

BHTA Position Paper October 2008

TRANSFORMING COMMUNITY EQUIPMENT SERVICES



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Introduction

BHTA members continue to welcome the Department of Health's programme to transform Community Equipment Services, but following on from the Position Paper we issued in March 2008, still have a number of concerns and these are set out herein.

In relation to how the programme is perceived, reference has been made to date to "the Retail Model" and the "Home Delivery Loan Equipment Model" for the programme. This terminology is potentially confusing - there are in fact, three parts to the prescribing activity encompassed by the programme:

- prescriptions for low risk items, less than £100 in value (also called Simple Aids for Daily Living - SADLs), to be redeemed at retail outlets: "retail prescriptions"
- prescriptions for special items, which it seems will continue to be subject to local arrangements for commissioning as and when needed from approved suppliers: "special item prescriptions"
- prescriptions for complex and high cost items (also known as Complex Aids for Daily Living - CADLs), and suites of products, on loan, delivered to the service user's home: "home delivery loan equipment prescriptions"

We have adopted these descriptions in the appendices to this paper, which give more detailed comment and observations on certain aspects of the programme. People are tending to forget that "the Retail model" is not replacing the entire activity.

Executive Summary

BHTA is supportive of the objective to transform the delivery of community equipment but the devil is in the detail and clearly there is a need to find a workable solution. As described thus far, the retail model does not look attractive to retailers, who will struggle to recover the overhead costs they will incur.

BHTA's evidence suggests that the retail model will cost more because equipment will not be retrieved and refurbished and the DH team has yet to convince the industry that this is not the case. The National Association Equipment Providers (NAEP) has similarly indicated in their strategic statement (August 2008) that "a significant majority of (their) membership remain to be persuaded that the TCES model is financially robust, clinically safe and locally deliverable".

Until such time as a clear plan is defined, discussed and cost projections made for the Home Delivery Loan Service (representing some 80% by value and 20% by volume of the equipment handled by a Community Equipment Service), it will not be possible to achieve projections of the savings that could be leveraged. BHTA believe that there is the information amongst its members to help Grant Thornton develop a model for identifying savings in this area.

BHTA remain keen to support this Retail initiative and help the Department of Health team get their figures right. This was amply demonstrated in the previous BHTA Position Paper where through information provided through its membership, BHTA calculated the projected UK market for Community Equipment products at £71 Million compared to the £240 Million figure indicated by the Department of Health team.

BHTA believes on-going direction is needed from a senior civil servant and that significant work remains to be done, to ensure the programme does not exacerbate the post code lottery; that prescribers are confident the new model will improve services to users; and to build awareness of community equipment amongst members of the public so that choice is truly leveraged.

BHTA's main concerns and recommendations

Particular points which we believe require closer attention and have considerable bearing on a successful future for the programme are:

1. Oversight of the programme

As with all transformation projects, the team currently working on the programme will move on to other activities at a point in time, and will cease to have responsibility for ensuring the model is sustainable in the future.

- BHTA believes a senior civil servant needs to be identified who will visibly drive it and oversee its long-term management.

2. Inadequate testing and information

The shadow running pilots have not fully tested “the Retail Model”, nor the “Home Delivery Loan Equipment Model” and have not yet proved their robustness. “Shadow running” has taken place without a national catalogue and tariff, and without a common approach to home delivery loan equipment service, so the full proposal has yet to be tested or trialled. As the home delivery loan equipment service will deal with up to 80% of equipment by value, this is a very serious concern.

The recent MORI poll tested insufficient user experiences to be statistically meaningful (with just 103 responses) and failed to ask questions which would be of practical assistance to retailers trying to evaluate the implications of participation, or adequately assess the user's experience.

- BHTA recommends the undertaking of a new market survey to properly research the impact of “the Retail Model” (see Appendix 5)
- BHTA recommends a further phase of testing, with a common approach to the home delivery loan equipment service and based on realistic, statistically meaningful, volumes of activity

There is also evidence of different tariffs continuing in the shadow running areas, despite publication of the initial “national” catalogue, thus preventing retailers and their suppliers from evaluating the effect on their business.

In light of this, it is of particular concern that there is still no information forthcoming in relation to prescription handling fees for retailers, and that it is no longer certain that these will be “nationally” uniform.

