

# Wheelchair Service Access Report

March 2025

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## Executive Summary

Healthwatch Darlington undertook a project in **2024/25** to explore the experiences of wheelchair users in Darlington, focusing on delays in provision and the overall quality of the County Durham and Darlington NHS Foundation Trust (CDDFT) wheelchair service. A survey was completed by **20** respondents, complemented by a one-to-one interview.

Key findings include:

- **40%** of respondents were waiting either for an assessment or a wheelchair after assessment.
- **35%** waited more than six months, with multiple accounts of waiting over a year.
- **53%** experienced poor communication, and **47%** had difficulty accessing assessments.
- Over **90%** were unaware of the Personal Wheelchair Budget (PWB).
- The top priorities for improvement were CDDFT communication and improvements/repairs, followed by range of wheelchairs and feedback opportunities.
- Nearly half reported worsened health or reduced quality of life due to delays.

The feedback includes deeply personal stories of frustration, physical discomfort, emotional stress, and lost independence, including a case involving end-of-life care impacted by delays.

## Introduction

Healthwatch Darlington undertook a project to engage with wheelchair users in Darlington after listening to numerous concerns regarding waiting times and delivery of the new chairs. Our aim was to address delays in the provision of wheelchairs and contribute to service improvements, ultimately enhancing the quality of life for wheelchair users in the Darlington Borough.

## Project Objectives

The project aimed to:

- Engage with Darlington wheelchair users who experienced significant delays in receiving wheelchairs including replacement wheelchairs.
- Understand the extent and impact of these delays.
- Gather detailed feedback from affected individuals.
- Advocate for improved processes and reduced waiting times.
- Highlight average waiting times, impacts on quality of life, and specific user experiences.

## Engagement Methods

- **Surveys and Questionnaires:** A detailed survey was distributed to collect data from wheelchair users.
- **Focus Groups:** In-depth group discussions were held with selected participants.
- **One-on-One Interviews:** Personal stories and detailed feedback were collected through interviews.

All personal data was managed in compliance with GDPR (2018) and Healthwatch Darlington's data protection policies.

# Participants

## Internal:

- Healthwatch Darlington staff and volunteers

## External:

- Wheelchair users and families

A risk assessment was completed to ensure the safety and wellbeing of all participants. All ethical and safeguarding procedures were followed throughout.

# Survey Feedback Summary

## 1. Current Access to Wheelchairs

- 40% of respondents were actively waiting (either for an assessment or a wheelchair).
- 60% were not currently waiting, though some had long delays previously.

## 2. Wait Times

Of 17 respondents:

- 17.65% waited less than 3 months.
- 35.3% waited between 3 months and 1 year.
- 11.76% waited more than a year.
- 35.29% selected "Other," with some reporting complex or multi-stage delays.

One respondent described an 18-month delay due to an initial wheelchair being incorrectly measured. The first wheelchair was unusable, and adjustments failed. Only after an engineer visit was it acknowledged that the chair could not be adjusted. A new chair was ordered in September 2024. During this period, the user reported being repeatedly told there were no updates and receiving inconsistent information.

### 3. Issues with the Wheelchair Service

(Among 19 respondents; multiple selections allowed):

- Lack of communication or updates (53%)
- Difficulty accessing assessments (47%)
- Limited choice or poor-quality wheelchairs (42%)
- Inadequate customisation options (21%)
- Difficulty obtaining repairs (11%)

#### Other issues included:

- Loss of independence
- Long waits for repair parts
- Time spent trying to contact services

A deceased wheelchair user reportedly remained housebound with a chair that offered no independence or comfort. The family received little to no communication, and follow-up was absent despite serious pressure sores. The service failed to explore electric options. A new referral was requested, but the user passed away before any progress was made.

### 4. Understanding of Needs

Of 18 respondents:

- 22% found the service “very supportive”
- 28% said “somewhat supportive”
- 28% said “not supportive”
- 22% did not feel understood at all

### 5. Impact of Delays on Quality of Life

Out of 20 respondents:

- Difficulty with daily activities (50%)
- Worsened health or discomfort (45%)
- Reduced social engagement (40%)
- Limited ability to work or attend school (25%)
- One respondent reported financial strain

#### **Other Comments:**

- One person described being a “prisoner in one room” and “totally dependent on others.”
- Another noted their mental health had significantly worsened due to isolation and feeling like a burden.
- Some respondents mentioned the risk of becoming housebound if an old chair broke down.

