

ECCH Patient Feedback Review

May 2026

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Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Summary

Healthwatch Norfolk was asked by East Coast Community Healthcare (ECCH) to review how they collect and respond to patient feedback. The goal was to understand the experiences of patients, carers, and staff to make the process easier, more inclusive and more effective.

We used several different methods between March and May 2026:

- Surveys: We received responses from 76 members of the public and 17 staff members.
- Interviews: We held seven in-depth interviews with staff from different services, including Speech and Language Therapy and the Wheelchair Service.
- Site Observations: We visited ECCH locations to see how feedback boxes and posters were displayed.
- Workshop: We held a three-hour joint workshop where patients and staff worked together to design solutions.

Our review identified several barriers that stop people from sharing their views, as well as ideas for facilitators to make it easier.

- Awareness: Many patients simply do not know how to give feedback. 65% of people we surveyed were unsure how to share their views, and 74% had never heard of the Friends and Family Test (FFT).
- Digital Barriers: While ECCH uses digital tools like QR codes and online forms, these can be difficult for some patients, particularly those with complex needs.
- Responsiveness: There is a lack of consistent follow-up, which leads to low confidence that sharing a view will actually result in change.
- Fear of Repercussions: Some patients expressed anxiety that giving negative feedback might negatively affect the care they receive in the future.

- Internal Pressures on Staff: Staff are highly motivated to listen but find the internal reporting system to be long and frustrating. This means positive verbal feedback often goes unrecorded because staff do not have the time to fill out complex forms.

The evidence shows that while ECCH has a culture that values the patient voice, the current systems are often invisible or too difficult to use.

Based on our findings, we're making the following recommendations:

1. Increase Visibility: Standardise how feedback information is displayed. Use bold signage in waiting areas and clear links on all appointment letters.
2. Improve Accessibility: Work with experts and members of the public to refine Easy Read and pictorial feedback forms for those with communication difficulties.
3. Close the Loop: Tell patients and staff what has changed because of their feedback. Use "You Said, We Did" noticeboards and social media to show tangible improvements.
4. Streamline Internal Systems: Review the Quest system to make it quicker for staff to record positive feedback and compliments.
5. Produce a New Framework: Involve patients and carers in designing a new, unified way of collecting feedback across all ECCH services.

Improving patient feedback requires both public-facing and internal changes. By making feedback routes clearer and more inclusive, ECCH can ensure that every patient has a meaningful chance to be heard.

Why we looked at this

Healthwatch Norfolk was commissioned to undertake this project by East Coast Community Healthcare (ECCH). We were asked to deliver a project, engaging with the public to explore and improve their processes for collecting and responding to patient feedback.

Patient feedback

Healthcare is increasingly understood as an experience as well as an outcome (NIHR, 2019) meaning how services operate, and how service users experience a service is central to assessing quality. Patient feedback refers to 'gathering the views of patients and service users' to 'understand experiences, hold services to account, identify challenges, and improve service quality' (Picker Institute, 2019; NIHR, 2019). Patient feedback includes data gathered through formal complaints channels, local surveys or patient forums, Patient Advice and Liaison Services (PALS), online feedback, patient stories, comment cards, service ratings, and observations (NIHR, 2019). Collecting patient feedback through formal complaints procedures is compulsory under the Health and Social Care Act (CQC, 2025). For example, in 2013 the family and friends test (FFT) was introduced as a mandatory method to collecting patient feedback across NHS services to identify what is working well and to improve the quality of any aspect of patient experience.

Additionally, many local services and authorities seek to understand service user experiences to help shape improvements by implementing their own pathways for gathering patient feedback. The national NHS IMPACT (Improving Patient Care Together) programme launched in 2023 developed a framework to help standardise these processes by providing a consistent and evidence-based, approach to collecting patient data (NHS England, 2023); however, it is not mandated that services use this toolkit, and thus local services have flexibility in how, when, and what feedback is gathered.

Gathering patient feedback is important, only as a statutory requirement, but because feedback provides critical insight into how services are experienced. Feedback therefore helps assess service performance against expectations, identify common barriers and challenges, identify good practice, and improve service quality. Patient feedback is also central to Care Quality Commissioners (CQC) approach to regulating and monitoring health and social care services.

CQC place emphasis on the views of those using a service when assessing whether care is safe, effective, caring, responsive, and well-led. In particular, under the responsive key question, CQC expect providers to listen and act on patient feedback (CQC, 2024). Therefore, providing clear, accessible, and meaningful pathways for service users to share their feedback is crucial, both to support regulatory accountability and to ensure services are genuinely shaped by the voices of those who experience them

East Coast Community Healthcare (ECCH)

ECCH is a staff owned social enterprise providing community-based NHS and social care services across Norfolk and Suffolk. They offer a range of services (see table 1) to as many as 70,000 people across Great Yarmouth, Gorleston, Lowestoft, and South Waveney, supporting people at home, in outpatient clinics, and in inpatient settings.

Table 1. ECCH Teams and Services provided

Team	Services offered
Adult speech and language therapy (SLT)	• Acute SLT • Stroke SLT • Video fluoroscopy • Early supported discharge • Community SLT • Community Voice service
Beccles hospital inpatients	• Intermediate care unit • 20 long-term care beds • 6 short-term care beds • Intravenous therapies and transfusion • Care after complex cancer
Carlton court inpatients	• Intermediate care unit • 30 long-term care beds • Short-term rehabilitation beds • Intravenous therapies and transfusion • Care after complex cancer
Continence service	• Continence assessment • Individualised treatment plan • Medication review • Intermittent catheterisation
Cardiac Rehabilitation	• Specialist advice

	• Telephone support and advice • Individualised treatment plan
Primary Care Homes – PCH	• Community Matrons • District Nurses • Community Physiotherapy • Community Occupational Therapy
Diabetes service	• Education, information, and advice • Treatment review and plan
Dietetics Service	• Home enteral feeding support • Nursing home nutrition training
Early Supported Discharge	• 6-week stroke rehabilitation
Frailty service	• Maintain strength, resilience and health
Health connect service	• Single point of contact • Supporting those at risk of crisis to connect with support services
Heart failure	• Assessment and management plan • Education and advice • Optimisation and titration of medications
High intensity use service	• Supporting high frequency, A&E users to connect with support providers
Infection prevention and control	• Ensure effective policy, procedures, and audits are in place • Provide advice, training, and education
Look after children service	• 6-monthly healthcare assessments of children entering care system • Advice, referrals, and signposting to support services
ME/Chronic Fatigue Syndrome	• Only available in Norfolk and Waveney
MSK physiotherapy	• Exercise therapies • Manual therapies • Health coaching • Workplace and ergonomic advice
Integrated neurology team	• Outpatient neurology support
Pharmacy	• Inpatient support at Beccles Hospital • Community and specialist services
Podiatry	• Management of at-risk foot, or lower limb health
Specialist Palliative care	• 6 palliative care beds

	• Symptom management, support of progressive or life-limiting illness.
Stoma Care	• Education • Supply of stoma care products • Training for professionals
Tissue viability	• Assessment, support, advice for complex wound care • Education to nursing homes
Tuberculosis	• Advice and education • Personalised care plans • Contact tracing and testing • Screening new entrants to the UK
Wheelchair services	• Assessment for wheelchair suitability • Supply long-term wheelchairs (6+ months)
Virtual ward	• Long distance digital monitoring for respiratory, frailty, and heart failure

ECCHs values centre on being patient-centred, emphasised in their Neighbourhood First 2025–2030 strategy (ECCH, 2025) which promote “make[ing] patient voice central to our culture of continuous improvement”. This means gathering continuous, effective and meaningful patient feedback is essential to upholding the values and integrity of their service. ECCH’s current practices for gaining patient feedback align with mandatory processes, demonstrating online options for giving feedback on services via their website. Here, patients can complete the FFT, gain access to their patient record, leave telephone feedback, leave a complaint, or leave a compliment. Additionally, the PALS feedback form allows patients to ask questions, raise concerns, and make complaints.