3. Costs

Perhaps partly as a result of the points above, BHTA members have significant concerns about the true cost of the programme (in fiscal terms; environmental terms - with some an estimated two million items going to landfill instead of 200,000 per annum; and in terms of the ability of some users to redeem retail prescriptions; also in terms of the potential effect on the market).

- BHTA is concerned that services will struggle to acquire sufficient funding to sustain the programme if it costs more, despite evidence that funding spent in this area enables significant savings for other, more costly, services

- BHTA welcomes Grant Thornton's scrutiny of the Financial Model and recommends a review of the whole cost implications, to confirm this is in the public interest - dialogue with the Grant Thornton team is being sought

4. Publicity campaign to raise awareness

One of the aims of the programme is to facilitate self-funding by giving prescribers the confidence to refer those not eligible to receive state support on to retailers, and to increase awareness generally amongst self-funders. One of the conundrums is a lack of awareness amongst people who have not sought help of what "community equipment" is.

There has also been comment that if it is hoped more people will self-fund and thus reduce the call on prescriptions for low cost, low risk items, then there should be a much bolder stance about this (we have even received a suggestion that perhaps people should be expected to self-fund if they are in need of equipment totalling £50 or less).

- BHTA believes a government-funded publicity campaign is a necessity to raise awareness of the existence of community equipment (a "health awareness" campaign), yet at this point in time there do not seem to be any plans for this.

5. Post code lottery

There are real dangers of exacerbating the post code lottery effect developing across England

- there will be no change to the fact that different areas can restrict what is prescribed and differences will remain in how Fair Access to Care is applied, so someone with an identical need, on an identical income, will be prescribed an item in county A, but not in county B
- someone going on holiday (or moving) from one part of the country to another, having been issued a retail prescription, will not be able to redeem it if the other location is not implementing the programme and consequently no retailers in the area have chosen to become accredited - or because there are few such retailers in that area
- National guidance is essential to minimise this effect, with critical scrutiny of those areas which choose not to implement any or all elements of it.

6. Trust

Much work remains to be done to persuade people working in the state sector that they can trust retailers to provide a good, quality service to service users and self-funders. Prescribers will also have to learn to let go of the control they currently have about the precise piece of equipment a user will receive, leaving that decision to the retailer (or indeed the operator of a home delivery loan equipment service) against a generic description. This is a significant change which may meet resistance.

- Some services will inevitably choose not to implement the prescribing approach envisaged, but all services should be urged at least to get to know their local retailers and gain the confidence to refer self-funders to them.
- Prescribers with clinical skills and a deep understanding of the challenges facing their patients should, where appropriate, be able to require that the equipment be

delivered direct to the user. This would address the genuine concerns of many in the healthcare industry about the ability of some very confused and vulnerable service users to arrange to visit a retailer or to find someone to visit on their behalf. (In the case of loan equipment, they should be able to override the SADL/CADL demarcation and require that the full package of equipment is delivered to the user.)

7. Choice

A key aim of the programme is to increase customer choice, an aim which is fully endorsed by the BHTA.

In the context of the "Retail Model" choice means that the recipient of the equipment is able to select alternative items of equipment when they are in the retail environment. In practice, almost no-one in the Shadow Running pilots exercised this option and this remains a concern, particularly if (as experience suggests), it is the carer who will collect the equipment, not the service user.

8. Wheelchair Services

We consider it unwise to continue to separate out Wheelchair Services from the programme. The Community Equipment Service is currently separate from NHS Wheelchair Services, yet these have many service users in common. There is concern that there should be efforts made to align the two services wherever possible. With voucher schemes already operating in some parts of the country, the shift to issuing prescriptions for fulfilment at a retailer instead would seem a logical one, albeit that there may be a more limited list, of specialist retailers, able to dispense the items.

- BHTA urges the government to address this issue swiftly.

Political and Economic Overview

There should be more public sector investment in community equipment services, as the spend enables savings in other, more costly, services. It should not be forgotten that primary care is cheaper than secondary care, and community equipment is perfectly placed to assist in preventing call on secondary care, and getting people home again in timely fashion, as evidenced by the information published on the TCES programme's website.

The change in demographics, which was a major factor in prompting this programme, is a long-term problem and greater spend now, with the notion of self-funding becoming more readily accepted, and with users knowing where to go if they are self-funders, is a wise investment for the public sector.

