



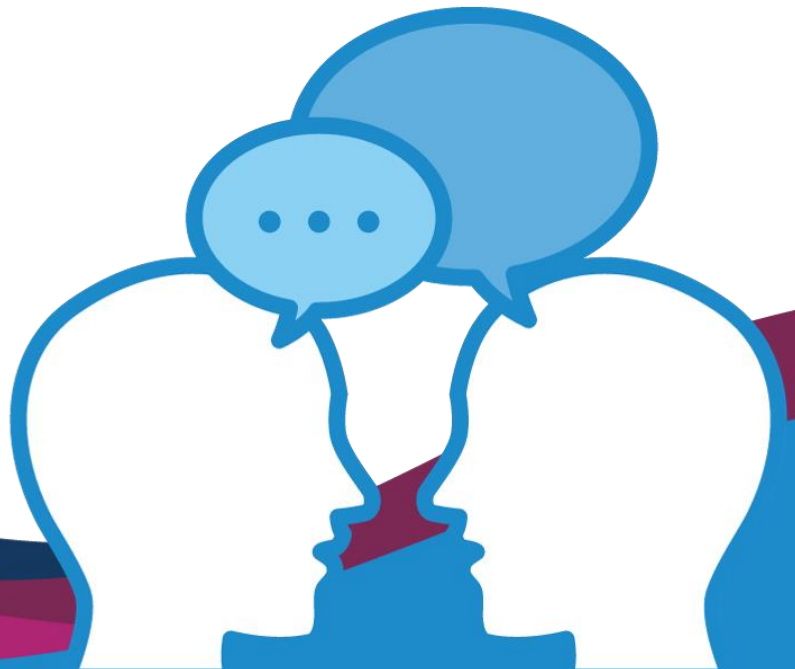
**Lancashire and
South Cumbria**
Integrated Care Board

Community equipment service patient feedback

Listening to communities report

AUGUST 2024

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Acknowledgements

The ICB would like to thank everybody who took the time to complete the survey and participate in the engagement sessions, some of whom were willing to share personal and challenging experiences. Thanks too, for the support and involvement of several of our commissioners across the ICB and Lancashire County Council.

Introduction

The provision of community equipment is a vital and relatively complex service, delivered in partnership with local authorities across Lancashire and South Cumbria. It is vital because the service provides free equipment on loan for however long is necessary, to people living in our communities, to help them carry out day to day tasks and activities of daily living. It also provides support to carers to enable them to continue to support loved ones with on-going care at home. The community equipment service plays a significant role in our support for people with frailty and is extremely important in supporting efficient and effective discharges from hospital. This service is a significant contributor to our vision of supporting independence and care close to, if not in, people's homes.

A broad range of clinical and professional staff across health and care services are integral to the assessment and ordering of equipment that costs the NHS and local authorities millions of pounds a year. Staff involved work in all sectors of care, from hospitals, children's services, mental health, community services and social care. The type of equipment provided to people's homes includes items such as hospital-type beds, pressure relieving mattresses, bed tables, specialist moving and handling equipment, commodes and many other items that support people to remain independent and/or in their own homes.

The provision of community equipment rests with different providers in each of our localities. Both the NHS and upper tier local authorities of Lancashire County Council, Blackpool and Blackburn with Darwen Councils are looking to improve the current community equipment service and have been talking to staff across all services who assess needs and order equipment for their input and involvement. This report identifies the feedback received from patients and carers, those with lived experience of the service, so that their views, comments and concerns can be fully taken into account when considering changes to the community equipment service.

Executive summary

An in-depth online survey was developed and circulated in July 2024, inviting patients and carers with lived experience of community equipment services to provide feedback on their experiences. 81 patients and carers responded to the survey and provided over five thousand words of narrative feedback. A handful of these respondents also elected to attend an online focus group session or one-to-one telephone or Teams interviews.

Almost all the respondents had experience of community equipment services, either as patients or as carers. The survey questionnaire identified five steps in the community equipment pathway, starting with the assessment of needs by professional health and social care staff, and continuing through delivery of the equipment, use and maintenance of equipment, how faults were dealt with and the collection of equipment. Approximately a third of respondents considered most if not all these steps went well. For many others the process was let down at one or more stages. No stage in the process, in any locality, was without a level of concern, some of which were significant.

- Over 10% of respondents had concerns with the assessment process,
- 26% felt that the waiting time for equipment was unacceptable,

- Over 12% were unhappy with the delivery process, including communication around this,
- Almost a third of respondents felt the information provided about the use and care of equipment was inadequate or non-existent, while a similar number of respondents were not given information about servicing or maintenance,
- Over a third of respondents were unhappy about the collection process.

In giving their narrative feedback, a broad range of respondents, that included all three localities (Lancashire, Blackburn with Darwen and Blackpool), explained how problems with each part of the process could have a detrimental impact on the care or daily living of patients. The survey feedback and the focus group discussions indicate that this causes patients and carers frustration and distress, often when they are at their most vulnerable. For patients with long-term community equipment needs, this impact can be a recurrent feature of their lives.

The assessment of needs and the delivery of equipment were consistently better than other aspects of the service, with the collection and recycling of equipment the element of the service that received the most negative feedback.

Respondents were asked about what improvements they would like to see and both survey respondents and engagement session attendees gave a number of improvements for us to consider. The main improvements suggested were:

- Clearer details about who to return equipment to and waiting times,
- Take away old equipment when delivering new equipment,
- Have a central store where equipment can be returned to,
- Improve communication and information to patients regarding the whole process, dates/times/contacts etc.,
- Provide an information pack about the community equipment service, with contact details, prior to discharge from hospital,
- Text or phone delivery times before the delivery takes place,
- Follow up to make sure everything is fine with/about the equipment,
- Watch patients use equipment to check it is suitable and safe,
- Empower patients and carers about equipment

This report will be used to inform the development of the draft service specification and several patients will act as the lived experience patient voice during the development process and beyond.



What have we been talking to people about and why?

We want to make sure local people...



...Are aware and informed about proposals...

... Know how they can get involved...



... Understand why decisions are made...

...Feel enthusiastic about what is possible...



...Have trust in the process.

NHS Lancashire and South Cumbria Integrated Care Board (ICB) and its partner local authorities are aware of concerns from staff and patients that some elements of the community equipment service may no longer be effective in delivering the service required in 2024.

In addition, the contracts for the provision of community equipment services across our localities have been extended in recent years without the specification and patient requirements being revisited and assessed, and the need for this to be done has become paramount.

In order to make the community equipment service the best it can be the ICB and its local authority partners need to better understand the patient experience and ensure their needs and concerns are fed into the improvement of the service and the subsequent procurement process.

To help understand these needs, a survey of patients, distributed via commissioners of the service and a broad promotion of the survey across ICB and partner networks, has been circulated. The survey was also used to identify patients who were willing to undertake more detailed discussions, either via online focus groups or telephone interviews.

The feedback from the patient engagement exercise will be used to support the development of the service specification and improvements to the service.

Who have we heard from?



81 respondents from across Lancashire, Blackburn with Darwen and Blackpool completed the survey. 26 respondents indicated within their survey responses that they were interested in taking part in focus groups or personal interviews on community equipment services. Of these 26, only a handful decided to participate in further discussions.

How did we speak to people?



A detailed online questionnaire was developed which asked for feedback on the community equipment service, identifying within it five key elements of the process. These were:

- The assessment of equipment needs,
- Delivery of equipment,
- Set-up and instructions/use of equipment,
- Faults, repairs and replacements,
- Collection of equipment.

It was important to capture the locality people were living in, so that, where necessary, these could be related to the community equipment provider concerned.

The questionnaire went live on Monday 16th July and was shared with commissioners of the service, who could in turn, reach out to staff in health and social care who assess and order equipment, and service users. In addition, the survey was promoted widely across the ICB's networks, but with an emphasis that responses were needed from people with lived experience of community equipment services.

For three of those respondents willing to become more involved, an online focus group session took place towards the end of August and a few other respondents had telephone or Teams call interviews.

