follow up, it depends if the case is still open to me / the service.”

“As and when visiting.”

When prescribing equipment, the majority (90%) give out ‘details to Service Users on how to return equipment when it is no longer required’. The Prescribers comment on how the returning instructions are shared with Service Users:

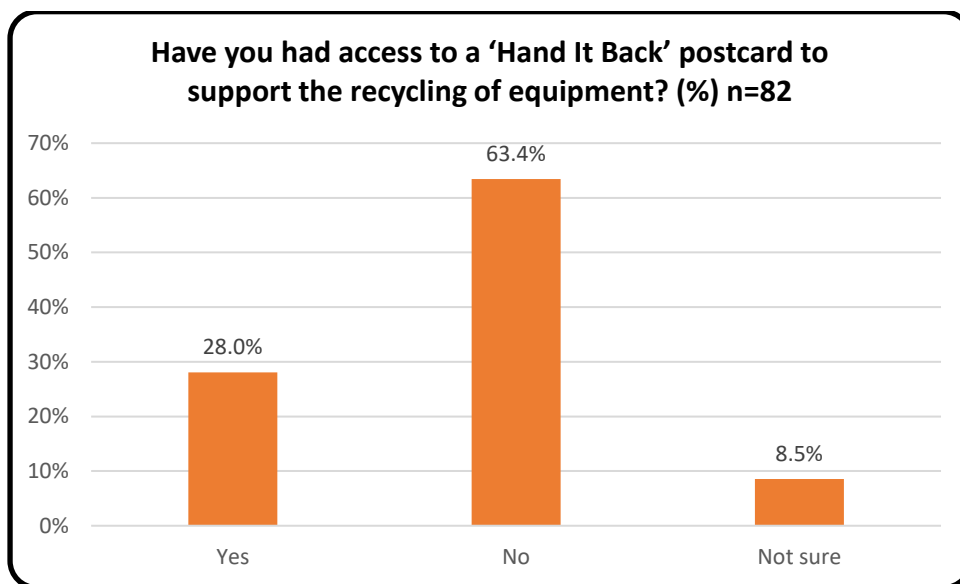
“NRS issue info leaflet and we provide equipment guidelines which details how to return/arrange a review.”

“I highlight the equipment is a loan and that there is a number on the equipment. It would make sense to me for NRS delivery person to point out it is a loan and hand out the card with details how to return.”

“Remind them of phone number on equipment.”

“I would just advise them to call the number on the sticker.”

More specifically, however, 63% said they do not have access to a ‘Hand It Back’ postcard to support the recycling of equipment:



From the few comments available, several said they do not have access to the ‘Hand It Back’ card:

“I have found this card when I picked up stuff at NRS. I like it, but I don’t have access to it. I think it should be given out with the delivery.”

“I don’t think so....”

Additional comments:

In completing the findings from Prescriber opinions, two further open-ended questions asked about ways in which the ‘CES could be improved’ and ‘any further comments’. These questions consolidate people’s views having responded to previous questions. In terms of improvements, comments were a mixture of ordering/system issues and thoughts about the drivers/technicians. Although not detailed, all comments could be related to the adaptations provided through the CES (rather than Major adaptations).

For the ordering/system issues, comments were dominated towards the NRS system and how this could be improved, specifically updating the records automatically:

“A tidy up of the IRIS system.”

“It is very difficult to establish which orders are which [because the automated email from NRS does not detail the description of the order]”

“Able to update the system automatically with when the equipment should be collected. Call the patient to arrange equipment collection if they have not contacted us within say 6 months.”

“Getting manager authorisations for smaller specials can be time consuming and seems unnecessary for items under £100. IRIS seems to work well and be user friendly but technical product information is not always correct when compared to manufacturer’s info. Definitely the main improvement would be to have improved direct Driver and Tech communications with me the Prescriber. If there’s an issue on the visit try calling the Prescriber while still at the property. We might be able to resolve things straight away.”

“It would be great if there was a way to update a client’s equipment list and get rid of all the stuff no longer in existence on there. I would like to be able to edit the details of a person’s special equipment to ensure the measures, company and accessories are listed correctly.”

“When placing orders on IRIS it is time consuming to have to place two orders when ordering toolbox equipment in addition to non toolbox equipment.”

The few comments around improving the driver/technician role were not as extensive but nonetheless of some interest:

“At times, some drivers are less than reliable in their assessment of environments

“For Technician to take out different bathing equipment to see what is suitable, instead of doing separate visits which is not a good service for the client.”