Government and industry should therefore work hand-in-hand to ensure a robust programme which can bring greater cross-service savings over time, and which is attractive to private investors supporting retailers, commissioned service providers, and companies developing products.

BHTA supports Lord Darzi's position that the focus must shift from secondary to primary care and this programme exemplifies this.

Implementation difficulties (aspiration versus reality on the ground)

The legal freedom for Trusts and Local Authorities means that the postcode lottery will continue. What one person receives in one part of the country, another is denied elsewhere, despite having an identical financial position and the same clinical need.

BHTA understands a review of Fair Access to Care (FACs) is being undertaken and this is welcome, as interpretation differs and it adds to the point above.

The postcode lottery is also affected by the fact that prescribers will have different freedoms in terms of which categories they are allowed to prescribe, and how many they can prescribe in a given period of time, from one area to another.

The MORI poll undertaken to evaluate the shadow running experience was unrepresentative statistically, as such a small number of people responded (only 103) and it asked questions which do not quantify top-up and purchases alongside collecting a prescription. It also muddles retail and home delivery loan equipment activity together. BHTA has sent the Health Minister, Ivan Lewis, a draft set of questions for discussion and possible use, which members consider will provide more useful data (see Appendix 5).

The shadow running has provided insufficient testing, particularly of how to handle specialist equipment and home delivery loan equipment.

Some areas of the country will be devoid of retailers - costs of providing retail prescriptions will be higher in those (eg city centres, where rents are high and there is no parking close by, hence no shops providing these items; or rural areas, where the ability of the user to get to a shop is less likely). There has been a suggestion that some areas will not fund a "delivery handling fee", which will leave retailers in a position where they either have to subsidise this activity themselves, or have to charge a fee to the service user.

"The retail model" is the wrong label as it only addresses part of the equation, namely the low cost, low risk items which represent the majority of current activity, but the minority of the spend - people are tending to forget it is not replacing the entire activity.

It may be better to describe the programme as prescription activity, with three different types of dispenser?

- retailers
- approved suppliers
- home loan delivery "commissioned contractors"

There has been a conscious effort to start with getting the activity into retailers right first, but if only that aspect goes across, it does not free up all the resources that moving all aspects into the private sector will do. Stores cannot close until loan equipment home delivery is sorted out and transition costs have been sorted out (for more on this see Appendix 3).

Appendix 1 : Retail Prescriptions

There is concern regarding the environmental impact of products going to landfill as a result of the service user owning the prescribed equipment. It is estimated that this could result in as many as 2,000,000 pieces of equipment being collected by the local refuse service for landfill disposal. These are not products that people want second-hand so there is not a market for such unless re-used by a local store; and the retailer's remuneration for the service will almost certainly be insufficient to encourage them to take back and dispose of items for the user. Efforts to make the products genuinely recyclable will inevitably take time.

Currently the majority of low cost, low value items (Simple Aids for Daily Living - SADLs) are collected, refurbished and reissued. The industry's data suggests that this activity is significantly more cost effective than giving each user the equipment, with no intention of collecting it back in for re-use. **Data based on whole activity (SADLs and CADLs) by private sector contractors operating loan stores representing 20% of the population is unequivocal - the charges for recovery and recondition of items equate to £20.90 on average per item. Actual cost varies from as little as £3.50 for some items.** With items to be provided on retail prescriptions costing up to £100, it is difficult to see how the TCES team's contention that the "Retail Model" will cost no more than current activity can be true.

- BHTA is very concerned that the programme, as currently proposed, may result in an increase in cost for local authorities which has not been budgeted for, and calls on the Department for Health to ask the Audit Commission to fully investigate the cost assumptions on which the programme is based.

Concerns remain about the ability of a service user to redeem their prescription if they are in an area where a decision is made not to fund delivery, as is the case with one of the shadow running areas. Some SADL items are bulky and the user will be faced with additional delivery charges. (If any part of their prescription is being provided from the home delivery loan equipment service then they should be able to request that all these items are delivered at the same time, if that is their preference.)