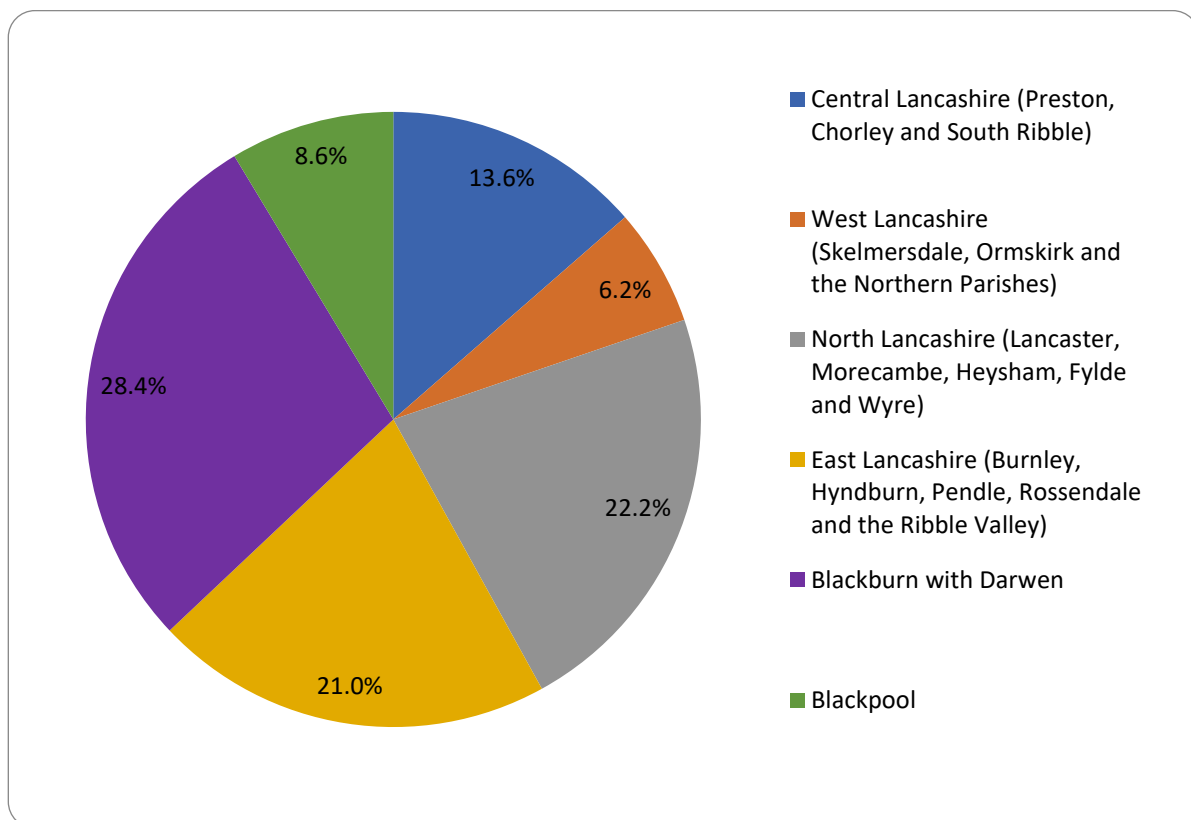
What did we hear?



A summary of feedback received to the questions asked during the engagement is below. To aid clarity, a distinction may be made between feedback from the survey and feedback from the engagement sessions. To effectively analyse feedback given in the online survey, responses to qualitative questions, where respondents are given a free text box to say what they wish, have been grouped into themes. This also applies to the engagement sessions.

All the graphs illustrated in this report are from the survey feedback only.

Which area of Lancashire and South Cumbria do you live in?

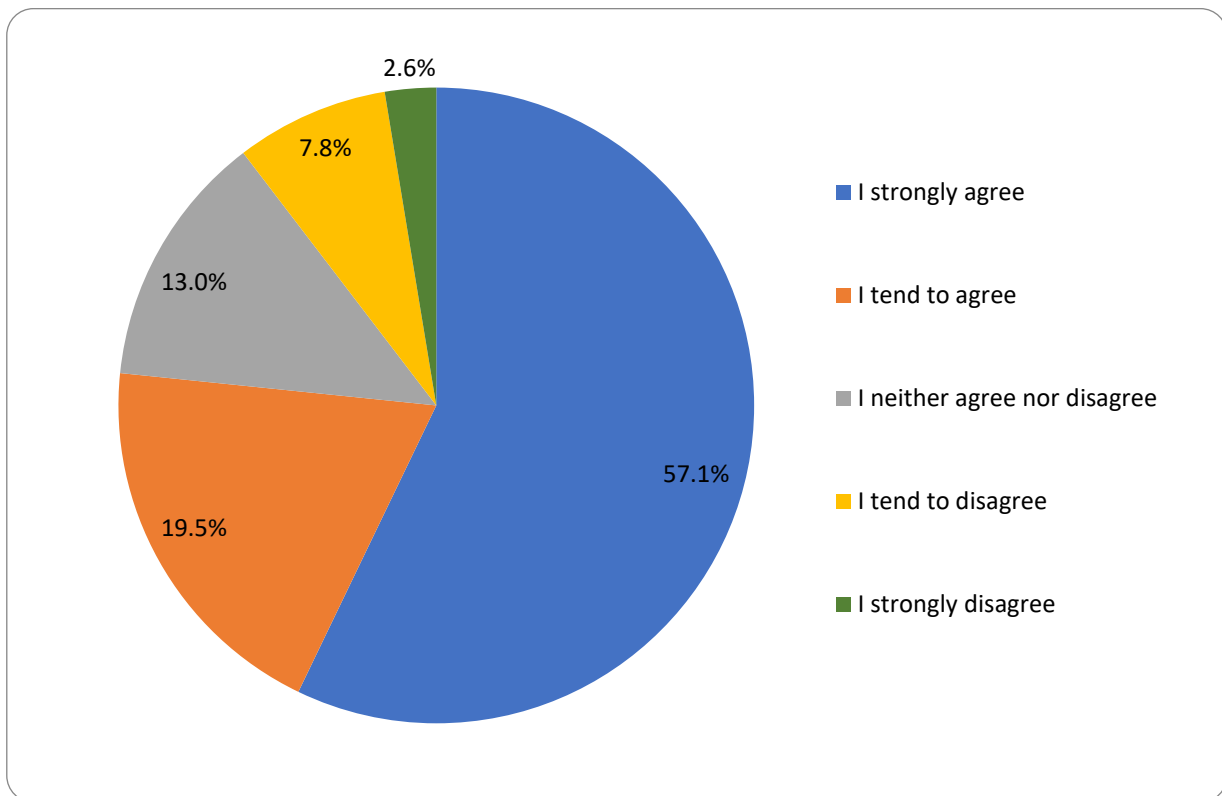


51 respondents were from the four locality areas identified across Lancashire (63% of all respondents), although the sole locality with the largest number of respondents was Blackburn with Darwen, with 23 respondents (28.4%). 90% of respondents had previous experience of community equipment services.

How strongly would you agree or disagree that the assessment process went well and met expectations?

The community equipment needs of patients are assessed and ordered by health and social care professionals, such as Occupational Therapists, during visits to the home, or by clinicians in hospital to enable patients to be discharged. This is the first stage of the

community equipment process. Respondents were asked whether they felt this process went well and met their expectations.










Many respondents (76.6% of those who answered this question) agreed the assessment process undertaken by health or care professionals went well and met expectations (most strongly so). We found that 10.4% of respondents did not agree, which, although not high, is sufficient to warrant examination. Each locality had at least one respondent who disagreed; proportionally, there were more from Blackburn with Darwen who disagreed than from any other locality. Four respondents did not answer this question.

The feedback from the engagement sessions tended to highlight some of the negative elements of the assessment process. Even for people reasonably well versed in how things work in health or social care, they found the system can be very difficult to navigate. People found it confusing about who to speak to about community equipment and who would get back to them. Concern was also expressed about the time it could take for anyone to act. For example:

“I found it totally confusing. A lady came to see me from adult social care and then that case was closed, but she referred me to an occupational therapist, but it was about nine months before the occupational therapist came.”

This was compounded for one of the other patients interviewed, who has a personal health budget. Assessments can be difficult due to the time taken from putting in a request and getting someone to do the assessment. There was concern that the Personal Health Budget team in the local authority “take months to do anything”, in part at least, because “there is always an issue about whose budget it is coming out of. This is what complicates and delays matters.”