The ‘any further comments’ question provides a good summary of Prescriber opinion. Although there were suggested improvements noted above, this question elicits people’s overall positive sentiment about the CES. The responses were wholeheartedly complimentary:

“I think that the Brighton and Hove NRS service work well with our local authority and health Prescribers to keep good supportive working relationships. They try and work with us as best as they can to problem solve and support with difficult processes or ordering specials.”

“NRS are very responsive and good to work with. I find their processes easy to navigate and the team very friendly and helpful.”

“Overall CES provide a great service with very helpful staff.”

“Overall despite any negative comments I may have made I think you are providing a good service considering the high demand on you, and you are reliable and good at communicating when there are problems fitting equipment etc. You are always helpful when I have had to call for advice.”

“Thank you. I think the staff at local NRS are amazing and do everything they can to help.”

“Thank you to the Brighton and Hove NRS team! I think you are amazing and it’s great to have such positive working relationship with you!”

“The staff at NRS are very helpful and provide a good service, respect to all their hard work!”

Conclusions to the Prescriber survey

This conclusion highlights the headline findings from the Prescriber survey, which form the basis to a series of recommendations.

Headlines:

This positive sentiment towards the CES is reflected in the headline findings from this survey as below:

The sample

- Most Prescribers responding to this survey worked for Sussex Community NHS Foundation Trust (51%), followed by Brighton and Hove City Council (BHCC) Adult Social Care (23%). Most worked as an Occupational Therapist / Occupational Therapy Assistant (58%). The majority prescribed equipment for those with long term health conditions (63%). Another 48% prescribed equipment for short-term rehabilitation care. Some respondents prescribed for both of these hence the total is more than 100%.

Ordering equipment

- When ordering equipment, the most frequently used source (‘every month’ as opposed to ‘every 3 months’, ‘every 6 months’ or ‘every year’) was the equipment catalogue (69%). This is, compared to the use of non-standard specials (46%) and minor adaptations (40%).
- Prescribers were generally satisfied with the ‘general communication including telephone and email responses’ (89% were either ‘satisfied’ or ‘very satisfied’), and the ‘ordering and process of orders’ (89% ‘satisfied’ or ‘very satisfied’). This was relative to the experience of ‘any delays in receiving equipment’ where 65% were ‘satisfied’ or ‘very satisfied’. For the latter, 28% were ‘neither satisfied nor unsatisfied’ and 7% were ‘unsatisfied’ or ‘very unsatisfied’.
- Prescribers were generally satisfied with the ‘access to online information regarding catalogue items and non-standard equipment’ (77% were either ‘satisfied’ or ‘very satisfied’) and ‘access to technical information and advice from warehouse staff’ (68% were either ‘satisfied’ or ‘very satisfied’). This was relative to the ‘support from the CES regarding the discharge process from an in-patient setting’ where 47% were either ‘satisfied’ or ‘very satisfied’, 49% were ‘neither satisfied nor unsatisfied’ and 4% were ‘unsatisfied’ or ‘very unsatisfied’.
- Nearly one in ten of Prescribers said they were ‘dissatisfied’ or ‘very dissatisfied’ with the ‘access to technical information and advice from warehouse staff’ (9.4%) and ‘access to online information regarding catalogue items and non-standard equipment’ (9.3%).

- 83% agreed or strongly agreed that the 'CES online system and reports (IRIS) supports their role as a Prescriber and/or manager of a team of Prescribers'. 75% 'agreed' or 'strongly agreed' that the 'CES catalogue provides a suitable level of choice of equipment including spare parts' (7% 'disagreed' or 'strongly disagreed').
- 37% were using the IRIS system remotely. However, only 6% (of all Prescribers) were using the NRS App (expected as it the App was currently in development). A further 1% did not have access to a smartphone/computer.
- In terms of installation, 64% said 'the work was carried out to a good standard' (with 31% 'not sure' and 6% saying 'no') and 45% said it 'happened on the planned date' (with 38% 'not sure'). 18% said the installation did not happen on the planned date.
- A total of 71% felt that the 'community equipment currently supports a 2-hour urgent community response need'. The few comments added were that Prescribers had rarely used an urgent option, either it was not needed for their job role or they were not aware of this service (the current CES provides a 'same day' service for emergency provision, with a 2pm cut off for urgent orders).
- The majority (83%) of Prescribers had 'suggested people purchase small-non catalogue items of equipment or technology independently of the CES to improve their daily living activities'. A range of small items were purchased including helping hands, long handed shoehorns, urinal bottles, jar openers, sock aids, and drinking aids.
- 64% of Prescribers found it easy to 'prescribe equipment from a buffer store including the associated documentation'. Comments showed that many do not use this 'buffer store' facility.
- Prescribing equipment to 'those with sensory needs' or 'those for whom English is not their first language' largely did not apply: with 67% replying 'not sure' to sensory needs and 67% 'not sure' to English not a first language. A further 7% of Prescribers said the delivery or collection of equipment for those with sensory needs 'caused difficulties', as did an equal proportion (7%) of those for whom English was not their first language. Equal proportions (26%) said that the delivery or collection of equipment for 'those with sensory needs' or those with 'English not a first language' did 'not cause difficulties'.