### **6. Awareness of Personal Wheelchair Budget (PWB)**

- 94.7% of respondents had **not** been informed of the PWB.
- Only one person had been informed and chose to opt in.

### **7. Priorities for Improvement**

(Ranked from highest to lowest priority by 18 respondents)

1. Communication and follow-up support
2. Repairs and maintenance availability
3. Quality and range of wheelchairs
4. Opportunities to provide feedback
5. Speed of assessments and delivery

### **Additional Comments and Suggestions**

Several respondents expressed detailed views about the service:

- **Positive Experience Post-Contact:** One user reported a positive assessment experience, but only after finally reaching the service.
- **Difficulty in Accessing Services:** Comments noted difficulties reaching the service, changes in assessment centre locations, and the need for GP-level referrals.
- **Service Inconsistency:** A parent of a child with complex needs was shocked to discover their daughter had been discharged without notice and was left in discomfort due to a misfitting sling.
- **Transparency and Dignity:** Respondents called for more transparent processes, continuity of care, and respectful communication.

In my own experience, **Ross Care** wheelchair repairs have been excellent. They respond quickly—usually carrying out NHS wheelchair repairs within days of being contacted. A member of their team, who’s done several repairs for me (including fitting handles to my new chair last week at the request of wheelchair services), clearly understands the frustrations people have with wheelchair services in the North East. While they were careful not to speak out of turn, it was evident they shared many of the concerns being raised. Regardless, Ross Care consistently delivers a high standard of service.

## One to one Interview

One service user shared a range of concerns relating to wheelchair provision and accessibility. They reported a significant incident where the battery of an electric wheelchair ran out as they were crossing a dual carriageway, causing disruption and leading to a loss of confidence about going out independently.

While their main wheelchair had been received, there was a separate delay in receiving the cushion, which was supplied by a different company. The user highlighted limitations with the NHS Personal Wheelchair Budget (PWB), noting that only a portion of the cost was covered initially, requiring them to wait an additional month for the next payment.

Concerns were also raised about the safety of some wheelchairs, particularly those that are not crash-tested. Accessibility challenges included parents being unable to fit large pushchairs into standard vehicles, and public transport height



restrictions being unsuitable for larger electric wheelchairs, with some drivers unaware of these limits.

It was also noted that wheelchair ramps were not always provided to individuals leaving hospital if they were not already using a wheelchair, creating a barrier to then obtaining one. The service user stated that NHS-provided indoor/outdoor power chairs could not be used effectively if the home was inaccessible, and they experienced difficulties with transport not being available to attend appointments for wheelchair fitting or selection.

Despite these issues, the user offered positive feedback about **Ross Care** as a wheelchair repair and maintenance organisation and mentioned one staff member in particular who delivered a good service.

## Conclusion

The project revealed substantial issues with NHS wheelchair services in Darlington, including delays, poor communication, and a lack of awareness around funding options. While some individuals reported positive experiences, these were often the result of persistent follow-up or individual staff efforts rather than consistent service delivery.

## Recommendations

### 1. Improve Communication and Follow-Up

#### Explanation:

The most highly ranked area for improvement (Score: **60**) was communication. Over half of respondents (**53%**) cited a lack of updates or communication from the service. Multiple comments reported no contact unless initiated by the service user. Some described calling repeatedly without response.

#### Recommendation:

- Implement a system for proactive updates on assessments, orders, and changes to orders.

- Ensure all communication channels (phone, email, messages) are consistently monitored and responded to.

## 2. Increase Awareness and Use of Personal Wheelchair Budgets (PWB)

### Explanation:

94.7% of respondents reported that they had **not been informed** about the Personal Wheelchair Budget option. Only one participant had opted into the scheme.

### Recommendation:

- Ensure that all eligible service users are made aware of the Personal Wheelchair Budget scheme at the point of referral and/or assessment.
- Provide clear written and verbal explanations about how the PWB works and its potential benefits.

## 3. Ensure Timely Access to Assessments and Equipment

### Explanation:

40% of respondents were currently waiting for a wheelchair or assessment. Delays of 6 months to over a year were reported. One case highlighted an 18-month wait due to an initial error in measurement and unresolved adjustment issues.

### Recommendation:

- Review waiting list times and prioritise timely assessments and delivery.
- Develop protocols to fast-track urgent cases and reduce prolonged delays caused by administrative errors or miscommunication.

## 4. Improve Repair and Maintenance Services

### Explanation:

45% of respondents reported worsened health or discomfort, with some highlighting delays in receiving repair parts from CDDFT. One person waited four months for a replacement part and felt lucky that it did not leave them housebound.