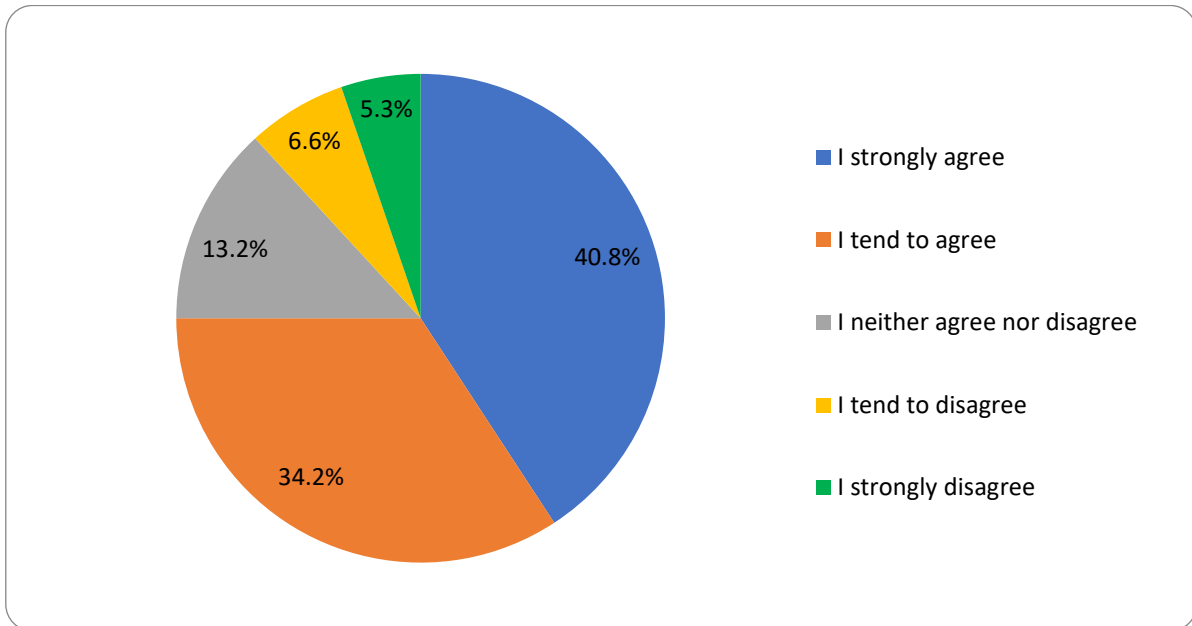
If you can remember, please tell us how long you had to wait for your equipment to be delivered?

			Response Percent	Response Total
1	Less than 24 hours		17.11%	13
2	Less than 48 hours		19.74%	15
3	Less than a week		27.63%	21
4	Less than one month		11.84%	9
5	Over a month		10.53%	8
6	Never received it		6.58%	5
7	Can't remember		6.58%	5

Over 22% of respondents who answered this question (5 did not answer it) waited longer than a week (the standard delivery time) for their equipment. Half of these waited over a month. This can only be indicative however, as we do not know which category of equipment was ordered (emergency/urgent/premium/standard) or whether specials (specialised equipment) were involved. However, 6.5% of respondents who answered this question indicated they never received the equipment.

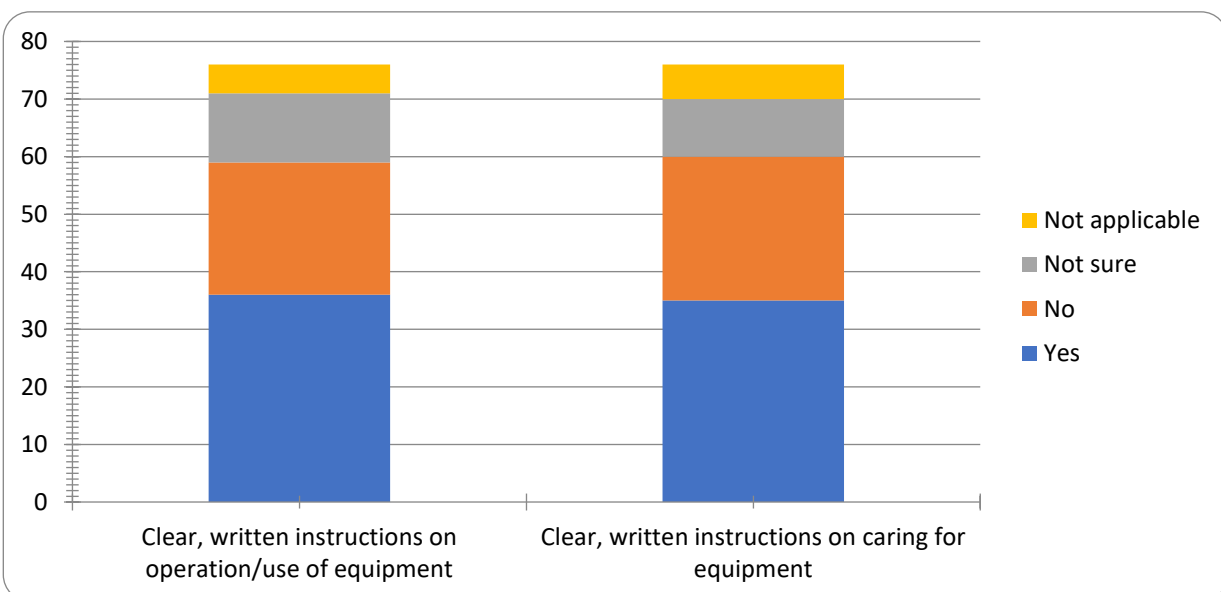
When asked if the waiting time was acceptable or unacceptable, over a quarter (26%) felt it was unacceptable. There were some respondents from every locality who felt it was unacceptable, ranging from 16% of respondents (East Lancashire) to 40% (West Lancashire), although the latter may be distorted by the low level of respondents from that area. However, generally, this indicates a significant level of dissatisfaction with the length of time taken to deliver equipment and/or the delivery process overall.

When the equipment was delivered to your home, or the home of the person you care for, how strongly would you agree or disagree that this went well?



75% of those answering this question felt that the delivery of the equipment to their home went well, with a small majority of these feeling this was strongly the case. 11.9% of respondents to this question indicated this did not go well and every area had someone who felt this was the case, with no one area performing significantly worse than any other. Over 13% of respondents neither agreed nor disagreed with this. However, the responses given in the open-text responses, explored below, seem to indicate delivery created more uncertainty and anxiety than was necessary. This suggests that delivery was more of an issue than these statistics imply.

When equipment was delivered, were you given clear, written instructions about how to operate (where necessary) or use the equipment, and how to care for it?