Recycling equipment

- 84% of Prescribers said they 'reviewed which items of equipment were no longer required and could be recycled' when completing an assessment. 22% of all Prescribers said they reviewed whether the equipment was no longer required 'after 3 months'. 13% of Prescribers said they did not review items of equipment that were no longer required when completing an assessment.
- 90% of Prescribers gave out 'details to Service Users on how to return equipment when it is no longer required'. However, 63% said they do not have access to a 'Hand It Back' postcard to support the recycling of equipment.
- Additional comments were dominated towards the NRS system and how this could be improved, in particular regarding the updating of records automatically. Comments also showed an overall positive sentiment about the CES.

Comparing the Service User and Prescriber surveys:

In reviewing the Service User and Prescriber findings, there were three parallel themes that arose across the two surveys as follows:

Firstly, 65% of Prescribers were 'satisfied' with 'any delays in receiving equipment', with 28% 'neither satisfied nor unsatisfied', and 7% 'unsatisfied' or 'very unsatisfied'. Prescribers also reported that nearly one in five (18%) installations did not happen on the planned date. These findings tie in with the 20% of Service Users who reported problems in waiting for their equipment (15% reporting 'minor problems' and 5% 'serious problems').

Secondly, there appears to be a need to increase the use of online technology, both for the Prescribers and Service Users. 37% of Prescribers were using the IRIS system remotely. However only 6% of all Prescribers were using the NRS App (expected as the App was currently in development). Similar levels of technological use was reported by the Service Users, whereby only 35% were happy to go online to 'assist with their equipment deliveries and collections'.

Thirdly, 83% of Prescribers had 'suggested people purchase small-non catalogue items of equipment or technology independently of the CES. This had been translated to purchases experienced by 58% of Service Users.

Fourthly, 13% of Prescribers said they did not review items of equipment that were no longer required when completing an assessment. This is two percentage point difference to the 15% of Service Users who had equipment they 'no longer needed'. This provides an indication of the equipment in circulation that could be recycled.

Recommendations from the Prescriber survey

Unlike the Service User questionnaire, there are no recommendations from prior surveys of Prescriber opinion. In view of the headline findings from this survey, the recommendations to improve the prescribing service are as follows:

1. Reduce the proportion of the nearly one in ten of Prescribers who were 'dissatisfied' or 'very unsatisfied' with the:
 - 'access to technical information and advice from warehouse staff' (9.4%); and
 - 'access to online information regarding catalogue items and non-standard equipment' (9.3%).
2. Increase the proportion (37%) of Prescribers who use the IRIS system remotely.
3. Improve the proportion of installations that happen on the planned date. Nearly one in five (18%) installations did not happen on the planned date.
4. Consider how the CES provider responds to the NHS 2 hour urgent response timescales?
5. Improve the recycling of the equipment - 13% of Prescribers said they did not review items of equipment that were no longer required when completing an assessment, and 63% did not have access to a 'Hand It Back' postcard.

Appendix 1 - Service user questionnaire



Your views about equipment and minor adaptations in your home

We are contacting you because you have received some equipment or a minor adaptation to your home. By equipment we mean items to help you carry out activities that you may have found difficult to do for yourself, such as handrails, ceiling hoist, or ramp.

We want to improve our local services so we need to find out your views about your experiences and what effect equipment or any other minor adaptations to your home has had on your life.

Healthwatch is conducting a 10-minute survey of the Equipment and Adaptations service, and you have the opportunity to enter a prize draw to receive one of four **£25 high-street or Amazon vouchers**. Brighton and Hove City Council and Brighton and Hove Clinical Commissioning Group commission this service.