ECCH currently disseminates FFT data to NHS England monthly in line with national requirements. Additionally, FFT patient feedback specific to ECCH is published online via a designated “compliments, complaints and friends and family test results” webpage. ECCH annual reports also provide collated summaries of patient feedback detailing the number of contacts, complaints, and compliments gathered. However, whilst the latest published report (ECCH, 2024) outlines that ECCH received 26 formal complaints, little detail outlines how this feedback was analysed, what actions were taken in response, or whether services changes were implemented as a result. Given that collecting feedback is central to service

improvement, this demonstrates potential gaps in ECCHs current feedback processes.

Demonstrating Learning and change in response to complaints is essential for building transparency, strengthening public trust, and evidencing a culture of continuous improvement. Without clear reporting on outcomes and actions, feedback risks being perceived as a compliance exercise rather than a meaningful driver for service improvement. Additionally, the absence of visible change limits opportunities for patients, carers, and staff to see how their voices contribute to service development, thus lessening ECCHs patient-centred impact. Consequently, there is a need to develop clearer pathways and processes that not only enhance the collection of meaningful preventative feedback, but also ensure that findings, learning, and resulting service improvements are disseminated in accessible and meaningful ways. Doing so may enhance ECCH's commitment to person centred care, quality improvement, and regulatory expectations around listening to and acting on feedback.

Objectives

- To understand the mechanisms ECCH currently uses to gather patient feedback and explore whether these capture meaningful insights.
- To explore how feedback data is analysed and disseminated to effect change
- To explore barriers which prevent patients and carers from giving feedback.
- To explore how ECCH could strengthen the quality, inclusivity, and impact of its feedback systems.

How we did this

Recruitment and Data collection

A mixed methods approach was taken to gather data to capture a broad range of views of patients and staff associated with ECCH.

A review of current practice was undertaken to understand how ECCH were currently gathering, analysing, and disseminating patient feedback. This included a review of the website and observations at ECCH sites. Additionally, literature from other healthcare organisations was explored to understand and compare practices.

Following this, a public survey was developed to explore awareness and experience of the feedback and complaints process at ECCH. This survey was created using Smart Survey. The survey was available both online and in paper formats between March and April 2026. The survey was promoted through the Healthwatch Norfolk newsletter and website, Knowing Works website, social media pages including Facebook and Instagram and at in person engagement events. The survey was also circulated via FootFall (GP surgery website platform) and key stakeholders such as Carers Voice and Patient Participation Groups in close proximity to Great Yarmouth and Lowestoft. A copy of the public survey is included in the annex of this report.

In-person engagement took place at the following locations:

- Northgate Hospital x2
- Shrublands Health Centre x2
- Carlton Court
- Kirkley Mill Health Centre
- Shrublands Adult and Youth Centre
- Bradwell Community Centre
- Gorleston Library
- St Mary's Magdalen Church
- Beccles Hospital

Additionally, seven semi-structured interviews were conducted with staff members of ECCH who are involved in collecting or using patient feedback. This

included service leads, Speech and Language Therapists and Quality Directors. These interviews began with very broad questions, to give interviewees the chance to raise any issues that they thought were important – for example, “Could you tell me about your role and how feedback features in it?” They were then asked a series of questions based on the project themes and research questions detailed in the previous section.

Following analysis of this data, a collaborative three-hour workshop consisting of ECCH staff and patients was facilitated by Healthwatch Norfolk to discuss the findings, shape practical recommendations, and co-develop a feedback framework considered meaningful and effective by both parties. This process involved participants being shown [X findings], who were prompted to discuss each finding, their relevance and importance, relationship to giving and receiving feedback, and solutions for improving barriers. Three members of Healthwatch Norfolk attended the workshop to observe, take field notes, and facilitate discussion. The workshop was not recorded as discussions were not being analysed. The production of the recommendations and framework were reviewed by Healthwatch Norfolk and disseminated to the commissioners of the project.

Data analysis

Quantitative survey data responses were analysed through smart survey to understand levels of awareness of the feedback and complaints process. Qualitative data from surveys, interviews, and observations were combined and explored using framework analysis supported by NViVO to explore patterns within and across participants. Patterns were developed into themes and subthemes to understand the current facilitators, barriers, practices and impact of gaining and disseminating patient feedback.

Ethical considerations

Informed consent

This project was not put before an ethical scrutiny committee, because according to the Health Research Authority (HRA), it does not constitute formal research, and therefore does not require ethical scrutiny (see the HRA decision tool here: <https://www.hra-decisiontools.org.uk/research/>).

However, care was taken to ensure that consent was obtained from all people participating in the research. Participants were told what the information would be used for, how long it would be kept before it was deleted, and that they would be able to withdraw their consent to participate at any time before publication of

the report. People were made aware that all responses would be anonymised, and any identifying information removed before it was mentioned in the report. The data was stored in password-protected hard drives, and hard copy survey responses were stored in a locked drawer at the Healthwatch Norfolk offices. The data collected will be deleted at the end of the project, and participants were made aware of this

Accessibility

Survey

The survey was designed using plain, accessible language to support ease of understanding. Where multiple choice or scaled questions were used, the number of response options was kept low to minimise complexity. The survey was reviewed by colleagues at both Healthwatch Norfolk and Knowing Works prior to publication. To support participation from people who may not be digitally confident or able, the survey was made available both online and in paper format.

Staff interviews and survey

Interviews with ECCH staff were arranged at times suitable to participants and around existing work commitments to support participation. Where staff were unable to commit to an interview, they were encouraged to complete a survey instead. The staff survey was also available both online and in paper format to maximise accessibility.

Workshop

The patient, carer and staff workshop took place at ECCH's Hamilton House site in Lowestoft. The building met most accessibility requirements, including step-free access and lift access, which enabled a wheelchair user to participate in the discussion. Transport was arranged for this participant through the provision of a taxi to and from the venue.

One limitation was that rooms within the building required fob access. This meant that members of the public needed to be escorted within the building by someone with access permissions.

Demographics

The public survey was completed by 76 people. The demographic profile of people filling in the survey was as follows:

- 11 (19%) Carers
- Gender: 41 (55%) women, 32 (43%) men, 1 (1%) questioning (1, 1% prefer not to say)

- Health conditions and disabilities:
 - 46 (81%) had a long-term health condition
 - 20 (35%) had a physical impairment
 - 8 (14%) had a sensory impairment
 - 2 (4%) had a learning disability
 - 2 (4%) had a mental health condition
- Ethnicity: 74 (97%) White British
- Age:
 - 35-44: 1 (1%)
 - 45-54: 2 (3%)
 - 55-64: 12 (16%)
 - 65-74: 28 (38%)
 - 75-84: 22 (30%)
 - 85-94: 8 (11%)
 - 95+: 1 (1%)

While demographic information was collected from staff survey respondents, a demographic breakdown has not been included within this report due to the small sample size and the potential risk of identifying individual respondents. This approach was taken to preserve anonymity and encourage open and honest feedback.

Limitations

This project was undertaken over a relatively short timeframe and therefore represents a snapshot of experiences and views gathered during the engagement period. While every effort was made to hear from a broad range of participants, the findings may not reflect the experiences of all patients, carers, or staff using ECCH services.

The project also required support from Knowing Works (formerly, Healthwatch Suffolk) to facilitate engagement activity within the wider ECCH footprint. While this collaborative approach strengthened the reach of the project, engagement methods and local relationships may have varied slightly across areas.

Despite these limitations, consistent themes emerged across engagement activities, providing valuable insight into patient and staff experiences of current feedback and complaints processes.

What we found out

Barriers to gathering patient feedback

A significant number of patients are unaware of how to provide feedback or make a complaint. Survey data indicates that 49 (65%) of respondents did not know or were unsure how to provide feedback, while 52 (69%) did not know or were unsure how to make a formal complaint.

Furthermore, 35, (46%) of participants had never heard of the Patient Advice and Liaison Service (PALS), and 56 (74%) had never heard of the Friends and Family Test (FFT).