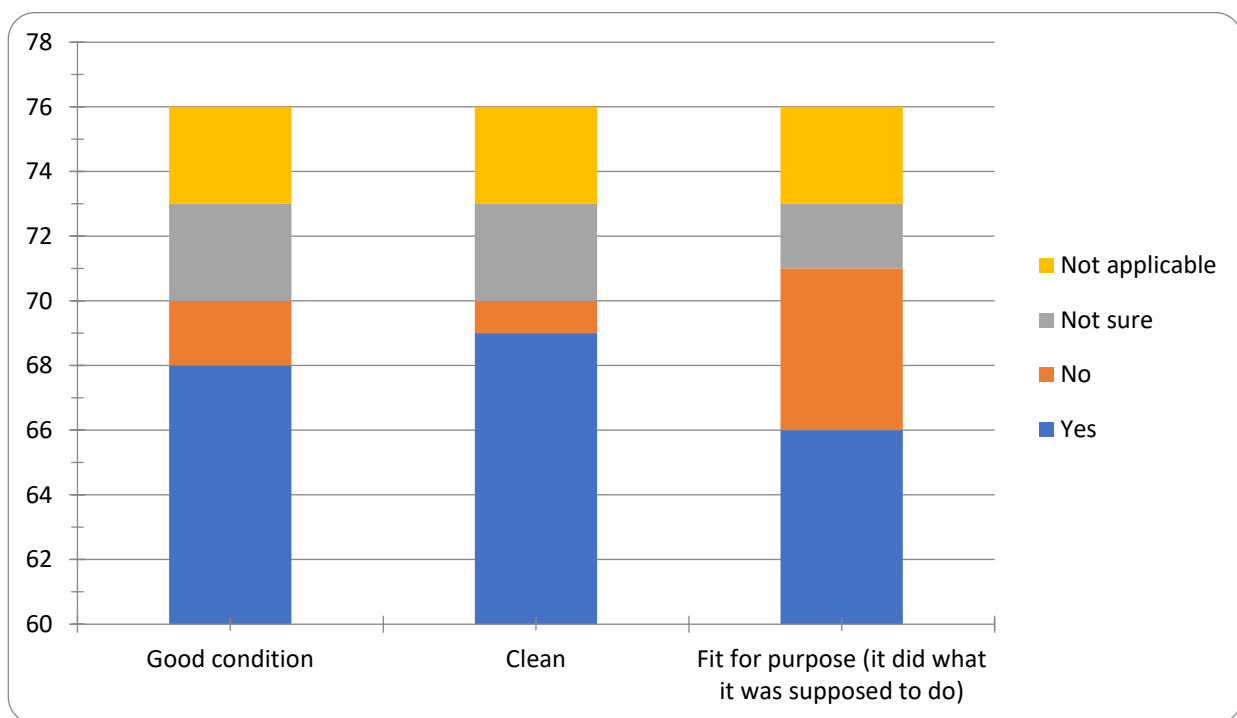


Almost a third (30%) of people answering this question indicated they were not given clear, written instructions on the operation or use of the equipment provided, while less than half (47%) felt they were. 6.5% felt this was not applicable to them while a further 13.5% were not sure. As previously indicated, each locality had a few respondents who indicated they were not given clear, written instructions. Although this was less than 20% of respondents from Blackburn with Darwen, which is still significant, it was over 40% of respondents from East and Central Lancashire and from Blackpool.

As the graph above indicates, much the same response was given by respondents regarding clear, written instructions on caring for equipment. Most respondents had the same experience for both these elements, with only a minor variation.

Overall, a significant proportion of respondents from across all localities within Lancashire, Blackburn with Darwen and Blackpool indicated they were given no clear, written instruction in the operation or care of their equipment, although a small majority of respondents, in most cases, did receive them. This indicates a lack of consistency across the Lancashire and South Cumbria geographical footprint.

When equipment was delivered, did you consider the equipment to be in good condition, clean and fit for purpose?



Most respondents (89.5%) felt equipment was in a good condition and this also applied to the equipment being clean (90.8%). Very few felt this was not the case, with very few unsure or feeling this was not applicable. Most respondents to this question also felt the equipment was fit for purpose and did what it was supposed to do (86.8%), while the number who did not agree was a little higher, at just over 6%. Although the number of respondents who felt it was not fit for purpose was low, half of this low number came from Blackburn with Darwen.

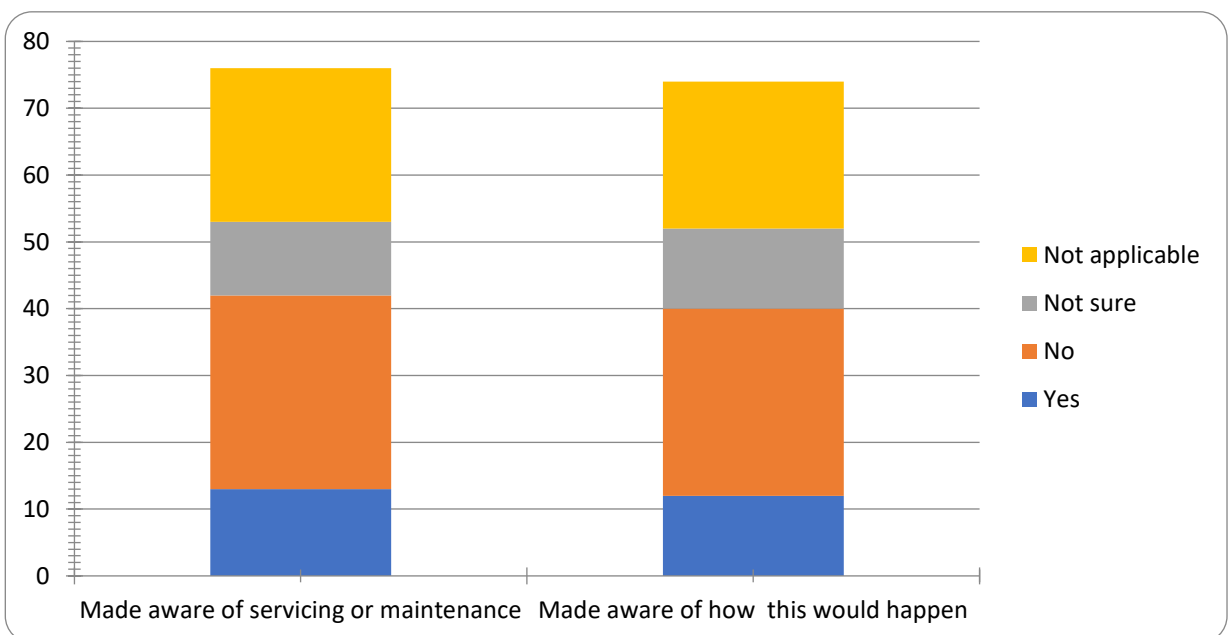
If your equipment was faulty, or became faulty, did you have the correct number to contact and if so, was this managed well and on time?



Respondents were asked, where equipment was or became faulty, if they were given the correct number to contact and whether the process was managed well. A significant proportion of respondents to each of these questions felt this did not apply to them (just under and a little over half of respondents respectively). However, almost 15% of respondents to these questions said they were not given the correct number to contact and over 10% felt it was not managed well.

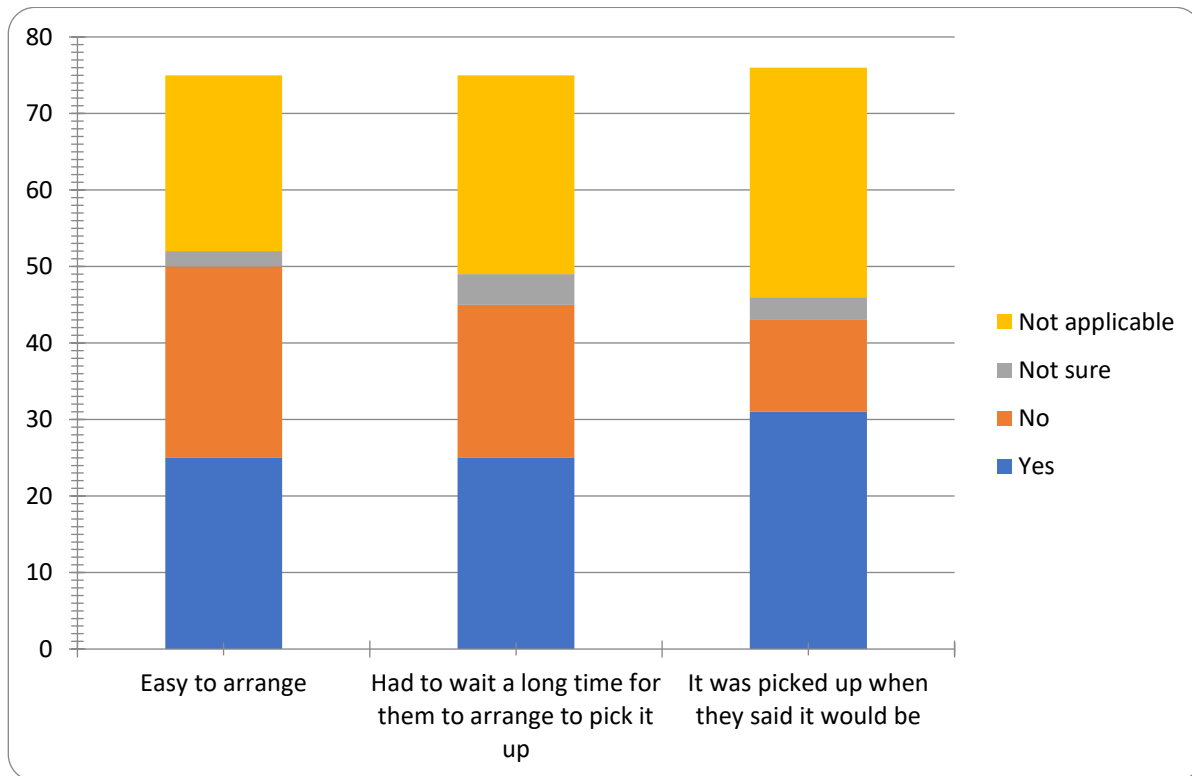
Although no-one from Central Lancashire answered negatively, and people from other localities did, the number of respondents from each locality who considered this was an issue was too small for this to be anything other than indicative.