Problems remain for retailers (and those who supply them):

1. Catalogue prices will not be achievable for some retailers and this is likely to limit the numbers of shops participating - this may go against the principle of it being easy for a service user to get their equipment.
2. Realistically, the type of retailer capable of participating is probably mid-size, probably with more than one outlet, and with a storage facility, so they can call off equipment as they need it.
 - BHTA does not believe there will be a good take-up of the model by retailers if they cannot at least cover their overhead costs in relation to this activity, , especially as experience to date suggests top-ups and additional sales are negligible.
3. There is a danger that the catalogue prices will drive trade prices down, to a degree that this reduces the ability of manufacturers to invest in R&D for those items (and in the case of UK manufacturers, may ultimately drive jobs overseas). There is also a definite risk that the products provided on prescription will reduce in quality, in an attempt to minimise costs, because:
 - a. Delivery costs, to multiple sites, in small numbers, are higher

- b. Packaging costs are higher (as each item has to be packaged suitably for display in a shop)
 - c. The suppliers will bear a significant credit risk for supplying prescription items to retailers, whose businesses may fail with large debts unsettled
- BHTA notes the intention to review the initial catalogue and tariff this autumn and welcomes this, as costs have risen considerably. We understand the intention is to review the tariff at least annually.
4. Some businesses may encounter cashflow problems in waiting 30-60 days for payment, when their business has, to date, been geared to immediate, over the counter payment.
 5. The accreditation of retailers will not, as it stands, afford self-funders any additional protection as consumers.

Questions yet to be resolved in relation to retail prescriptions:

- What will the national prescription fee be?
- What will the national delivery/installation fees be?
- When will prescribing activity statistics be published?
- BHTA understands that any Simple Aids to Daily Living which have been issued by the current loan stores to service users will simply be left with the user, but what will happen to the remainder of the SADL stock which stores have in their possession?

In view of the inability of some users to get to retailers, we have also been asked whether there is any possibility that users may be able to redeem prescriptions with accredited retailers in the future from catalogues or on the web.

Appendix 2 : Special Item Prescriptions

“Specials” may be bespoke, or modular.

The BHTA define a “bespoke” product as one which will need to be modified in a way that is not achievable with accessories and where additional fabrication outside routine manufacture is required.

Other products may be one-offs, but built from “modular” parts, to create the right set-up for the service user.

These definitions sit alongside the definition in the Medical Devices Directive, of a 'custom-made device' - any device specifically made in accordance with a duly qualified medical practitioner's written prescription which gives, under his responsibility, specific design characteristics and is intended for the sole use of a particular patient.

- Some bespoke items should be scrapped after use as they are intended to be single use and the cost of recovering components outweighs the benefits of doing so, particularly for children’s equipment.
- Some modular build items will also be uneconomic for reuse.

Currently, there are large tracts of space occupied by specials which have been recovered from service users. Services can access an online facility where recovered specials are listed, with the intention that prescribers can see if there is something suitable at another store, for which they would pay that store a proportion of the original value. Take-up is not high (both in terms of stores listing items, and items then being sent on to other stores) and it is not clear whether this is due to apathy, the need to provide “Service Histories” and warranty, lack of awareness, or whether it is indicative that these items really are unsuitable for re-use. It would perhaps be better to recognise that these should be scrapped.

BHTA suggests that there should be an approved supplier list (eg for children’s equipment or bariatric equipment), of suppliers who meet a set of pre-conditions (eg have a quality management system in place, have provided accounts, etc). As these items are one-offs, quotes will always be provided. The prescriber will choose the most appropriate supplier in terms of product for their service user.

A question yet to be resolved in relation to special item prescriptions is:

- If the principle of divesting the state of stock-holding is to be fulfilled, there needs to be clarity as to who owns specials. Will it be given to the service user, on the basis that it is a one-off, or would it, for example, be provided and owned by whoever runs the home delivery loan equipment service in their area?

Appendix 3 : Home Delivery Loan Equipment Prescriptions

Options are currently being examined to determine the best way to proceed on home delivery. BHTA's observations are that until this is sorted out, the savings envisaged by freeing up NHS and local authority staff and buildings etc cannot happen.

It is worth remembering that one of the original concepts behind the programme was that the state would no longer own and stock equipment, focussing instead on identifying need and facilitating solutions. Merging existing stores sounds logical, but in terms of people management is likely to prove difficult and it does not sit well with the concept that the NHS and local authorities should divest themselves of stock management and related activity.

It is clear that the home delivery activity cannot be regarded as "national" at this point in time; nor indeed, as regional, as there is little prospect of whole areas going over to this simultaneously. (What the TCES team tell us about the number of areas which will be implementing the programme does not match at all with what people on the ground are telling our members.)