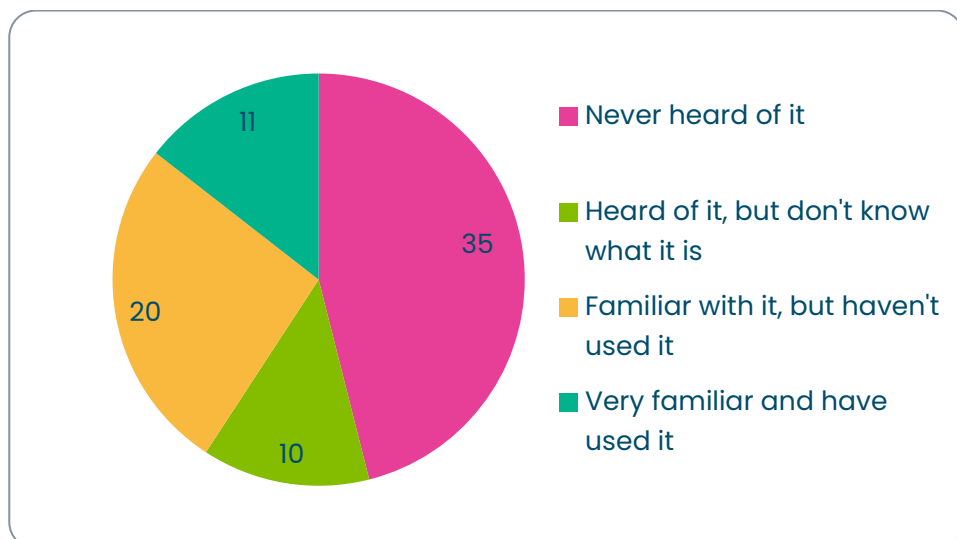


Figure 1 How familiar are you with PALS (Patient Advice and Liaison Service)?

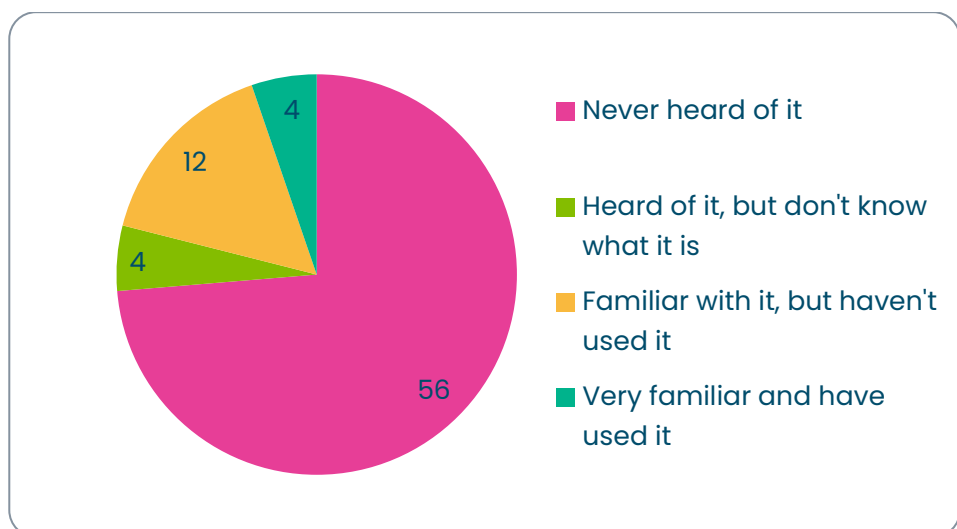


Figure 2 How familiar are you with the Friends and Family Test (FFT)?

Existing feedback pathways were often viewed as inaccessible or inconvenient. Patients and staff both highlighted that online forms can be difficult to navigate, particularly for older demographics or those with communication difficulties. One staff member noted that for patients who can only communicate through eye-gaze technology, the current online forms take "*hours to spare*" to complete.

Other respondents highlighted barriers including long waits on the phone, difficulties using written forms, lack of internet access and not knowing how to provide feedback. Some respondents also reflected that feedback processes can feel overly rigid or inaccessible to people with different communication needs.

I don't find writing things on paper or using forms easy, that is why I prefer to speak to people on the telephone but that can be difficult, there may be other people that find this difficult too.

Communication by smart phone not appropriate for the elderly.

When respondents were asked if these barriers had stopped them providing feedback in the past, 17 (27%) said that it had, 41 (65%) said no and 5 (8%) weren't sure.

Staff working directly with patients also highlighted concerns that existing feedback mechanisms do not adequately meet the needs of all service users. In particular, staff identified challenges for people using assistive communication technologies, those with learning disabilities, cognitive impairments, or older patients who may struggle with digital routes such as QR codes or online forms. Several staff members suggested that more inclusive approaches, including Easy Read and pictorial materials, are needed to ensure feedback opportunities are genuinely accessible.

Lots of our patients have communication difficulties, which is a barrier to providing feedback.

Awareness of the feedback and complaints process also appeared to be low, with 46 (67%) respondents reporting that they had never seen any information explaining how to provide feedback or make a complaint.

None at all, I do not know how to which I feel is sad, I think there should be easier access to do that if needed.

The people who had seen information explaining how to provide feedback or make a complaint most referred to a leaflet given to them. Other respondents referred to the ECCH website, notice boards and feedback forms handed out.

Forms everywhere, read the posters on the notice boards.

I think I've been given a few leaflets, but I haven't read them.

Periodically the staff give me a sheet of questions and how I have found the service to be.

There is a tangible fear among some patients that providing negative feedback could adversely affect their care. Public survey respondents also described worries about '*being labelled a nuisance and treated less well by staff*' or receiving '*less favourable treatment.*' which prevents them from raising legitimate concerns. Others spoke about not wanting to offend busy staff teams or feeling uncomfortable providing negative feedback about staff they had built relationships with during their care. This was also reflected in our staff surveys and interviews as the below extract shows.

I think lots of people, they don't want their relative or themselves to receive different care...lots of people think if they complain or make a fuss, then they won't receive good care, that people will hold it against them. I think lots of our, especially our elderly people don't want to bother people.

Patient Feedback Process

Of the people surveyed, only 19 (26%) had given feedback and 8 (13%) had made a complaint about any aspect of the care or treatment they have experienced from ECCH. Those that had given feedback or made a complaint most commonly did so by speaking to a member of staff.

I believe in speaking to someone face to face, not behind their back

Table 2: Mechanism by which respondents had provided feedback or made a complaint.

Mechanism	Feedback	Complaints
Spoke to a staff member	8	3
Online	7	1
Other (feedback forms)	5	1
Email	3	1
Letter	1	2
Telephone	1	1

Feedback collection methods are inconsistent across different ECCH services. While some teams rely on verbal feedback and paper forms, others use digital links or QR codes on letters. This variability leads to a '*haphazard*' experience for patients who interact with multiple teams.

We give the FFT directly to patients and ensure that all staff do that. Sometimes this does get forgotten. There is a link on our letters to the FFT, but it can be difficult for patients to follow a link on a printed out letter.

The majority (13, 81%) of respondents in the staff survey said that they were very confident in advising patients, carers and relatives on how to give feedback and make a complaint. When asked, 'What would help improve your confidence?' staff responded that they would like '*a clear process to follow or email address to send questions*' and '*an easier way of directing people to FFTs*'.

Some staff felt there is a need to strengthen organisational culture around feedback, helping staff view complaints as constructive opportunities to improve services.

Staff often feel feedback and complaints is a negative thing and reflects their service poorly. We need to support staff that these are opportunities to learn and improve how we deliver services.

Staff reported how easy they felt it was for patients, carers and relatives to give feedback and make a complaint, with 13 (81%) stating that it was either very or somewhat easy.

Among public respondents who had gone through the feedback and complaints process, experiences regarding whether ECCH's response met their expectations were highly varied, reflecting a significant gap in the consistency of the closing the loop process. The responses can be categorised into the following key themes:

Positive Outcomes and Acknowledgement

Several respondents felt their expectations were met, particularly when they received direct communication or an apology.

- One patient noted they had a '*pleasant response*' to their comments.
- Another highlighted that their expectations were met through a written and verbal apology from the Chief Nurse.
- One respondent mentioned that their feedback was used to modify a specific foot treatment they were receiving, which met their practical expectations for change.