Were you made aware that the equipment needed servicing or maintenance and how this would happen?



In respect of servicing or maintenance, over a third (38%) of respondents to this question said they were not made aware of this and/or not made aware of how this would happen. This was broadly spread across the localities. Almost a third of respondents felt it was not applicable to them.

If your equipment needed collecting was this easy to arrange, did you have to wait long and was it picked up in a timely or agreed time frame?



When equipment needed collecting respondents were asked if this was:

- easy to arrange,
- whether they had a long time to wait, and
- if it was picked up when they were told it would be.

Taking each in turn, a third of those responding to these questions felt it was easy to arrange and a third felt it wasn't, while just under a third felt it wasn't applicable to them.

A third also felt they had to wait a long time for the equipment to be picked up, while just over a quarter (26.7%) felt they didn't have a long time to wait, with most of the remainder feeling it wasn't applicable to them.

A higher proportion of these respondents (40.8%) said the equipment was picked up when they said it would be, while 15.8% of respondents said this wasn't the case.

Overall, a significant proportion of respondents (approximately a third) were unhappy with most aspects of the collection process, and this was one of the key points that people mentioned in their open-text feedback.

Respondents were asked several open-text questions that required a written response. These sought to get feedback about what went well, what did not go well and what should or could be improved about the community equipment service.

Overall, given your experience of the community equipment service so far, please tell us what you think has worked well.

Two thirds of respondents answered this question.

The main themes arising from the feedback about what worked well were as follows:

- Everything/excellent service, or generally good service/no complaints (38%)
- Prompt delivery (some said delivery was at or even before discharge from hospital) (28%)

The two themes mentioned above indicate that, for over a third of respondents at least, the community equipment service works reasonably well, is of good quality and meets patient's needs. Over a quarter of those answering this question were particularly happy with the delivery of equipment.

Other themes mentioned by a few respondents included the following:

- Assessment and follow up from professional/clinical staff,
- Professional/pleasant staff,
- Swift to replace broken equipment/repair faults,
- Installation/communication from installer,
- Collection,
- Good condition,
- Responsive service.
- Nothing went well.

Examples of some of the comments made by survey respondents can be seen below:

“Efficient, timely and professional service.” (BwD)

“We had a positive experience; all equipment fit for purpose.” (N Lancs)

“A vital service that made my mums illness easier to manage due to the effectiveness of the delivery of commode, chair raiser etc.”

“Equipment provided quickly on discharge from hospital etc.” (E Lancs)

“Have been quick to replace broken equipment that is essential.” (E Lancs)

Although the question asked respondents to indicate what worked well, 25% of those who answered this question also mentioned problems or concerns they had, which is perhaps an indication of the frustration people feel about this service or elements of it. The problems mentioned included:

- Wasteful service with no collection of/return of equipment,
- Some equipment provided was not needed,
- Equipment not delivered (in full or in part),

- Wait too long for assessments,
- Wait too long for items to be delivered,
- Takes hours to get through to Social Services,
- Equipment not working.

When broken down across each of the geographical areas, there were some respondents from all parts of Lancashire* and from Blackburn with Darwen who felt that the service generally was good or that they had no complaints or problems. However, in no area was this universal and even when the service was considered excellent, some concerns emerged, usually, but not only, about collection/recycling:

“Absolutely excellent on the whole, however it is a wasteful service everything that was provided except the hospital bed had to be given away to charity. I was informed it could not be returned.” (BwD)

“Was overall excellent but unable to return items when no longer needed such vast waste of public money.” (C Lancs)

*None of the respondents from West Lancashire provided any narrative feedback.

Given your experience of the community equipment so far, please tell us what you think hasn't worked well.

69% of respondents answered this question.

Comments made in the responses to what works well already gave an indication of what respondents felt most concerned about or felt did not work well, in their experience.

There was one overriding theme that well over half of the respondents who gave feedback to this question mentioned, and this concerned the lack of a collection service/recycling or the waste of equipment. Respondents phrased their points differently, but ultimately there was frustration, anger and annoyance about the collection service, or lack of it, and the waste of equipment this often generated. Every locality had respondents that raised concerns about the collection/recycling of equipment.

The main points mentioned by respondents in relation to this were:

- No details on how to return equipment were provided,
- Collection service was poor,
- They refused to take items back, even when they hadn't been used,
- It was a waste of money and resources, and or
- Equipment ended up being dumped when there was nothing wrong with it.

“Unable to return items in excellent condition such a waste of money,” and “refusal to take items back,” and “when it came to returning the equipment, I ended up taking it to the skip as no one would collect,” were just some of the comments made.

Even where equipment was collected there were often issues about getting through to make the arrangements, inadequate communications/arrangements made and/or long waits before equipment was collected.

When the collection of equipment was needed due to family bereavements, the delays or difficulties in arranging the collection of equipment caused additional emotional and personal trauma for some respondents.

“Collection of equipment took over a month, three missed appointments, very poor communication with Medequip at a very distressing time following my mother's death.”

“Wheelchair issue quick and efficient. But collection (following death of patient - my mother) over 2 months. Excuse of being too busy not good enough even though individual staff members very nice.”

“When it came to trying to get Medequip to pick up the bed and commode after my mum had passed away we would arrange an appointment and no one would turn up or they would change the time without telling anyone. When picking up the commode the man said that they would have to put it in the skip even though it had not been used. A complete waste of money for the NHS. A horrible service from start to finish.”

“Initially, someone had marked down that we would deliver the equipment back to them - a hospital bed, hoist and huge chair (!), then the next 2 collections didn't happen either. Staff I spoke to at Medequip were dismissive and curt, didn't even give me a chance to explain or check anything with them. We had the equipment in the house for 6 weeks after we had initially requested collection, it meant that there wasn't space for mum's coffin to be in her house before the funeral which was very upsetting.”

Focus group attendees reiterated these points and emphasised the lack of recycling and waste, and how keenly this is perceived with concerns about the environment being very important to many people. It was accepted that not everything could be recycled through the community equipment provider, but opportunities to recycle via other means needed to be identified and promoted.

It should be added that collection was not usually a problem for everyone. A respondent who gave a face-to-face interview said: “Medequip will telephone or text to give a time for collection. They usually come when they say they'll come to collect and replace equipment.” This indicates that there is an element of ‘hit or miss’ around elements of the service, and this applies very much to the collection process.

Other themes mentioned by several survey respondents included:

- The wait for assessments/the assessment that was done,
- Poor communication,
- Problems with delivery,
- Too many changes to OT staff involved in ordering/assessments,
- Everything worked well/had nothing to mention.

Not all the concerns expressed above relate to the providers of equipment services. Some related to the professional/clinical staff making the assessments and ordering equipment. Generally, these are considered to work well but not all respondents felt this was the case. Comments on this included:

“Waiting a long while to be assessed,” (N Lancs) and “assessments need to be quicker especially when equipment is essential. Attitudes of staff leave a lot to be desired.” (BwD)

“OT haven’t worked well.. equipment promised has not arrived.. and its frustrating as no communication to give an update as to when.” (BwD)

A few respondents also had concerns about inappropriate assessments for equipment that did not consider the range of medical issues or the environment in which the patients operated. One respondent for example, who works in sheltered housing, has witnessed inappropriate deliveries of equipment on numerous occasions.

“I see brand new commodes, Zimmer frames, wheeled shower chairs & wheeled walkers being delivered to people who have no storage space and no intention of using them. Once delivered they are told that they can't be returned, and they end up in the communal lounge or conservatory. One lady had a wheeled shower seat delivered despite there being a 2- or 3-inch step into the shower. A family member brought it down to the lounge before the van had left the car park. I end up taking these items to the local recycling centre. It’s a complete waste of money.” (BwD)

The poor communication related not just to the communication with patients, although this was the most significant, but some respondents felt the communication between professionals was sometimes lacking.