It is therefore difficult to anticipate numbers and plan accordingly. Persuading anyone to invest without good data and sound timelines is nigh on impossible.

- BHTA considers that this activity should be subject to open tender, organised for a given geographical area. We understand that the "national" catalogue for equipment to be loaned to service users will have generic descriptions, as in the catalogue for supply through retailers and presumably with prices indicated. This will leave installation / maintenance / collection / refurbishment / re-issue to be subject to local arrangement. Whoever is appointed must be able to cover the entire cycle from issuing to refurbishment and re-issue.

With activity going out to tender, the timeline for advertising via the Official Journal will need to be borne in mind, as will the TUPE implications for transfer of staff (which we do not believe can be avoided, even if the store closes down and the local authority chooses to subscribe to a commercial home delivery service).

This activity usually involves suites of products - not just a bed or a hoist - but also some of the low cost, low risk items as well. This seems to have been recognised, but there still seems to be a suggestion that if the need, eg for someone going in for surgery, can be anticipated, then the service user or their carer will go and get the latter themselves from an accredited retailer, in advance. Some SADL items are bulky and the user will be faced with additional delivery charges. We would question the sense of this, when someone will be delivering the larger items anyway. If any part of their prescription is being provided from the home delivery loan equipment service then they should be able to request that all these items are delivered at the same time, if that is their preference.

BHTA is supportive of the TCES team's determination to eliminate as many "emergency" supply situations as possible, by encouraging forward planning for people having surgery, but has reservations about whether this is realistically achievable.

- The options available potentially could vary so widely that BHTA believes a Regulatory Impact Assessment is necessary to evaluate the effects of whichever option the Department of Health decides to pursue.

Questions to resolve in relation to home delivery loan equipment prescriptions:

- When will the Department of Health decide how to approach these “contracted” services, hence enabling proper testing?
- What is the definition of Complex Aids for Daily Living (CADLs) / “below the line” / “home delivery loan equipment” items that we should all be using?

Appendix 4 : Prescribers/Prescription issues

Services need to be sure they have identified all their prescribers and that all understand the new system of retail prescriptions, special item prescriptions, and home delivery loan equipment prescriptions.

Prescribers are already indicating that they feel under pressure to collect equipment for users where local decision is not to include delivery on the prescription, or take them to the retailer themselves when they know the user will otherwise struggle to get the equipment.

They need to be clear about the system for call-back/follow-up at appropriate intervals for the service user. This has tended to be triggered by the store, rather than the prescriber, so they must understand whatever system is put in place locally to manage this. For some users/types of equipment, "repeat" prescriptions may be needed, to allow the user to obtain maintenance and servicing support periodically; this point does not seem to have been addressed.

Prescribers will still need access to equipment themselves, to maintain their own familiarity with it and maintain their knowledge about it. Means of facilitating this should be put in place.

Freedom to select the actual, branded item, which they believe best suits the user will be removed. They may not be confident that retailers and those operating home delivery loans will have a sufficient range to give choice/select the most appropriate item within a generic category and we anticipate there being resistance to the switch to generic categories.

BHTA recommends strongly that there is a central point for processing prescriptions. It will make it easier to identify any trends in prescribing and to spot any potentially fraudulent behaviour. It will also make it simpler for a retailer in area B to process and claim payment on a prescription issued in area A if there is just one point to which paperwork is submitted.

Appendix 5 : MORI poll; BHTA suggestion

BHTA Recommendations Regarding TCES Market Surveys

The BHTA welcomes the recent customer survey conducted by Ipsos MORI regarding the TCES implementation. A change as important as this must be backed up by strong and sound evidence that the new model is delivering improvements and is meeting the policy objectives, and we welcome the investment in this research.

The BHTA fully supports the government's policy objectives, and wants to work with the Department of Health and the Care Services Efficiency Delivery teams to improve quality and choice for users.

However, the BHTA believes that there are some flaws with the research that was undertaken, and are calling for the work to be repeated in a more rigorous manner.