Lack of Follow-Up

A major point of dissatisfaction was the feeling that feedback disappeared without any acknowledgement or resulting action.

- Respondents reported '*hearing nothing*' after submitting feedback or complaints.
- Some were left feeling '*disappointed*' or '*frustrated*' at the lack of opportunity to see the outcome of their input.
- One respondent explicitly stated they '*didn't know what response to expect*,' suggesting that the process and its potential outcomes are not clearly defined for patients at the outset.

Mixed or Temporary Satisfaction

Some feedback indicated that while initial responses were positive, the impact was not always sustained.

- One patient reported that their concerns were '*resolved for over a year*,' but the same issues eventually re-emerged, suggesting that improvements are not always embedded into long-term practice.
- Others remained '*unsure*' or felt that the response '*could have been better*' if they had been given more time to express themselves clearly during the process.

Low Expectations for a Response

Interestingly, some public respondents indicated that they did not necessarily expect or need a response; their primary motivation was simply to share their views or praise staff.

- Respondents noted they were *'just pleased to give it'* or didn't feel their specific type of feedback required a formal follow-up.
- Another participant expected their comments to be *'sieved and filtered in with the others'* rather than receiving a direct personal reply.

These findings suggest that while ECCH does provide high-quality, personal responses that meet expectations, the lack of a standardised follow-up procedure remains a significant barrier to building long-term public trust in the feedback system.

Results from the staff survey indicate that 8 (50%) respondents believed that patient feedback has been used to improve ECCH services. Staff highlighted several tangible examples of how this feedback has driven change, including the transition to digital systems to improve accessibility for patients and the implementation of new communication routes following formal service evaluations.

We have had good response rates to service specific questionnaires which provided good and detailed information so may help to replicate this in other areas.

Respondents also noted that positive feedback has directly influenced the continuation of specific classes, while training sessions have been established in response to complaints to enhance staff awareness and management of certain conditions.

Other improvements cited included modifications to the language and format of letters and leaflets and changes to meal services to better reflect patient preferences for dinner time.

While some staff use these insights as a *'temperature check'* to monitor the patient journey and overall satisfaction, one respondent who was unsure if improvements had occurred noted that their service had *'not been having much patient feedback'* recently.

PALS send out compliments. I am sure complaints are investigated. I am unsure if actions from learning are implemented

Communication

Communication was identified as a point of weakness, with many patients feeling their feedback disappears into a '*black hole*.' Low confidence exists that feedback actually results in change. Several survey respondents reported receiving no follow-up or acknowledgement after submitting feedback. Staff also noted that the internal Quest system used for recording feedback is time-consuming, which can discourage its use and result in positive experiences, compliments, and examples of staff going 'above and beyond' for patients not being formally captured or recognised.

The QUEST form is long, and not all services are on there, meaning there is lack of consistency between services and contributes to staff not inputting feedback into the system

People don't have time, like the time to sit there and fill out this whole massive quest form....and we're encouraged to do that. Sometimes my colleague will just forward emails or things that she's been told directly.

Within the staff survey however, 14 (100%) of staff rated ECCH's responsiveness to patient feedback as either good (10, 71%) or fair (4, 29%). We also asked them if staff and patients receive enough information about the outcomes of feedback, complaints and compliments, only 6 (38%) of staff felt that they did.

Staff also described inconsistency across services in how feedback outcomes are communicated, with some teams receiving regular updates while others reported limited visibility of learning, actions, or service improvements resulting from feedback and complaints.

Motivations to collect or give feedback

Both patients and staff are highly motivated to use feedback for service improvement. Patients indicated they want to '*improve services*,' '*fix problems*,' and '*praise good service*'. Staff members believe that '*patient and carer voice is*

central to how we develop and run our services' and see feedback as vital for 'building on good practice'.

When asked how important people feel it is for ECCH to listen to patient feedback, 72 (96%) of public and 16 (100%) of staff survey respondents stated that it was very important.

To enable service to evaluate and improve practice and also allow the service user to give positive feedback.

I just feel they should understand how we feel. They're always kind and take their time.

How can you address issues or make improvements if you don't know what would make it easier for those using the service.

it is important to make sure that each patient is treated independently, taking a person centred approach such as using different dressings might not suit everyone for example and some people may not come back or be put off if they felt that they were not listened to by the staff.

Facilitators for feedback

Patients expressed a preference for *'simple methods'* for the feedback process such as short forms, phone calls or direct emails.

When asked for one key improvement ECCH could implement, staff members emphasised increasing the visibility and accessibility of feedback mechanisms while ensuring the process is continuous rather than episodic. Practical suggestions included the widespread use of QR codes, feedback screens in waiting areas, and portable tablets to capture insights in the moment.

Staff also identified a need to *'close the loop'* by publishing feedback and resulting actions monthly on internal communications, as many currently only learn about outcomes through informal verbal reports.

There were also calls for all patients to receive a written response to feedback or complaints, alongside more consistent communication with staff about feedback

outcomes. Some staff suggested that embedding feedback and complaints processes more directly within clinical services could improve accountability and ownership of learning. Others highlighted the importance of ensuring that actions resulting from complaints are clearly implemented and communicated across teams.

Beyond digital tools, there is a strong desire to enhance patient participation through dedicated patient experience groups as well as an opportunity to replicate successful service-specific questionnaires to ensure a wider reach across all patient groups.

Finally, staff highlighted that gathering feedback should be an ongoing process throughout a patient's journey, moving away from a reliance on discharge-only feedback collection.

Public survey respondents emphasised that increased visibility and clearer signposting are essential, suggesting that PALS contact details and feedback instructions should be prominently displayed on bold posters and leaflets within all waiting areas and treatment rooms.

A recurring theme among the public was the importance of being proactive. Patients noted they are significantly more likely to share their views if they are directly prompted or invited to do so by a clinician during their experience, rather than being expected to seek out a feedback route themselves. To support this engagement, the public recommended flexible completion methods. This includes providing simple, 'Easy Read' forms, potentially using pictorial or 'smiley face' scales that patients can take home to complete in their own time, as well as maintaining direct telephone and face-to-face options for those who find digital portals or QR codes inaccessible.

Simple information on how to raise concerns, and simple feedback form in easy-to-read style given to patient at time of treatment. Living in Suffolk, but health and social care being split between Suffolk and Norfolk is confusing and sometimes difficult to navigate.

Additionally, several participants suggested that having dedicated volunteers or community feedback leads would provide a supportive, neutral way for patients to express themselves without the fear of being labelled a '*nuisance*' by the staff providing their care.

Finally, the public noted that seeing tangible evidence of their impact, such as through 'You Said, We Did' noticeboards, would serve as a powerful facilitator by building trust that their feedback results in meaningful service improvements

Integrating Existing Feedback Tools

It is important to note that ECCH has already introduced positive mechanisms to support accessibility, including physical feedback forms and "easy read" versions featuring "smiley face" scales. However, these tools are currently not well known.

Furthermore, staff highlighted that even these existing easy read formats can present barriers, as they often require a patient to be physically able to *'tick a box,'* which may be impossible for those with certain physical impairments. These findings suggest that while the smiley face model is a step in the right direction, there is a clear need for better promotion of these tools and further refinement to ensure they are truly inclusive of all communication and physical needs.

Patient and Staff Workshop

The joint staff and public workshop, facilitated by Healthwatch Norfolk staff on 13th May, brought together emerging findings and the development of co-produced practical solutions for a new feedback framework. A central pillar of the discussion was the need to build trust; participants noted that a lack of visible outcomes from previous feedback can leave patients feeling that their voices are ignored. This was closely linked to concerns about anonymity and a fear that providing negative feedback might adversely affect future care.

The discussion also highlighted significant accessibility barriers, specifically the digitally excluded where reliance on QR codes and complex online forms excludes older patients and those with communication or cognitive impairments. Staff identified that the internal "Quest" reporting system is too time-consuming, which results in positive verbal feedback and "extra mile" efforts by clinicians often going unrecorded.

To address these issues, the workshop groups proposed streamlining the QUEST system for compliments and co-developing inclusive, Easy Read forms using the expertise of Speech and Language Therapists. There was a strong consensus that ECCH should move toward a "You Said, We Did" culture, using noticeboards and social media to provide tangible proof that patient voices drive real service improvements.

Based on the collaborative feedback from staff and the public, the following improvements are suggested to enhance the ECCH feedback and complaints process:

1. Improve Accessibility and Inclusivity

- Refine or create a single, inclusive feedback form that incorporates Easy Read and pictorial features to support individuals with communication or learning difficulties.
- Record Communication Preferences: Store a patient's preferred feedback method in their clinical notes to ensure they are contacted in a way that suits them.
- Train Support Staff: Provide training for staff and volunteers on the specific accessibility needs of different patient groups to help them complete forms.

2. Increase Visibility and Awareness

- Enhanced Signposting: Place bold, simple information about feedback routes on all clinical letters, discharge packaging, and in the footers of all correspondence.
- Organised Displays: Use waiting room screens and well-organised, uncluttered noticeboards to promote feedback methods.
- Active Staff Prompting: Encourage clinicians to proactively ask simple questions like, "How was your appointment today?" to capture "in the moment" views.
- Multichannel Promotion: Use social media and potentially a public newsletter to share information on how to give feedback and show its impact.

3. Build Trust and Accountability

- Regularly publicise "You Said, We Did" updates via noticeboards and social media to demonstrate that feedback leads to tangible service changes.
- Volunteer-Led Feedback: Offer a telephone option for patients to speak with volunteers rather than staff, which may help those who feel uncomfortable talking directly to clinicians.

4. Streamline Internal Systems

- Reform the QUEST System: Streamline the internal reporting process so it only requires relevant questions to be completed, reducing the administrative burden on staff.

- Capture Positive Feedback: Ensure the system makes it quick and easy to record verbal praise and compliments, which are currently often lost because the process feels too long to justify documenting.
- Internal Consistency: Ensure all services are represented on the reporting system to allow for consistent dissemination of learning across the whole organisation.

5. Foster Engagement and Reduce Fatigue

- To avoid survey fatigue, use brief methods such as text messages for simple experience ratings.
- Establish Participation Groups: Set up dedicated patient and carer groups to consult on service changes and help run feedback initiatives.
- Proactive Information: Display both good and bad data publicly to show transparency and a genuine commitment to improvement.



Figure 3 ECCH patient and staff workshop at Hamilton House

Site Observations

Information about feedback or the feedback process was visible at every location the Healthwatch Norfolk team visited. Posters were frequently seen in waiting areas, treatment rooms and by the entrances to wards. A variety of feedback options were observed, for example a poster displaying a QR code as well as a dedicated table with a stack of paper forms alongside a box to submit them anonymously.



Figure 4 Photos of ECCH feedback forms and posters on display at sites visited.

At one inpatient site, information about providing feedback was clearly displayed at the entrance however no feedback information was visible within patient rooms. At the time of the visit, all patients were in their rooms meaning they would only have been exposed to feedback information when arriving at or leaving the ward. Through conversations with inpatients, Healthwatch Norfolk understands that at least some patients had received leaflets containing information about feedback and complaints processes, although these were not visible during the visit.



Figure 5 Photos of the FFT and patient feedback form on display at ECCH sites

The Friends and Family Test (FFT) was available, although it was observed less frequently than the Easy Read versions using smiley face scales. While the smiley face forms may make the feedback process more accessible for some patients, they still require individuals to be physically able to tick a box, which may present a barrier for those with certain physical impairments. It should also be noted that posters did not always clearly distinguish between general feedback and formal complaints processes, which could potentially lead to patient confusion.



Figure 6 Photos of the neurology service and PPG feedback posters on display at ECCH sites.

Despite the presence of physical materials, observations seem to contrast the insights gathered through the survey that most respondents had never seen any information explaining how to provide feedback.

At sites shared with partner organisations such as JPUH or NSFT, it was observed that it is often difficult for patients to distinguish ECCH provided care from the other providers, making it harder for them to know which feedback route to use.

ECCH meets its statutory accessibility requirements by adhering to the Accessible Information Standard (AIS) and the Equality Act 2010, which mandate that healthcare providers ensure patients with a disability, impairment, or sensory loss receive information in formats they can easily read and understand. These requirements also include providing the necessary support so individuals can communicate effectively with services, such as the provision of Easy Read materials, large print, or translated copies. The feedback form below reads, *'If you would like this leaflet in large print, audio CD, Braille or in a different language please contact the Patient Liaison Team....'*

We can only provide a response to requests for information, concerns and complaints if you fill out this section.
Help us to help you – please tell us about yourself here.

Your Surname	Your First name(s)
Address	
Postcode	
Telephone	Mobile
Email	Date of Birth
Sign here	Date

**If you have an urgent medical need out of normal GP hours, please call the 111 service.
 If you have a medical emergency, you should dial 999.**

If you would like this leaflet in large print, audio CD, Braille or in a different language - please contact the Patient Liaison Team on 01502 445447



East Coast Community Healthcare form WM Nov 2017

Figure 7 Example of feedback form meeting accessibility requirements.

ECCH online feedback processes

Observations of ECCH’s website identified several routes through which patients, carers, and members of the public can provide feedback, raise concerns, or access information relating to complaints and compliments.

A dedicated “Feedback” section is clearly signposted both on the homepage and at the bottom of website pages. This section provides access to:

- information about providing feedback and making complaints
- the Patient Liaison Feedback Form
- the Friends and Family Test (FFT)
- contact details for telephone feedback
- information about obtaining patient records
- published compliments, complaints, and FFT results.

The Patient Liaison Feedback Form enables individuals to categorise the nature of their contact before submitting details. Available options include:

- giving a compliment
- asking a question
- raising a concern
- making a complaint
- selecting “none of the above”.

ECCH's "Managing Concerns and Complaint Policy" is also publicly available through the "About Us" section of the website, providing information about organisational processes for managing concerns and complaints.

Information relating to the Patient Advice and Liaison Service (PALS) is accessible through service-specific patient information leaflets available on the website. These outline several methods for providing compliments or complaints, including:

- telephone
- post or email
- the online feedback form.

The website also includes a dedicated section publishing compliments, complaints, and Friends and Family Test results, demonstrating an existing mechanism for sharing feedback outcomes publicly.

Observational reflections

The website provides multiple routes for patients and carers to provide feedback and access information about complaints processes. The visibility of the main "Feedback" section supports accessibility for digitally confident users. However, findings from public engagement suggest that despite these online systems being available, awareness and understanding of feedback routes remain variable, indicating that further promotion and clearer signposting across services may still be required.



Figure 8 Screenshots of the ECCH website homepage and feedback page.

What this means

The evidence gathered during this review provides an indicative snapshot of the relationship between service users and the feedback systems at ECCH. By drawing conclusions from the qualitative and demographic data, we can identify specific areas where the current framework succeeds and where it requires transformation to become more patient-centred.

It should be recognised that many of the themes identified within this review are not unique to ECCH and reflect wider challenges experienced across health and care providers locally and nationally. Issues relating to awareness of feedback routes, digital exclusion, accessibility, and distinguishing between organisations within shared healthcare settings are commonly reported across NHS services. The findings of this review should therefore be viewed within the broader context of ongoing system-wide efforts to strengthen patient engagement and ensure feedback processes are inclusive, visible, and easy to navigate.

Wider Context and Demographics

The public engagement cohort consisted primarily of older residents living with long-term health conditions. While this demographic is broadly representative of the core users of community health services, the findings are limited by a significant gap in younger and working-age voices. The ethnic profile of those who took part aligns closely with the wider population of Norfolk. This demographic focus suggests that while the insights are deeply relevant to those with frequent service contact, there is a clear need for the first and sixth recommendations to ensure feedback pathways are promoted across all platforms and involve a broader range of patients in future co-production.

Visibility and Awareness

Current findings suggest that formal feedback pathways are insufficiently understood or recognised by many patients. A widespread lack of awareness regarding specific routes, such as the Patient Advice and Liaison Service and the Friends and Family Test, means that patients often do not know how to share their praise or concerns. This awareness gap results in a heavy reliance on informal verbal comments to staff, which may never reach senior management or

contribute to organisational learning. There is a need for a standardised review of how information is displayed in clinical settings and appointment letters.

Digital Exclusion and Accessibility Barriers

The current digital-first approach to gathering feedback is unintentionally exclusionary for patients with complex communication or physical needs. Reliance on QR codes and complex online forms creates significant barriers for some patients including those using assistive technology, who find these tools frustrating or impossible to navigate. Furthermore, standard forms often require a level of literacy or physical ability that excludes those with sensory or cognitive impairments. These barriers highlight the need for Easy Read formats and non-digital routes co-designed with specialists, patients and carers.

Public Trust

A lack of consistent communication regarding the outcomes of feedback undermines trust and discourages engagement. While patients are motivated to give feedback to improve services, many feel their input disappears without acknowledgement or visible result. This is compounded by a tangible fear among some patients that raising negative concerns could adversely affect their future care. When service users do not see evidence of their impact, they begin to view feedback as a compliance exercise rather than a meaningful dialogue. To address this, there needs to be a focus on strengthening communication and fostering a supportive culture where "You Said, We Did" responses are highly visible.

Internal System

There needs to be a review of internal systems to reduce administrative burdens and better capture compliments. Internal reporting processes often prevent the organisation from capturing a balanced view of service performance. Staff across multiple services described internal recording systems as too time-consuming, which often results in positive verbal feedback and 'extra mile' efforts by clinicians going unrecorded. Consequently, the data reaching senior leadership may be disproportionately focused on negative incidents, failing to celebrate good practice or boost staff morale. This internal friction suggests that current processes are not proportionate to the needs of frontline teams.

Key Conclusion

ECCH possesses a staff culture that fundamentally values the patient voice, yet this is currently hindered by low public awareness, digital barriers and a lack of visible follow-up. By implementing a co-produced feedback framework that

prioritises visibility, inclusivity and transparent communication, ECCH can move from a fragmented, process-led system to one that is truly responsive to all service users.



“Only the patient can tell you what it feels like to be a patient. Patients see things staff don't.”



Recommendations

1) Increase visibility of feedback and complaints pathways

ECCH should review and standardise how information about feedback, complaints, PALS and the Friends and Family Test (FFT) is communicated across services to improve public awareness and understanding of available routes.

Information should be consistently displayed across clinical settings, appointment letters, digital platforms and patient information materials using clear and accessible language.

2) Improve accessibility and inclusivity of feedback methods

ECCH should review the accessibility of its feedback mechanisms to ensure patients with different communication, cognitive, sensory and digital access needs are able to provide feedback in ways that are meaningful and inclusive. This should include consideration of:

- Easy Read and pictorial formats
- non-digital feedback routes
- support for people using assistive communication technologies
- alternatives to QR code and online-only systems

This work should involve patients, carers, and frontline staff in the co-design of accessible approaches.

3) Strengthen communication about how feedback leads to change

ECCH should develop a more visible and consistent approach to communicating how patient feedback, complaints and compliments contribute to service improvements. This should include regular communication to both patients and staff about:

- actions taken in response to feedback
- learning from complaints
- examples of service improvements
- positive feedback and compliments received

This could be achieved through newsletters, waiting area displays, team briefings and digital communications.

4) Review internal feedback recording processes to reduce burden on staff

ECCH should review the usability and effectiveness of internal systems used to record patient feedback and compliments, including the Quest system, to ensure they are proportionate, efficient and support consistent reporting across services. Particular consideration should be given to:

- reducing administrative burden
- improving consistency across teams
- enabling positive feedback and informal patient experiences to be captured more easily

Staff should be involved in identifying practical improvements to the process.

5) Promote early resolution and supportive feedback cultures

ECCH should continue to strengthen a culture where patients, carers and staff feel confident raising concerns, compliments and suggestions without fear of negative consequences. This should include:

- clear promotion of PALS and informal resolution routes
- staff training and support around handling feedback and complaints
- reassurance to patients that feedback will not negatively affect their care

This work should aim to encourage feedback as a routine part of service improvement rather than solely a complaints process.

6) Develop a co-produced patient feedback framework

ECCH should work collaboratively with patients, carers, staff, and Healthwatch Norfolk to develop and implement a patient feedback framework that provides a consistent, accessible, and meaningful approach to gathering, analysing, responding to, and learning from patient feedback across services. The framework should reflect the findings of this review and establish clear principles for:

- accessibility
- communication
- learning and dissemination
- consistency across services
- patient and staff involvement

Response from East Coast Community Healthcare CIC

East Coast Community Healthcare CIC would like to thank Healthwatch Norfolk for the work undertaken to engage with our communities and stakeholders. The voice of the patient, their families and carers is really important to us and the insights gathered provide a valuable foundation for ensuring that their experiences are central to how we plan, deliver and improve our services and care.

We welcome the identified priorities and recognise the importance of developing an engagement approach that is inclusive, accessible and meaningful. In particular, we acknowledge the need to strengthen opportunities for co-production, improve feedback mechanisms, ensure the involvement of seldom-heard groups, and demonstrate how patient and public feedback directly influences decision-making and service improvement.

The findings and recommendations will play an important role in shaping our future Patient and Carer Engagement Strategy. We are committed to working collaboratively with Healthwatch Norfolk, patients, carers, staff and partner organisations to develop a strategy that reflects local needs and supports our ambition to deliver person-centred care.

As we take this work forward, we will carefully consider the priorities identified through the engagement process and ensure that clear actions, measures of success and ongoing opportunities for involvement are built into the strategy. We thank all those who shared their views, and we look forward to continuing this partnership to strengthen patient engagement across our organisation.

Acknowledgement

Whilst this report has been produced by Healthwatch Norfolk, we would like to thank our colleagues at Knowing Works (formerly Healthwatch Suffolk) who contributed to the design and delivery of the project.

We would also like to thank East Coast Community Healthcare CIC for commissioning and supporting this project.

Finally, and most importantly, we would like to thank all the participants who took part in the surveys, interviews and workshop who generously shared their time, views, and experiences.

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Appendix

Appendix 1- Public Survey



ECCH Patient Feedback Review and Improvement Project Survey



Who are we?

Healthwatch Norfolk is the independent voice for patients, service users and carers in the county. We use feedback from people to shape the future of local health and care services.

What is this survey about?

This survey forms part of an independent evaluation of East Coast Community Healthcare's (ECCH) patient feedback systems. It aims to explore people's views and experience of ECCH's feedback processes and how effective these are. It is being carried out by Healthwatch Norfolk and Knowing Works, the new name for Healthwatch Suffolk.

Feedback means sharing your views about a service you have received. It can take the form of a compliment, a suggestion for change, or a specific concern about your treatment. ECCH has a number of ways that patients, carers and relatives can provide feedback. It then uses this information to improve services for everyone. Feedback is not necessarily a complaint, although if you are very unhappy with your treatment, ECCH does have a formal complaints procedure to deal with this.

We are looking for patients, carers and relatives who are willing to talk to us about ECCH's feedback processes. The survey will take 8-12 minutes to complete. Some questions are optional.

When you have completed the survey, please return to us in the prepaid envelope provided. Alternatively, you can complete the survey online via this link: <https://healthwatchnorfolk.co.uk/get-involved/east-coast-community-healthcare-patient-feedback-review/> or by scanning the QR code below.

If you would prefer to do this survey with us over the phone, please call Healthwatch Norfolk on 01953 856029 or 0808 168 9669 and we will arrange a time to call you back.

Alternatively, please email: enquiries@healthwatchnorfolk.co.uk to receive the survey in alternative formats, including Easy Read, large print or in different languages.

How the survey results will be used

Survey responses are being collected and analysed by Knowing Works and Healthwatch Norfolk. You can read our privacy policies at: www.healthwatchsuffolk.co.uk/privacy-policy/
www.healthwatchnorfolk.co.uk/about-us/privacy-statement.

All responses will be anonymous. The survey findings will be used as part of an independent evaluation for East Coast Community Healthcare. The report will be publicly available on our websites and may be used in other Healthwatch Norfolk and Knowing Works communications.

Participation in this survey is entirely voluntary. If you do decide to participate, it will not affect the care you received now or in the future.