Poor communication was considered very significant by people attending the engagement sessions. It was felt this helped to create confusion for people, often at a vulnerable time, and made difficult situations worse. Sometimes this was as a result of equipment providers not listening to patients, or not taking the time to understand the information patients or carers provide. One of those interviewed gave a few examples of this.

“I had an urgent referral when the hoist was broken. They didn’t listen to what I needed. They supplied a hoist that was too big and which cost thousands of pounds, rather than the hundreds of pounds it should have been.”

Although the delivery of equipment was often considered to be done well, this was not always the case and a proportion of respondents raised concerns about the arrangements for delivery, the length of time taken and the communications around this.

“My mum was provided with a bed and commode and the equipment was arranged through Medequip. We arranged a delivery it did not turn up on time. No phone call prior to delivery so either me or my sister could meet him at my mums house, as my mum was very poorly with cancer. A man just arrived with the bed and commode at 9.30 at night whilst my mum was in bed asleep. He woke her up and she was frantic with worry.” (E Lancs)

Other respondents had similar issues around poor arrangements for the delivery of equipment, some of which relates to the communications issue mentioned previously.

Overall, delivery tended to be more positive than the collections process, but its impact, when not done correctly, was potentially greater. It should also be noted that 6.5% of respondents indicated they never received the equipment at all.

Other issues only mentioned by one or two respondents included:

- Confusion about the service, even within health professionals,

- Installation (and installers having no knowledge of the medical/practical issues patients face at home),
- Lack of explanation/instructions about the equipment and its use,
- Equipment not adequate for needs,
- Time taken to get through to the equipment service,
- The wait for repairs.
- The equipment provided is old (not modern enough).

People attending the engagement sessions highlighted their concerns about the lack of information, explanations or instructions given when equipment is delivered. It was felt that this has implications for the safe and effective use of equipment by patients and restricts the level of care and support carers and family members can provide. More needs to be done to make information accessible and understandable.

It is important to note that discussing the different elements of the pathway can give a distorted view of the impact this service can have on patients and their carers. Highlighting that there are issues around collection or delivery may not necessarily convey the full effect this can have on patients. Some respondents, including those attending the engagement sessions, had concerns about much of the pathway, including delivery, installation, the provision of instructions/communication, repairs and the collection or replacement of equipment. To balance this, others had no issues with any of the community equipment pathway.

The case study identified in Appendix 2, given during the engagement process, showcases the experience of a patient and provides an example of when the service is poor and how this can impact upon the safety and anxiety of patients. It is by no means everyone's experience, but it helps to support the view expressed by many respondents, about what can be improved.

What, if any, improvements do you think we should make to this service? Do you have any ideas or suggestions for improvement?

64% of respondents answered this question.

As with the problems identified, a significant proportion of the responses to this question related to improving the collection/recycling of equipment. Suggestions that related to this theme included the following:

- Clearer details about who to return equipment to and expected waiting times,
- Offering a collection service,
- Re-use and recycle equipment,
- Take away old equipment when delivering new equipment,
- Have a central store where equipment can be returned to.

Engagement session attendees, in addition to the above, also suggested having information about charities or organisations to contact which may be able to clean and recycle the equipment the community equipment provider is unable to collect. They felt this could even be for scrap value, where appropriate.

Some other areas of service also received suggested improvements from several respondents. Two of the most prominent concerned communication and delivery. These were as follows:

Communications:

- Better communications between departments/professionals,
- Better communication/dialogue with patients (from everyone),
- Better and more accurate information/documentation for patients.

“Better communication from the assessment to the various departments and to the resident. More information in the letters and updates to the patient regarding the process and date/time/wait etc.”

“Communication between hospital, community services and families/carers needs to be improved. Unanswered phone calls just add to the stress of caring.”

Engagement session attendees also made several suggestions about improving the information and documentation for patients and carers. This included information given to people upon discharge from hospital and an information pack, explaining how community equipment is accessed and the core services provided, including contact details. It was also felt that this information should be available on the websites of the leading organisations involved. They felt it was important to empower patients and carers around community equipment, rather than it being a service that is ‘done to them’. Key to this was that information should be “put in a format that is understandable to the person they are dealing with.”

Delivery:

- More timely deliveries,
- Text or phone delivery times before delivery,
- Delivery staff need to understand their responsibilities/context of their delivery,
- Follow up after delivery to make sure all is fine,
- Watch patients use equipment to check it is suitable for their needs.

Some of the suggestions above relating to deliveries arose from concerns that the staff delivering and, where necessary, fitting equipment, did not always consider the clinical or practical issues the patient faced and/or how these impacted upon the use of equipment. There was also a plea from some respondents that a follow up should take place to ensure everything was working well and/or that they should watch patients use the equipment, where this was appropriate, to ensure it was suitable for their needs. For example:

“Set up staff should double check things work properly even if they take a while to become functional e.g. a mattress inflating.”

“Follow up after delivery to ensure it meets the need.”

The engagement session attendees also supported having follow-up calls, including asking, after a period, whether the patient is happy with the equipment and, where equipment is provided for rehabilitation, whether the equipment is still needed.

However, there is an argument as to where the responsibility for this lies, including with the health or care professionals who have made the initial assessment.

Other suggested improvements included:

- Quicker assessments,
- One-stop shop for equipment based on need, not funding,
- More OTs,
- Reduce waiting times,
- Service should be NHS, not private,
- More children's items in stock,
- Online service,
- None

Lastly, survey respondents were asked to provide any further comments they would like to make about community equipment or to explain their answers further.

34.5% of respondents made further comments. Many of these reiterated points made previously, touching on the improvement of collections/recycling, better communication with patients and improvements to deliveries. However, there were some additional points made that should be mentioned. These were:

- The service was better when it was in-house,
- There should be a wider assessment of needs,
- Hospital staff don't know what equipment is available,
- Cumbria provides a better experience than Lancashire (from someone who had experienced both),
- The bed was smelly, and this was dismissed when reported (told they are always smelly),
- The font on instructions is too small.

Insights we have gained from this process



The feedback received from patients and carers illustrates that the community equipment service is seen as an important element of the care and rehabilitation of patients, but that it may not always be recognised as such. It is also important to note that the feedback from patients and carers matches and supports much of the feedback received from clinical and professional colleagues within health and social care who order equipment on a regular basis. This close alignment gives added emphasis to issues and concerns being experienced and expressed through the patient engagement exercise.

Patients and carers can be struggling with living their daily lives independently and coping with the way the health and care system works. Many feel unable to express their concerns or do not feel that they will be listened to. This process has given a voice to some of those patients and carers and challenges the ICB and its partners not to lose focus or commitment to services that are outsourced, whether now or in the future.

The speed with which the procurement process needs to progress has limited the time available to reach out to patients and carers and ideally this should have begun sooner and lasted longer. However, given these constraints, the process has worked well and elicited a far greater patient and carer involvement than the original procurement exercise ten years ago. This also demonstrates the value of joined-up working across partners, which has been in place from the outset for the community equipment service.

Next steps

This report will be shared with the joint commissioners from health and social care who are involved in the procurement of a new community equipment service on behalf of both organisations. The feedback identified within the report will support the development of a new specification for the community equipment service.

In addition, a few patients and carers who have given feedback have agreed to continue to be involved in the development of the specification and beyond. This will help the ICB and the areas' upper tier local authorities to monitor the community equipment service from a user perspective.