Specific concerns are:

1. The sample size of 102 respondents is extremely small. Where there is a high agreement with one option then there is a reasonable confidence in the statistical significance of the answer (for example, question 19 - did you top up your prescription; 93% answered no, so there is a 95% confidence that this is accurate to around +/-4%). However, where there is no strong bias towards one option the possibility of error is much higher (for example, question 18 - were you aware you could top up; 56% said 'yes'; there is a 95% confidence that this is accurate to only around +/-10%)
2. A key concern that has been expressed by a variety of bodies, including the British Society of Rehabilitation Medicine, is that some users of the system might be confused and vulnerable. The polling methodology was to use CATI (computer assisted telephone interviewing) of those that provided positive consent by returning a consent form. The surveyed group were therefore a) sufficiently competent to understand and return the form, and b) were self selecting (again indicating a degree of competence).
3. The intention of the survey was to establish the response to the new retail model. Unfortunately, question 1 (regarding which types of equipment were prescribed) includes beds and hoists, which are Below the Line equipment delivered direct to the customer by the suppliers. If 21 responses were from customers who received this equipment from a source other than retail then the sample size was only 81, and it is impossible to separate out the retail experience in all subsequent questions.
4. Conclusions are being drawn about absolute satisfaction with the new model, without any baseline data on what the satisfaction was prior to the model. For example, 92% satisfaction with the service is excellent if it was previously 85%, but is very disappointing if it was previously 98%.
5. The questions posed are somewhat leading, and no context is provided for the question. For example, asking the question 'how important do you feel it is that patients are offered a choice of retailers to go to for their aids/equipment prescriptions?' is bound to elicit a positive response. It is akin to asking 'how important do you feel it is that hospital waiting lists should be short?' - who would say no? If, instead, the interviewer explained that the current system is that all equipment is delivered, installed, demonstrated and collected from their home free of charge, but there is no choice other than what the therapist or nurse prescribes; or,

alternatively, most of the items prescribed will be available only from a retailer where they have to collect it themselves, but while they are there they can choose alternative or additional equipment; there will only be one system, they can't choose retail now and delivery in the future; and then ask 'which would you prefer?'; then a better understanding of the customer's preferences would be gained.

6. Some questions were ambiguous. Question 4, for example, reads 'for your recent prescription are you redeeming this for yourself or on behalf of somebody else'; this could easily have been taken to mean 'is the equipment for you or for someone else' rather than 'did you personally collect the equipment or did someone else collect it for you'.

The BHTA would like to make the following recommendations:

1. Re-conduct the market research with an improved methodology and improved questions, and ensure that a larger sample size is obtained (perhaps 300-500 respondents).
2. During the survey period ensure no service changes take place, i.e. ensure that data from the beginning and end of the survey is equally valid.
3. Survey the satisfaction of the retail solution in Cheshire and compare this with a survey of at least one demographically comparative area with a well-performing loan store. In the absence of baseline data from Cheshire this will help to indicate whether one option provides a better service than the other.
4. Conduct the surveys face to face, either at the retailer as the prescription is being redeemed or in the person's home as they receive the equipment, and note as positive data all respondents who are unable to complete the survey due to confusion.
5. Agree the questions to be used beforehand with the TCES team, the BHTA and NAEP (and any other appropriate organisations).

The objective of this research must be to test the relative merits of the current method of service delivery compared to the new retail model, and to find out which parts of each are best for the user. Following the research it might be proven that the retail model is superior in all aspects and it should be rolled out immediately; it might also be demonstrated that it is necessary to adjust the proposed retail model, and the BHTA will look forward to collaborating with CSED and any other appropriate bodies on new or refined ideas for service enhancement.

To assist with our recommendations the BHTA would like to suggest that the following potential questionnaire is a starting point for the recommended market survey. It will, no doubt, require discussion and can be improved.

Market Survey Script and Questions

Are you prepared to participate in a survey about the equipment you have received? It should take about 5 minutes.

There are two different ways of providing equipment that we would like to compare. In the first the equipment is loaned to you. It is delivered to your home and installed free of charge, it is demonstrated to you, and when you no longer need it it is collected. The equipment is refurbished and loaned to someone else. You have no choice over the equipment provided,

you will receive only what the therapist or nurse prescribes for you. If you want anything different or in addition you can buy it yourself. In the second, some items of big equipment such as beds and hoists are still loaned, exactly as before. Most of the rest of the equipment is only available from a retail shop. You have to collect it yourself, ask someone else to collect it for you, or get the retailer to deliver and fit it. You can choose alternative equipment and only pay the difference in price. You will own the equipment. When you no longer need the equipment you can keep it, dispose of it or sell it. If you want additional items to what is prescribed you can buy them yourself.

You are obviously receiving the equipment on loan/collecting it from the retailer [delete as applicable depending upon the region; provide a handout which summarises the two options so that the user can refer to it].

What have they received?

Q1. Firstly, please could you tell me all the types of equipment or aid your prescription covers?

- Bathing aids
- Personal care/living aids
- Mobility aids
- Toileting aids
- Grab rails
- Beds/mattresses
- Furniture
- Ramps/steps
- Medical aids
- Hoists and belts
- Other
- Don't know
- None

Which kind of service would they prefer?

Q2. Do you think it is better to have equipment loaned to you, fully installed in your home, and collected when no longer needed so that it can be loaned to someone else, or do you think it is better to choose the equipment you want from a retailer and own the equipment yourself, deciding what to do with it when you no longer need it?

- Get it from a loan store
- Get it from a retailer
- Don't know/no opinion

Satisfaction with the service they have received

For each stage of the prescription, can you please tell me whether you think the service is very good, good, neither good nor poor, poor or very poor (Q3 to Q8)?

Q3. The initial assessment for the prescription

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Don't know/can't remember

Q4. The processing of the prescription - ***note: this question was in the original survey but it is not clear what 'processing the prescription' means; how clear the paperwork was, how quickly the prescription was received, how good the authority's systems are, or what?; how can this question be improved, or should it be omitted?***

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Don't know/can't remember

Q5. The choice of equipment or aids at the retailer [for Cheshire only]

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Don't know/can't remember

Q6. The number of retailers available [for Cheshire only]

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Don't know/can't remember

Q7. The quality of the equipment provided

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Don't know/can't remember

Q8. The service by the retailer [Cheshire]/the person who delivered and installed your equipment [non-Cheshire]

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Don't know/can't remember

Q9. How long did you have to wait, once you had presented your prescription [Cheshire]/been seen by the therapist [non-Cheshire], to get the equipment?

- Immediate, took it away myself/given to me by the therapist there and then
- Delivered same day
- 1 day
- 2 days
- 3-5 days
- 6-7 days

- More than 1 week but less than 2 weeks
- More than 2 weeks
- Don't know/no opinion

Q10. How satisfied or dissatisfied were you with the length of time it took for the equipment to arrive?

- Very satisfied
- Fairly satisfied
- Neither satisfied or dissatisfied
- Fairly dissatisfied
- Very dissatisfied
- Don't know/no opinion

Q11. Thinking about the entire process of getting your current health equipment or aid, from your initial assessment to receiving your equipment or aid, to what extent are you satisfied or dissatisfied with the prescription process? Would you say you are?

- Very satisfied
- Fairly satisfied
- Neither satisfied or dissatisfied
- Fairly dissatisfied
- Very dissatisfied
- Don't know/no opinion

Q12. Why do you say you are satisfied with the service? [tick all that apply]

- Been very helpful
- Prompt/quick service
- Satisfied/happy with the equipment
- Provided the equipment I need
- Been very kind/nice
- Everything was explained in detail
- Products were properly demonstrated
- Other

Q13. Why do you say you are dissatisfied with the service? [tick all that apply]

- Not helpful
- Slow service
- Equipment poor
- Equipment not what I need
- Rude
- No explanation of service
- Products not demonstrated to me
- Other

Q14. Which of these phrases would best describe the way you would speak about your experience?

- Speak highly without being asked
- Speak highly if asked
- Be neutral
- Be critical if asked
- Be critical without being asked
- Don't know/no opinion

Choice of channels

Q15. If you want equipment for yourself, either because you have a retail prescription or because you just need some aids, which way would you prefer to buy it (please rank from best [1] to worst [4])?

- Visit a retail shop, look at the products on offer
- Buy from a catalogue, have the items delivered to my home
- Buy from the internet, have the items delivered to my home
- Ask a friend/relative/carer to buy the items for me
- Don't know/no opinion

Receiving equipment, fitting and instructions

Q16. [For retail survey in Cheshire only] Are you collecting equipment for your own use or are you collecting equipment on behalf of someone else?

- Collecting for myself
- Collecting for someone else
- Don't know/no opinion

Q17. Has the equipment been demonstrated to you?