If a patient or carer wishes to make a complaint to ECCH you can contact PALS on 01502 445447 or patientliaison@ecchcic.org.uk.

If you would like to be kept up to date about Healthwatch Norfolk's latest work and developments, please visit our website: www.healthwatchnorfolk.co.uk

Scan the QR code to complete our survey



Please note that questions marked with an asterisk (*) require responses.

1. **Please tick to confirm ***

- ☐ I have read and understood the above statement.

2. **About you, are you a (please tick all that apply to you)**

- ☐ In-patient
- ☐ Out-patient
- ☐ Home-based patient
- ☐ Carer
- ☐ Family member
- ☐ Friend
- ☐ Other

3. **Which department or service do you usually attend?**

4. **Do you know how to give feedback about the services you receive from ECCH?**

- ☐ Yes
- ☐ No
- ☐ Not sure

5. **Can you tell us what information you have seen about how to give feedback to ECCH?**

6. **Have you ever given feedback about any aspect of the care or treatment you have experienced from ECCH?**

- ☐ Yes
- ☐ No (please go to question 9)
- ☐ Unsure (please go to question 9)

7. **If yes, how did you do this?**

- ☐ Online
- ☐ Letter
- ☐ Email
- ☐ Telephone
- ☐ Spoke to a staff member

☐ Other (please specify)

8. **Please tell us about your experience of giving feedback to ECCH. What happened from your perspective?**

9. **How important do you feel it is for ECCH to listen to patient feedback?**

- ☐ Very important
- ☐ Moderately important
- ☐ Not at all important

Please tell us why you chose this answer:

10. **What would you expect to happen after you give feedback to ECCH?**

11. **If you have previously given feedback, did ECCH's response meet your expectations?**

12. **How familiar are you with PALS (Patient Advice and Liaison Service)?**

- ☐ Never heard of it
- ☐ Heard of it, but don't know what it is
- ☐ Familiar with it, but haven't used it
- ☐ Very familiar and have used it

13. **How familiar are you with the Friends and Family Test (FFT)?**

- ☐ Never heard of it
- ☐ Heard of it, but don't know what it is
- ☐ Familiar with it, but haven't used it

- ☐ Very familiar and have used it

14. How would you like to be able to provide feedback?

- ☐ Online
☐ Email
☐ Letter
☐ Telephone
☐ Speak to a staff member
☐ Other (please specify):

15. What, if anything, might make it difficult for you to give feedback to ECCH?

16. Would you say this has stopped you providing feedback in the past?

- ☐ Yes
☐ No
☐ Unsure

17. Do you know how to make a complaint about the services you receive from ECCH?

- ☐ Yes
☐ No
☐ Unsure

18. Can you tell us what information you have seen about how to make a complaint to ECCH?

19. If you have ever made a complaint about any aspect of the care and treatment you have experienced from ECCH how did you do it?

- ☐ I have never made a complaint

- ☐ Online
- ☐ Letter
- ☐ Email
- ☐ Telephone
- ☐ Spoke to a staff member
- ☐ Other (please specify):

20. **Please tell us about your experience of making a complaint to ECCH. What happened from your perspective?**

21. **How could ECCH make it easier for you to share feedback or raise concerns?**

22. **Is there anything else about feedback, complaints or feeling listened to by ECCH that you would like to share?**

23. **If you are willing to attend a workshop to discuss the findings of this project, please provide a telephone number or email address where we can contact you:**

Who you are (demographics)

In this next section we will be asking you some questions about yourself and your life.

All these questions are optional.

Why we ask these questions

According to research, there are certain groups of people who are more at risk of being excluded from accessing digital tools within healthcare. We therefore ask questions about you to explore how different groups of people around Norfolk are impacted by digital tools in healthcare. Nobody can trace who you are from this

information, but only complete questions you are comfortable with.

Please select what applies to you:

- ☐ I am a carer
- ☐ I have a physical impairment
- ☐ I have a long-term health condition
- ☐ I have a sensory impairment
- ☐ I have a learning disability
- ☐ I have a mental health condition
- ☐ Prefer not to say

What is your ethnic group?

- ☐ Arab

Asian / Asian British:

- ☐ Bangladeshi
- ☐ Chinese
- ☐ Indian
- ☐ Pakistani
- ☐ Any other Asian / Asian British background

Black / Black British:

- ☐ African
- ☐ Caribbean
- ☐ Any other Black / Black British background

Mixed / Multiple ethnic groups:

- ☐ Asian and White
- ☐ Black African and White
- ☐ Black Caribbean and White
- ☐ Any other Mixed / Multiple ethnic groups background

White

- ☐ British / English / Northern Irish / Scottish / Welsh
- ☐ Irish
- ☐ Gypsy, Traveller or Irish Traveller
- ☐ Roma
- ☐ Any other White background

Other

- ☐ Any other Ethnic Group
- ☐ Prefer not to say
- ☐ Other (please specify):

How old are you?

What is the first half of your postcode? (e.g. NR18)

What is your gender?

- ☐ Man
- ☐ Woman
- ☐ Non-binary
- ☐ Genderfluid
- ☐ Questioning
- ☐ Prefer not to say
- ☐ Prefer to self-describe:

Appendix 2– Staff Survey

ECCH Patient Feedback Review staff survey

1. Introduction

Who is Healthwatch Norfolk?

Healthwatch Norfolk is the independent voice for patients, service users and carers in the county. We gather your views of health and social care services to ensure they are heard by the people in charge.

What is this survey about?

This survey forms part of an independent evaluation of East Coast Community Healthcare's (ECCH) patient feedback systems. It aims to explore people's views and experience of ECCH's feedback processes and how effective these are. It is being carried out by Healthwatch Norfolk and Knowing Works, the new name for Healthwatch Suffolk.

Feedback means sharing your views about a service you have received. It can take the form of a compliment, a suggestion for change, or a specific concern about your treatment. ECCH has a number of ways that patients, carers and relatives can provide feedback. It then uses this information to improve services for everyone. Feedback is not necessarily a complaint, although if patients are very unhappy with their treatment, ECCH does have a formal complaints procedure to deal with this.

We are looking for ECCH staff members who are willing to talk to us about ECCH's feedback processes.

The survey will take 8-12 minutes to complete. Some questions are optional.

To receive the survey in alternative formats, including Easy Read, large print or in different languages please email: enquiries@healthwatchnorfolk.co.uk

How the survey results will be used

Survey responses are being collected and analysed by Healthwatch Norfolk. You can read our privacy policy at: www.healthwatchnorfolk.co.uk/about-us/privacy-statement.

All responses will be anonymous. The survey findings will be used as part of an independent evaluation for East Coast Community Healthcare. The report will be publicly available on our websites and may be used in other Healthwatch Norfolk and Knowing Works communications.

Survey closing date 30th April 2026

Please note that questions marked with an asterisk (*) require response

1.1. Please tick to confirm

☐ I have read and understood the above statement.

2. What is your role and department?

3. How often do you encounter the following in your role?

	Very often	Sometimes	Rarely	Never
Patient feedback	☐	☐	☐	☐
Complaints	☐	☐	☐	☐
Compliments	☐	☐	☐	☐

4. How important do you think it is for ECCH to listen to feedback from patients, carers and relatives?

- ☐ Important
- ☐ Neither important nor unimportant (no strong view)
- ☐ Not important

What influences your answer?

5. How confident do you feel advising patients, carers and relatives on

	Very confident	Somewhat confident	Not confident	Unsure
How to give feedback	☐	☐	☐	☐
How to make a complaint	☐	☐	☐	☐

What would help improve your confidence?

6. How easy is it for patients, carers and relatives to find information about:

	Very easy	Somewhat easy	Not easy
Giving feedback	☐	☐	☐
Making a complaint	☐	☐	☐

7. How would you rate ECCH's responsiveness to patient feedback?

- ☐ Good
- ☐ Fair
- ☐ Poor

8. What is the one thing ECCH could do to improve how it collects or responds to feedback?

9. Based on your experience, do you believe patient feedback has led to improvements in services?

☐ Yes

☐ No

☐ Unsure

If yes, please give an example

10. Do staff and patients receive enough information about the outcomes of feedback, complaints and compliments?

☐ Yes

☐ No

☐ Unsure

What could be improved?