### Recommendation:

- Establish faster turnaround times for repairs and part replacements.
- Provide temporary support or loan equipment during repair periods where possible.

## 5. Review Discharge Procedures and Ongoing Support

### Explanation:

One respondent described a child with complex needs who had been discharged from the service without notice, resulting in discomfort and worsening scoliosis due to an ill-fitting chair. The family had to request re-referral and experienced a long wait.

### Recommendation:

- Ensure that service users with permanent needs are not discharged without a clinical review and clear communication.
- Provide regular check-ups for individuals with growing or changing needs, especially children and those with lifelong disabilities.

## 6. Improve Range and Suitability of Wheelchairs

### Explanation:

42% of respondents noted a limited choice or poor quality of wheelchairs. Additional feedback included discomfort, inadequate customisation, and equipment that did not promote independence.

### Recommendation:

- Offer a broader and better-quality range of wheelchair options during assessments.
- Conduct thorough and accurate assessments of individual needs and measurements to avoid issuing unsuitable equipment.
- Where possible, provide access to a range of wheelchair models for trial to ensure the most appropriate fit, rather than relying solely on standard measurements from websites.

## 7. Enhance Assessment Accessibility

### Explanation:

47% of respondents experienced difficulty accessing assessments. One comment specifically noted that the location of the assessment centre made it hard to attend.

### Recommendation:

- Review the accessibility and location of assessment centres.
- Provide home assessments where travel is a barrier, particularly for housebound individuals.

## 8. Strengthen Feedback Mechanisms

### Explanation:

Feedback mechanisms ranked 4th in priority (Score: 52). Several participants expressed frustration at not being listened to or followed up with.

### Recommendation:

- Create easy-to-use channels for ongoing user feedback.
- Share outcomes of user feedback with service users and explain how it is used to improve services.

## County Durham and Darlington NHS Foundation Trust Response:

*"Thank you for sharing the report. The wheelchair Department has undergone a series of improvements over the last 2 years and always welcomes feedback from service users. We are saddened to hear of any complaints about the service. The trust does have a patient experience team that we work with to respond to individual concerns/complaints. The service users you have interviewed/ questioned can contact the patient experience team so their specific issues can be investigated."*

*We note that the survey was performed with 20 patients, which equates to just 0.16% of the caseload. Wheelchair service utilises CDDFT's friends and family test, but will be making a concerted effort to gain more feedback, as currently the uptake is very low.*

*The wheelchair team is a small clinical team, and in post we now have 4 Occupational Therapists and 1 associate practitioner. The service has support from 3 administrators. From a recruitment exercise, 3 out of the 4 registrants were welcomed into posts in 2025. Two administrators also joined the team. Although we have tried hard not to let gaps in staffing affect the service, there may have been times when our responsiveness was reduced due to the impact of our vacancies in 24/25. We anticipate that the new lead and the support of another member of staff will ensure that the wheelchair service provides a timely and effective service to users both in Darlington and County Durham. The service delivered is to a national specification with clear regional criteria informing what the service can and cannot provide.*

*The recommendations in the health watch report are already part of the Wheelchair service transformation plans, with most of them already established over the last year. Some of the recommendations have always been part of the wheelchair process. We can offer reassurance on the quality of the wheelchair products issued through our service. The wheelchairs meet the UK MDR 2002 standard and carry the UKCA mark. All NHS wheelchairs are crash tested. The reference to a patient being discharged with an unsuitable sling is not something the wheelchair service would not issue; this must have been feedback intended for a different service. During investigations, it is always helpful to refer to clinical notes relating to each case so we have all the information to aid the points for learning and action for change. Regarding the personal wheelchair budget (PWB), we must highlight that there are criteria where this can be an option, but not all patients are eligible for a PWB.*

*We look forward to working in continued partnership with Healthwatch and our wheelchair user community to make the wheelchair service even more responsive, equitable, and person-centred.*

**Paula Brennan, Patient Experience and Engagement Lead, County Durham and Darlington NHS Foundation Trust Response**

## Acknowledgements:

Healthwatch Darlington would like to express sincere thanks to everyone who shared their personal experiences and insights for this report. We are especially grateful to the 20 wheelchair users and their families who took the time to speak openly with us.

Their voices – though few in number – represent powerful testimonies of lived experience. Each contribution has helped shine a light on critical areas of the wheelchair service in Darlington that require attention and improvement. We also extend our thanks to the voluntary sector, our volunteers, and our staff who facilitated the engagement.



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