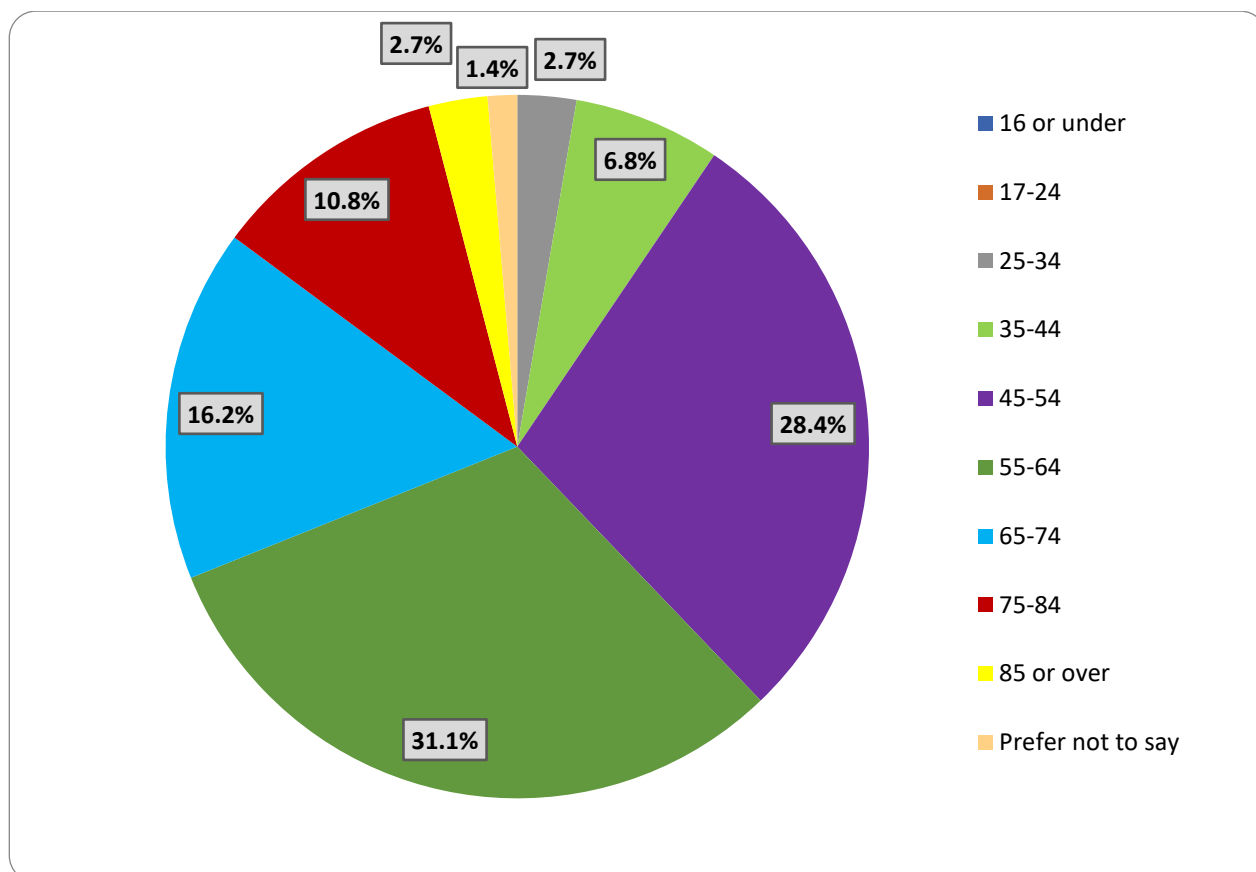
This report will also be shared with the ICB's Patient Involvement and Engagement Advisory Committee and published on the ICB's website.

In addition, the report will be shared with the ICB's Action on Frailty group and is recommended for sharing with partner provider Trusts to enable them to take this feedback into account for discharge planning purposes.

Appendix 1 – questionnaire demographic monitoring

The graphs below identify the demographics of people responding to the survey. The ICB uses this information to monitor responses against protected characteristics and measure the equity of the feedback provided. Completing the demographic questions is optional and respondents can prefer not to answer any or all these questions. Most respondents normally complete these questions and this is the case here.

Age



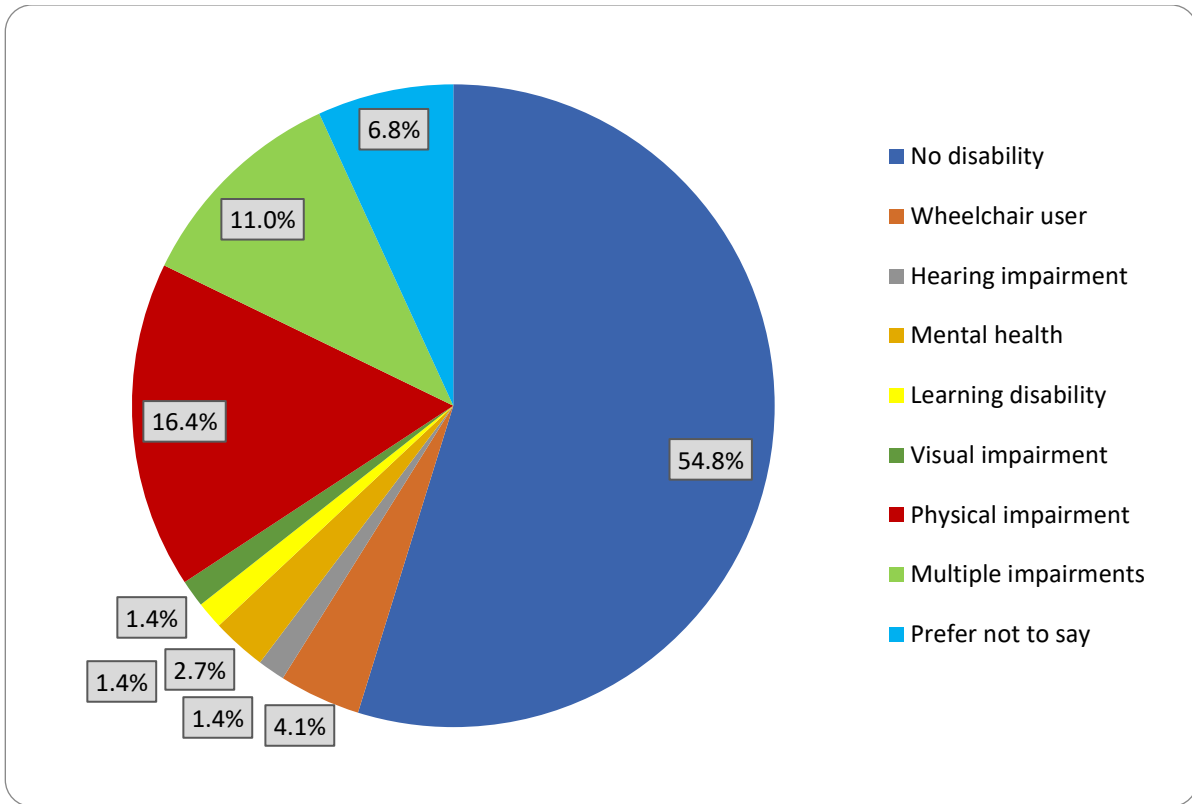
There was a reasonable spread of age groups responding, with over half of the respondents of the older working age groups above the age of 45. Very few respondents under the age of 35 responded, but given the subject, this is not too surprising.

Gender

Answer Choices		Response Percent	Response Total
1	Male	12.16%	9
2	Female	83.78%	62
3	Other	1.35%	1
4	Prefer not to say	2.70%	2

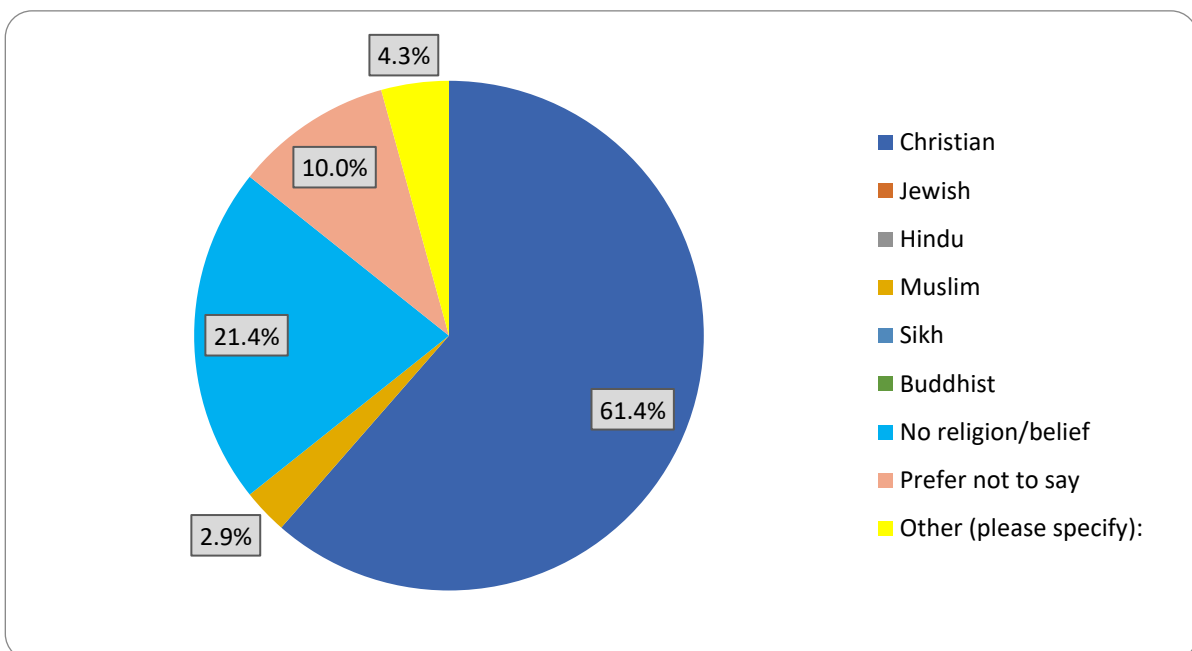
Most respondents were female. Respondents were asked whether they had gone through any part of a process to change the sex they were described as at birth, and one respondent indicated this was the case.