11. Is there anything else you would like to share about patient feedback, complaints or compliments at ECCH?

3. Who you are (demographics)

In this next section we will be asking you some questions about yourself and your life.

All these questions are optional.

Why we ask these questions

According to research, there are certain groups of people who are more at risk of being excluded from accessing digital tools within healthcare. We therefore ask questions about you to explore how different groups of people around Norfolk are impacted by digital tools in healthcare. Nobody can trace who you are from this information, but only complete questions you are comfortable with.

12. What is your ethnic group?

☐ Arab

Asian / Asian British:

☐ Bangladeshi

☐ Chinese

☐ Indian

☐ Pakistani

☐ Any other Asian / Asian British background

Black / Black British:

☐ African

☐ Caribbean

☐ Any other Black / Black British background

Mixed / Multiple ethnic groups:

☐ Asian and White

☐ Black African and White

☐ Black Caribbean and White

☐ Any other Mixed / Multiple ethnic groups background

White

☐ British / English / Northern Irish / Scottish / Welsh

☐ Irish

- ☐ Gypsy, Traveller or Irish Traveller
- ☐ Roma
- ☐ Any other White background

Other

- ☐ Any other Ethnic Group
- ☐ Prefer not to say
- ☐ Other (please specify):

13. How old are you?

14. What is your gender?

- ☐ Man
- ☐ Woman
- ☐ Non-binary
- ☐ Genderfluid
- ☐ Questioning
- ☐ Prefer not to say

Prefer to self-describe:

15. Where did you hear about this survey?

- ☐ Healthwatch Norfolk Visit
- ☐ ECCH email
- ☐ Other (please specify):

16. Healthwatch Norfolk produce monthly newsletters about health and social care in Norfolk. If you would like to receive this newsletter please leave your email here:

Appendix 3– Staff Interview guide

HCN have been asked by ECCH to deliver a piece of work that explores the current feedback and the complaints processes at ECCH. This will result in a workshop and report with findings and recommendations. I would like to record this interview just for the purpose of taking an accurate record of our conversation. Everything we say is anonymous and no quotes will be directly attributed to you. The recording will be deleted after report publication. Are you happy for me to record?

1. Can you briefly describe your role and how you interact with patients, carers, or families?
2. How important do you think it is for ECCH to listen to feedback from patients, carers and relatives? Why?
2. How would you describe the culture around feedback and complaints in your team?
3. Can you talk me through how your role connects to patient feedback and complaints?
4. How do patients usually provide feedback and make complaints?
5. How do patients usually find out how to give feedback or make a complaint? From your perspective, how clear or accessible is this information?
6. How confident do you feel in explaining to patients or carers how to give feedback or make a complaint? What would help improve your confidence?
7. What mechanisms does ECCH use to gather patient feedback, from your perspective? Which ones work well?
8. What happens to feedback once it is collected? How is it shared or discussed? Do you see outcomes or changes being fed back to staff?
9. Do you think ECCH is responsive to patient feedback and complaints?
10. Have you seen any changes or improvements that came directly from patient feedback or complaints? What was the impact?
11. What barriers do you think prevent patients, carers or relatives from giving feedback or making complaints? Are there particular groups who are less likely to share feedback? Why?
12. What do you think ECCH could do to improve how it collects feedback?
13. What could ECCH do to improve how it uses feedback to make change? What would “good” look like?
14. What could ECCH do to improve how it communicates feedback outcomes to staff and patients?
15. If you could change one thing about the current feedback and complaints system, what would it be and why?
16. Is there anything else about patient feedback, complaints or compliments at ECCH that you think is important but we haven’t covered?

Appendix 4- Workshop Agenda/slide deck



PLAN FOR TODAY

Aim of this workshop ▶ To bring the public and ECCH clinicians together to create accessible, and meaningful ways to gather and communicate patient feedback

11.30 – 12.00	12.30 – 1pm	1pm – 2.15pm	2.30pm
Public-only Welcome	Welcome to ECCH	Interactive brain storming & Co-production • Barriers • Solutions	Goodbye & Thank you!

WHO ARE WE?

Healthwatch Norfolk

Independent charity championing public voices to make changes to health and social care services.

Knowing Works™

A social enterprise, exploring people's lived experiences to shape services, policy, and strategy.

East Coast Community Healthcare

A social enterprise providing NHS community-based health and social care services across Norfolk and Suffolk



WHAT TO EXPECT

Rules for the session

- There are no right or wrong answers!
- Contribute as much or as little as you feel comfortable
- Respect and value everyone's opinions
- Feel free to ask questions
- You can take a break at any time
- Feel free to eat and drink whilst we discuss

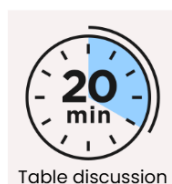


ACTIVITY



What might make it difficult for you to express your views today?

How can we help you to feel heard today?



PLAN FOR TODAY

Aim of this workshop



To bring the public and ECCH clinicians together to create accessible, and meaningful ways to gather and communicate patient feedback

12.00–12.30

Welcome to ECCH

12.30 – 2.15pm

- Discussion time
- Barriers to collecting feedback
 - Potential solutions

2.30pm

Goodbye & Thank you!



WHAT WE KNOW SO FAR

Barriers to giving/collecting feedback

- Lack of awareness from patients about how they can give feedback
- Concerns about being labelled 'difficult' and impact on care
- Inaccessible methods of providing feedback

Patient feedback process

- Inconsistent processes across services
- Multiple methods of giving feedback, not always robust
- Poor communication of feedback

Desires for change

- Motivation from patients and public to give/collect feedback
- Motivation from professionals to listen to data and make change
- Desire to improve accessibility

ACTIVITY



Group 1

Patient feedback Process

Group 2

Barriers to giving/collecting feedback

Group 3

Desires for change

ACTIVITY



Group 1

Improving the process

Group 2

Making giving feedback easier

Group 3

Improving accessibility

NEXT STEPS

From us...

- Take all your feedback away with us to combine and analyse
- We will then work with ECCH to develop a new process for collecting and communicating patient feedback
- Your voices and views will be hugely influential in this construction



Do you want more?

To keep up to date with what Healthwatch Norfolk or Knowing Works™ are doing leave your email address with your table facilitator or check out our website...

THANK YOU

Healthwatch Norfolk

www.healthwatchnorfolk.co.uk
01953 856029
enquiries@healthwatchnorfolk.co.uk



Knowing Works™

<https://healthwatchsuffolk.co.uk/>
0800 448 8234
info@knowingworks.co.uk



Appendix 5- Examples of communications materials





East Coast Community Healthcare: patient feedback review

Have you received care from East Coast Community Healthcare (ECCH) and given feedback on your experience?

Healthwatch Norfolk are working with Knowing Works (previously Healthwatch Suffolk) to carry out an evaluation of the patient feedback process at ECCH and they want to hear YOUR views.

Scan the QR code to complete our survey

or visit www.healthwatchnorfolk.co.uk/get-involved/ for more information.







Patient Feedback Review

We're carrying out an independent evaluation of the ways patients can give feedback about East Coast Community Healthcare.

Find out more at: www.healthwatchnorfolk.co.uk/get-involved/




Have you used East Coast Community Healthcare (ECCH) services ?

Share your views on ECCH patient feedback processes







Patient feedback workshop

Wednesday 13th May
Hamilton House, Lowestoft
11.30am-2.30pm

Email enquiries@healthwatchnorfolk.co.uk to book your place






Patient feedback review workshop

 Wednesday 13 May
 11.30am - 2.30pm
 Hamilton House, Lowestoft

Healthwatch Norfolk are carrying out a review of the patient feedback processes at East Coast Community Healthcare (ECCH).

People who have accessed ECCH services and carers of ECCH patients are invited to an informal workshop to share their views and experiences.

Those who attend and complete the workshop will receive lunch and a £20 voucher.

To book your place please call 0808 168 9669, or email enquiries@healthwatchnorfolk.co.uk.





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