Completing the questionnaire

If you do not wish to answer the questions, this won't affect the services you receive. Once you have completed the questionnaire, please return it in the Freepost envelope provided **before September 30th 2021**. You don't need to put a stamp on the envelope.

If you would prefer to fill this in online you can access the survey at <https://www.smartsurvey.co.uk/s/HealthwatchEquipment/> Copy this address into your browser.

A friend or a relative can help you complete the questionnaire. If you have any questions about the survey, or need it in another format, e.g. another language, in large print, BSL or Easy Read, please contact 01273 234040 or email to: info@healthwatchbrightonandhove.co.uk

Confidentiality

Your answers will be treated as confidential: they will not be passed onto anyone else responsible for providing you with services. You will not be personally identified. Our privacy policy can be viewed [here](#).

ABOUT YOUR EQUIPMENT / ADAPTATIONS

1. Are you completing this questionnaire yourself or on behalf of someone else?

- Yourself
- Someone else

(From now on, the term 'you' refers to either yourself or the person you are completing the questionnaire for).

2. Do you currently have any equipment or adaptations provided by the Community Equipment Service

(The place where you/your nurse, OT or physiotherapist may have ordered and received the equipment/adaptation from)?

- Yes
- No
- Don't know

3. We would like to know what areas of your life are helped by equipment/adaptation to your home?

A single piece of equipment/adaptation may help you with more than one area of your life - so please select all that apply:

- Getting around within your home (such as small portable ramp, grab rails)
- Moving around outside of your home (such as portable ramps, outside grab rails)
- Looking after your personal care needs (such as grab rails, shower or bath seats)
- Helping you prepare meals and drinks (such as tap turners, trays, perching stool mobility aids)
- Helping you communicate and keep in touch with other people (such as mobility aids)
- Helping keep you safe (such as alarms)
- Helping others care for you (such as transfer boards, shower chair on wheels)
- Helping relieve pain or make you more comfortable (such as rise recliner chairs, electronic profiling bed)
- Helping you have more control over your daily life (this could be any piece of equipment)
- Helping you undertake leisure and work activities (such as screen readers and mobility aids).

Please turn over for more questions

GETTING YOUR EQUIPMENT

4. Did the length of time waiting for your equipment/minor adaptation cause you any problems?

- No
- Yes, but only minor problems
- Yes, serious problems

Comments:

5. Do you know the reason why you were given the equipment?

- You identified equipment that may help with your day to day living
- You noticed that you might need more help and suggested an assessment
- You came out of hospital after treatment and were provided equipment to enable you to return home
- You have an ongoing need for equipment to live as independently as you can

6. Did the Community Equipment Service contact you by telephone to arrange the delivery/collection by a driver? The 'driver' was the person delivering and installing the equipment.

- Yes
- No
- Don't know
- Not applicable - A health professional delivered the item rather than the Community Equipment Service.

Please turn over for more questions

7. Did the driver do any of the following?

	Yes	No	Don't know
Arrive on the day and time expected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fit or adjust the equipment for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate and provide you with written instructions on how to use the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain how to report a fault or repair the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add comments particularly if you answered 'no' to any of the above:

8. How happy were you with the following?

	Very unhappy	Fairly unhappy	Neither unhappy nor happy	Fairly happy	Very happy
The politeness of the Customer Services Team (who helped in arranging delivery/collection):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The politeness of the driver (who delivered or collected the equipment)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of the installation of a ceiling hoist, ramp or handrail (if you had any of these)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add comments particularly if you were unhappy with any of the above:

Please turn over for more questions

9. If you have a sensory need (hearing or sight loss) or English is not your first language did any part of the delivery or collection of your equipment cause you difficulties?

- Yes
- No
- Not applicable

Please add comments about what could be improved in the future:

10. Have you ever bought any small items of equipment or technology to improve your daily living activities, such as grabbers, jar openers, chair raiser? If yes, please provide more details.

- Yes
- No

Please add comments about the type of equipment you have bought:

RECYCLING AND RETURNING EQUIPMENT

11. Do you have access to a smart phone, tablet (e.g. iPad) or computer?

- Yes
- No
- Don't know

12. If you do have a smart phone, tablet (e.g. iPad) or computer, would you use an online form, website or phone app to assist with your equipment deliveries and collections?

- Yes
- No
- Do not have a smart phone, tablet or computer

Please turn over for more questions

13. Do you have any equipment you may no longer need? (If you have any equipment or adaptations that you no longer need, you can call NRS to collect from you.