Disability








People who considered themselves to have a level of disability were well represented, accounting for well over a third of respondents. Given the cohort of patients contacted this is to be expected.

Religion/belief

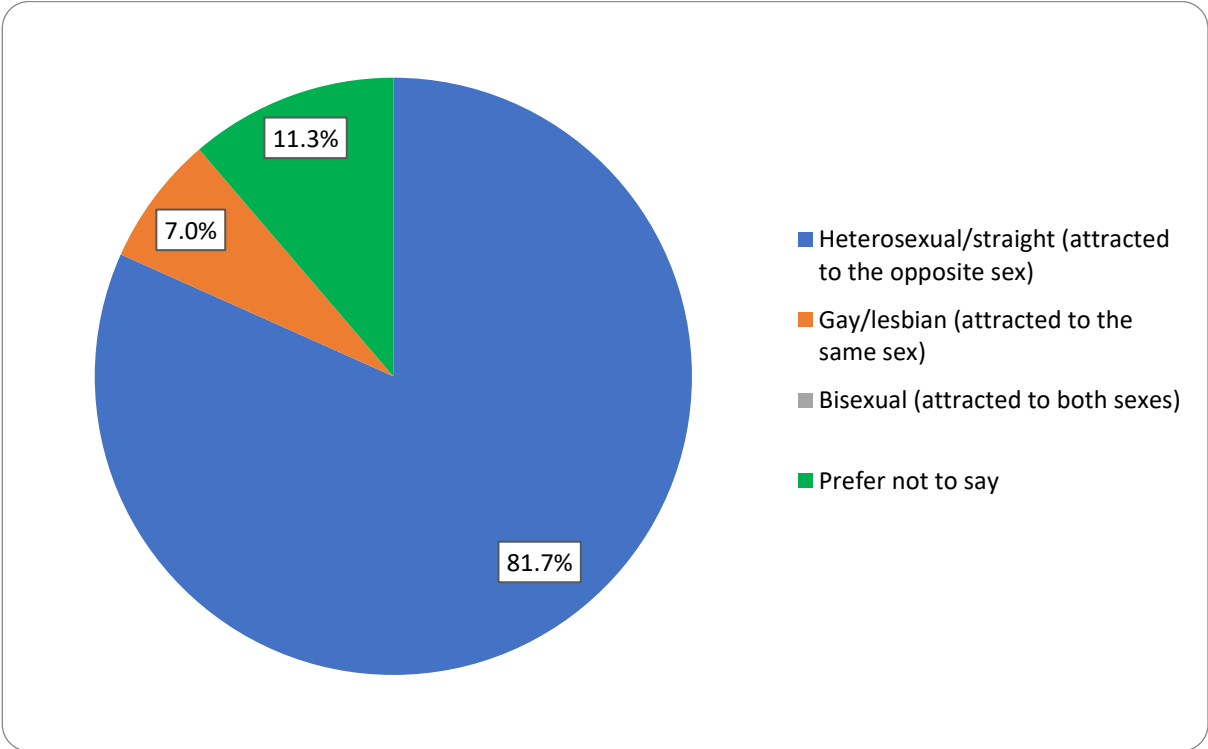


Ethnic Group

Answer Choices			Response Percent	Response Total
1	White British		90.41%	66
2	White Irish		1.37%	1
3	East European		0.00%	0
4	Gypsy/Roma/Traveller		0.00%	0
5	White other		0.00%	0
6	Mixed White/Black African		0.00%	0
7	Mixed White/Black Caribbean		0.00%	0
8	Mixed White/Asian		2.74%	2
9	Mixed other		0.00%	0
10	Asian or Asian British - Indian		0.00%	0
11	Asian or Asian British - Pakistani		2.74%	2
12	Asian or Asian British - Bangladeshi		0.00%	0
13	Asian or Asian British - other		0.00%	0
14	Black or Black British - Caribbean		0.00%	0
15	Black or Black British - African		0.00%	0
16	Black or Black British - other		0.00%	0
17	Chinese		0.00%	0
18	Any other ethnic group		0.00%	0
19	Prefer not to say		2.74%	2

Most respondents were White British. Most ethnic groups therefore, were underrepresented.

Sexual orientation



Appendix 2 – case study

05/08/24: Two OTs arrived at property to review outcome of bed repair and assess mobility and transfers following request 05/08/24 for transfer of equipment: move bariatric bed, mattress and bed lever upstairs from downstairs.

14/08/24: 2 x Mediquip technicians arrived and did not transfer any of the requested items. Mediquip technicians informed patient that they had a light weight bariatric bed in the van which would be easier to carry upstairs.

20/08/24: OT's arrived at patient's property 20/8/24 to review requested equipment upstairs and assess patient transfers. OT's inspected new bed upstairs and observed that bed frame base joints did not appear to be flush. The bed appeared to make some creaking noises but unsure why, following close inspection. The hand operation control lights flashed orange when using and there was no instruction leaflet left with the bed to clarify if this was safe. OT's were not familiar with the bed or controls. The mattress and bed lever had not been taken upstairs. OT's carried mattress upstairs and placed on bed. Mattress difficult to fit properly, resulting in a very tight fit to bed. OT concerned that the pressure mattress base cover material appeared 'ripped' which may compromise patients skin integrity. OT telephoned Mediquip office and spoke to staff about concerns. Member of staff at mediquip stated that they would request a return to the house and assess bed due to concerns.

22/08/24 : OTs' returned to property following Mediquip technician visit to check equipment 22/08/24. Patient reported that 2 x Mediquip handlers arrived to repair bed 20/08/24 were abrupt and had a poor attitude. She reported that the initial 2 x Mediquip staff, who delivered the new profiling bed, were also abrupt in demeanour on 14/8/24

Patient stated that the Mediquip staff who came yesterday, 21/8/24, were verbally rude about therapists and their office staff. Patient reported unhappy with their attitude and found they were intimidating in manner. Patient reported that Mediquip handlers went upstairs to look at bed and controls. The handlers reported that there was nothing wrong with the new and critical of OTs and their own office staff and left the property.

OT's reviewed the bed upstairs. OT's removed the bed lever from the bariatric bed downstairs and carried upstairs. OT attempted to fit the bed lever but the bed lever fitting was too narrow for frame and therefore not suitable.

Patient was assessed to ascertain if patient was able to transfer onto the bariatric bed upstairs. Patient unable to operate bed controls, without difficulty. Bed made loud vibrating noise and patient lowered the bed with controls. A loud bang/thud was heard. Patient attempted to raise bed but 'raise' function not working. OT observed that hydraulic lift function at the back of the headboard of bed had come loose and away from fixture. OT noted that it appeared that the fixture to secure hydraulic function to bed was on the floor. Patient unable to stand from low position and attempted to use raise function in order to stand and transfer off the bed but top of bed did not move but the bottom of bed began to move. OT placed hydraulic lift function in place to facilitate raise in order for patient to safely transfer out of bed onto wheeled shower chair.

OT reported that she would contact Mediquip to report mediquip technician's attitude and issues. OT telephoned Mediquip who advised to send email to report issues.

Key issues from this, were the poor attitude of the Mediquip technicians, safety risk, stress, delays and anguish this patient has had to suffer.