- Yes
- No
- Don't know/no opinion

Q18. Are you happy with the standard of the demonstration?

- Yes
- No
- Don't know/no opinion

Q19. [Cheshire retail only] If you are collecting the equipment for someone else, are you happy to repeat the demonstration for them?

- Yes
- No
- Don't know/no opinion

Q20. [Cheshire retail only] If any of the equipment needs fitting (e.g. grab rails), how will you get it fitted?

- Do it myself
- Friend/relative/carer
- Get a handyman in that I already know
- Get someone from the Yellow Pages (or similar directory)
- Don't know/no opinion

Retailer accessibility

Q21. [Cheshire] If you went to the retailer yourself, how did you get there/[non-Cheshire] If you were to go to a retail shop for this equipment how would you get there? Note - for Cheshire respondents, exclude people collecting on behalf of the patient.

- Drive self
- Public transport
- Taken by someone else
- Not sure

Q22. How far would you be prepared to travel to reach a retailer?

- 10 minute journey
- 20 minute journey
- 30 minute journey
- 40 minute journey
- 50 minute journey
- 60 minute journey
- Don't know/no opinion

Q23. If you want to get the equipment from a retailer, do you think it is important to have a choice of retailers to go to?

- Very important
- Fairly important
- Neither important or unimportant
- Not very important
- Not important at all

Sources of information

Q24. Thinking back to your initial assessment for your current prescription, please can you tell me how you found out about where to go for your assessment?

- Local council
- Hospital
- Friends/relative
- GP
- Citizens Advice Bureau
- NHS Direct
- Don't know/can't remember

Q25. [If collecting for self] Have you visited a retailer specialising in this type of equipment before?

- Yes
- No
- Don't know/no opinion

Q26. Before you received this prescription/equipment, were/are you aware that there are retailers who specialise in these kinds of products?

- Yes
- No
- Don't know/no opinion

Q27. [Cheshire retail only] How did you find out about the existence of this type of retailer?

- I already knew
- I have visited this type of retailer before
- I was told during my assessment
- Don't know/no opinion

Q28. Do you think it would be a good idea, during the assessment, for the therapist or nurse to tell people that retailers of this type of equipment exist and to give them a list of retailers in their area?

- Yes
- No
- Don't know/no opinion

Patient choice

Q29. Do you think patients should be able to choose alternatives to the equipment that has been prescribed, and be able to pay for better items?

- Yes
- No
- Don't know/no opinion

Q30. [Cheshire only] Were you aware that you could top-up your prescription for an aid or item of equipment?

- Yes
- No
- Don't know/no opinion

Q31. [Cheshire only] Did you top up your prescription?

- Yes
- No
- Don't know/no opinion

Q32. [Cheshire only] Approximately how much did you spend topping up your prescription?

- Under £5
- £5 - £10
- £10 - £25
- £25 - £50
- £50 - £100
- Over £100
- Don't know/can't remember
- Refused

Q33. [Cheshire only] When collecting the items on your prescription did you buy any other items from your retailer which were not on the prescription?

- Yes
- No
- Don't know/no opinion

Equipment ownership and disposal

Q34. Do you want to own the equipment you have received?

- Yes
- No
- Don't know/no opinion

Q35. If you were to own the equipment you have received [this prefix for non-Cheshire only], are you happy to be responsible for it when you no longer need it?

- Yes
- No
- Don't know/no opinion

Q36. If you were to own the equipment you have received [this prefix for non-Cheshire only], what do you think you will do with it when you no longer need it?

- Keep it anyway
- Give it to a friend/relative

- Sell it
- Throw it away
- Don't know

Demographics

Questions regarding respondent demographics as per original MORI poll

- Age
- Income
- Ethnicity
- Gender

Appendix 6 : About BHTA

Founded in 1917, BHTA is the UK's oldest and largest trade association in the assistive technologies and healthcare market. It has more than 380 member companies employing more than 17,000 people.

Members are both large and small businesses across the many and varied non-pharmaceutical sectors of the healthcare industry. They provide products and services to those with special physical and healthcare needs via the NHS and Social Services and directly to members of the public via retailers, manufacturers, suppliers, and service providers.

Sections include mobility, rehabilitation, prosthetics and orthotics, stairlifts, stoma care, emergency care, health and safety training, pressure care products, special seating, and visual impairment equipment.