NRS can be contacted on 01273 894 350 during opening hours 8.30am-4.30pm Monday to Friday or enquiries@brightonandhove.nrs-uk.net.

- Yes
- No
- Don't know

IMPACT OF HAVING THE EQUIPMENT/ADAPTATIONS

14. Has the equipment/adaptation helped you stay at home rather than having to be in a hospital or other care environment?

- Yes
- No
- Don't know

15. Overall, how satisfied are you with the most recent equipment/ adaptation to your home that you have received from the service?

- Extremely dissatisfied
- Very dissatisfied
- Quite dissatisfied
- Neither dissatisfied nor satisfied
- Quite satisfied
- Very satisfied
- Extremely satisfied

Please add comments:

Please turn over for more questions

ABOUT YOU

The council has legal duties to make sure that we provide our services in a fair way to all members of the community.

To assist us in this, we collect equality data to better understand our demographic profile of our community so we can identify and address barriers to inclusion.

We do this so that we can show that we are acting in accordance with the law as well as to help us review and improve our services.

16. What age are you? (if you prefer not to say please leave blank)

17. What gender are you?

Female

Male

Non-Binary

Prefer not to say

Other (please state):

18. Do you identify as the sex you were assigned at birth? For people who are transgender, the sex they were assigned at birth is not the same as their own sense of their gender.

Yes

No

Prefer not to say

19. Are you a carer? A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems.

Yes

No

Prefer not to say

Please turn over for more questions

20. How would you describe your ethnic origin?

- Asian or Asian British - Bangladeshi
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Chinese
- Any other Asian background (please give details)
- Mixed - Asian & White
- Mixed - Black African & White
- Mixed - Black Caribbean & White
- Any other mixed background (please give details)
- White - English/Welsh/Scottish/Northern Irish/British
- White - Irish
- White - Gypsy or Irish Traveller
- Any other White background (please give details)
- Black or Black British - African
- Black or Black British - Caribbean
- Any other Black background (please give details)
- Arab
- Any other ethnic group (please give details)

Please give details of other ethnic group:

21. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes a little
- Yes a lot
- No (Please go to Question 23)
- Prefer not to say (Please go to Question 23)

Please turn over for more questions

22. If 'yes', please state the type of impairment. If you have more than one please tick all that apply. If none apply, please mark 'Other' and write an answer in the comment box.

- Physical Impairment
- Sensory Impairment
- Learning Disability/Difficulty
- Long-standing illness
- Mental Health condition
- Autistic Spectrum
- Other Developmental Condition
- Other (please specify):

23. What is your religion or belief?

- I have no particular religion
- Buddhist
- Christian
- Hindu
- Jain
- Jewish
- Muslim
- Pagan
- Sikh
- Agnostic
- Atheist
- Other religion (please state)
- Other philosophical belief (please state)
- Prefer not to say
- Other (please specify):

Please turn over for more questions

24. Please think about your recent experience and how responsive it was/is to your age, caring role, disability, ethnicity, gender identity, married status, pregnancy, religion, gender or sexuality.

Is there any way the service could respond better to any of these needs?

25. Please can tell us the neighbourhood where you live (for example, Coldean, Kemptown, Hanover)?

26. Please add any further comments you have about this service, thinking about how you ordered it, had it installed and its use:

27. If you would like to have a brief discussion about your experience, and help contribute to the further development of the service, please select one or both of the options below:

- A one-to one short phone conversation
- A small online group discussion between 4 and 6 people

If yes to either of the above, please add a phone number and an email address so we can arrange a suitable time:

28. Do you want to enter into our prize draw to win one of four £25 high-street/Amazon vouchers - if so, please add your phone number and email address in the box below:

Thank you for sharing your views!

Appendix 2 - Prescriber questionnaire



Community Equipment Service Prescriber Survey

Your views about the Community Equipment Service in Brighton and Hove

We are contacting you because you are one of the 675 professionals and clinicians who currently prescribe equipment or minor adaptations for people via the Brighton and Hove Community Equipment Service. By equipment we mean items to help people carry out activities that they may have found difficult to do. We want to improve our services and plan for the next commission. We need to find out about your experiences and what effect equipment or any other minor adaptations has had on the lives of your clients.

Healthwatch Brighton and Hove are conducting this survey and are also in the process of completing a survey for the people who are using the Equipment and Adaptations service. Brighton and Hove City Council Clinical Commissioning Group commission this service.

If you have any questions about the survey please contact 01273 234040 or email: Prescribersurvey@healthwatchbrightonandhove.co.uk

Please complete the survey as soon as possible - The survey closes on October 8th, 2021.

Your answers will be treated as confidential and you will not be personally identified.

Our privacy policy can be viewed [here](#).

1. Which organisation(s) do you currently work for? Please tick all that apply

- Sussex Community NHS Foundation Trust
- BHCC Adult Social Care
- Brighton and Sussex Universities Hospital Trust
- Sussex Partnership Foundation Trust
- Other (please specify):

2. What is your job role(s)? Please tick all that apply

- Occupational Therapist / Occupational Therapy Assistant
- Physiotherapist / Physiotherapy Assistant
- OT or PT Technician
- Specialist Nurse
- Support Worker/Generic Assistant
- Community Nurse/Enhanced Assessor
- Enhanced Assessor
- Care Manager
- Access Officer
- Manual Handling Facilitator
- Other (please specify):

**3. Which area(s) of service and equipment do your prescriptions generally cover?
Please tick all that apply**

- Children's equipment
- Short term rehabilitation
- End of life care
- Long term health conditions
- Hospital discharge
- Covid recovery
- Other (please specify):

4. How frequently to you order from the equipment catalogue, non standard 'specials', or minor adaptations?

	Every month	Every 3 months	Every 6 months	Every year
Equipment Catalogue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Standard 'Specials'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Adaptations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Overall how satisfied are you with the following?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Unsatisfied	Very dissatisfied
General communication including telephone and email response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ordering and processing of orders Any delays in receiving equipment ordered from the CES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment:

6. How satisfied are you with the following?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Unsatisfied	Very dissatisfied
Access to technical information and advice from warehouse staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to online information regarding catalogue items and non standard equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Very satisfied Satisfied Neither satisfied nor dissatisfied Unsatisfied Very dissatisfied

The support from the CES regarding the discharge process from an in-patient setting

Please comment:

7. Do you feel the community equipment current supports a 2 hour ‘urgent community response’ need? If not, what do you feel is needed for the service to provide this?’

Yes

No

Please comment:

8. To what extent do you agree with the following?

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

That the CES catalogue provides a suitable level of choice of equipment including spare parts

That the CES online system and reports (IRIS) support your role as a prescriber and/or manager of a team of prescribers

Please comment and include any suggestions you may have for items that you would like to see added to the standard catalogue:

9. If you prescribe equipment from a 'buffer store' how easy is the process including the associated documentation?

- Easy
- Difficult
- Neither easy nor difficult

Please comment, including any thoughts you have on how the buffer stores can be improved:

10. If you have prescribed an adaptation in the last year (for example a ceiling hoist, ramp or outdoors handrail).

	Yes	No	Not sure
Did this happen on the planned date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the work carried out to a good standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment:

11. If you have access to a smart phone or computer, do you/would you use this to access the iris system remotely? Are you aware of the NRS app?

- Yes
- Yes, I have used the NRS App
- No
- Not applicable (no access to a smartphone/computer)

Please comment:

12. Would or have you ever suggested people purchase small non catalogue items of equipment or technology independently of the CES to improve their daily living activities?

- Yes
- No
- Not sure

Please comment:

13. If you are prescribing to people with the following needs, did any part of the delivery or collection of equipment cause them difficulties in relation to this need?

	Caused difficulties	Did not cause difficulties	Not sure
Those with sensory needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Those for whom English is not their first language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment:

14. Do you feel there are any improvements that could be made to the service in relation to equipment and access/needs for people with protected characteristics - older people, people from BAME backgrounds or different genders or sexual orientation? What would you like to be done in the future?

15. How often do you typically revisit whether equipment prescribed on a loaned basis continues to be used?

- After 3 months
- Every 6 months
- Every 12 months
- Other (please specify):

16. When completing an assessment do you review what items of equipment may no longer be being used and could be recycled?

- Yes
- No
- Not sure

Please comment:

17. When prescribing equipment, do you give out details to Service Users on how to return equipment when it is no longer required?

- Yes
- No
- Not sure

Please comment:

18. Have you had access to a 'Hand It Back' postcard to support the recycling of equipment?

- Yes
- No
- Not sure

Please comment:

19. Please say how the CES service could be improved:

20. Please add any further comments you may have: