

Wheelchair Services - Patient Experience



Lincolnshire

Engagement Report

16 February 2026 – 20 April 2026



Executive Summary – Key findings – Public feedback

Introduction

Some people have short/long term conditions that requires them to use a wheelchair. We wanted to hear from anyone of any age who uses a wheelchair or cares for someone who does and also staff who help deliver and provide NHS services to understand their experiences.

The service is currently provided by Millbrook Healthcare who have been providing this service for 6 months and is the appointed NHS wheelchair service provider for residents currently registered with a GP in the NHS Lincolnshire Integrated Care Board (ICB) area.

The service provides all NHS wheelchair services including clinical assessments, specialist seating, delivery, repairs and maintenance, and collection when the wheelchair is no longer required.

Aims of the engagement

The engagement sought to understand:-

- What is working well with the wheelchair services provided in Lincolnshire.
- What requires improvement with the service.
- What would an excellent service look like.
- If any further information, training or education would be useful.

Public feedback engagement overview

- **Public feedback** on wheelchair services highlights a mixed experience with strong appreciation for compassionate, respectful staff and positive interactions with providers such as Milbrook, particularly in areas like repairs, co-ordination and continuity of care. However, overall satisfaction is low with 69% of respondents **dissatisfied** and only 16% **satisfied**, mainly due to systemic issues rather than isolated incidents. The most significant concerns include long waiting times from assessment to equipment provision, poor communication, limited choice and unsuitable equipment, alongside inconsistent and fragmented service delivery and restrictive eligibility criteria. These challenges negatively impact users health, safety, independence and quality of life, particularly affecting daily living for adults and long term development for children and young people. Feedback consistently emphasises the need for timely access to services, clearer communication, more personalised and holistic assessments, better equipment options and ongoing support, alongside improved training and information for users, carers and staff to enhance confidence, independence and overall experience.
- **Staff feedback** on the wheelchair service, gathered from 7 respondents across a range of roles, indicates overall **dissatisfaction** with the service, with all reporting concerns. Key issues include long waiting times, poor service, inconvenient appointment locations and challenges in handling queries and complaints alongside limited information about wheelchair personal budgets and difficulties accessing locations. Whilst positives were noted, such as appropriate equipment provision, relatively timely referral to assessment processes, effective case prioritisation and positive experiences at meetings, staff highlighted areas for improvement. These include reducing delays, improving communication and transparency, clarifying/revising eligibility criteria and strengthening seating pathways all of which impact health, safety and quality of life. Staff identified priority actions as reducing waiting times for equipment and improving access to appointments, while viewing equality of service and support and training for wheelchair use as a lower priority. An excellent service was described as one offering clear criteria, consistent pathways, shorter waits, better communication, reinstated engagement forums, ongoing training and fully equipped vans with a strong appetite for more regular joint meetings and collaborative training sessions.

Overview of engagement activities

As part of our engagement activities, we received the following engagement from the public and staff:-

Public engagement activities



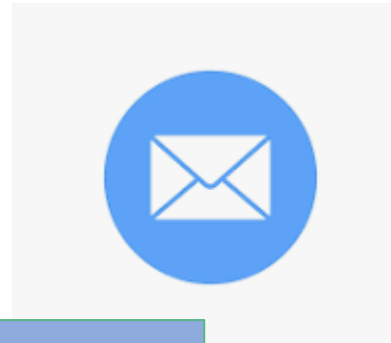
Patient/public
and
staff survey
published



Meeting with 1 wheelchair user



118 Public survey
responses
received



1 email received

Staff engagement activities



4 staff survey
responses
received



Meeting with 2 Physiotherapists and 1
Occupational Therapist from Lincolnshire
Partnership NHS Trust.

Methods of Engagement

Survey promotion

Marketing materials

The NHS Lincolnshire ICB Marketing Team created marketing materials and social media assessments to build awareness of the survey, signpost/link people to the survey, share with stakeholders to encourage participation, promote across social media channels and encourage people to take part in conversations.

To make the survey directly accessible to a range of patients, the public and staff, we circulated it regularly via our ICB Engagement Bulletin – The Contributor - which is received in Lincolnshire. Phone number and email details were also included should people wish to request the survey in an alternative format, seek support in completing the survey from the Engagement Manager, together with an opportunity for the Engagement Manager to visit groups. Posters/fliers were distributed to the following individuals/groups/venues for promotion.



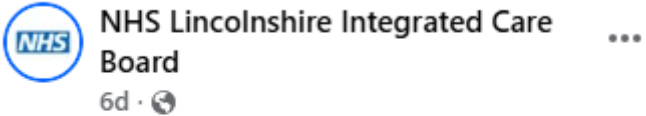
- Promoted in the GP Primary Care and Primary Care Network bulletin for promotion via waiting rooms and social media.
- Communication and Marketing Teams across the NHS Trusts for promotion internally and externally for promotion within bulletins, communications and social media.
- Communications Team at Lincolnshire County Council.
- Circulated to Patient Participation Groups in Lincolnshire.
- Lincolnshire Voluntary Executive Team for circulation.
- Every-One for promotion within their co-production newsletter.
- Community Connectors in Lincolnshire for promotion.
- Promoted to Healthwatch who shared it via Healthwatch web-site and social media.
- Children's Links.
- Designated Clinical Officer for Children and Younger People to circulate to contacts and networks.
- Lincolnshire Young Voices.
- Lincoln Parent Carer Forum.
- Karen Stengel, Healthy Communities Team, South and East Lincolnshire Councils Partnership.
- Promoted to disability groups on our stakeholder:- Active Lincolnshire – Wheelchair sports, Louth Jaguars Wheelchair Basketball Club, Rainbow Stars Additional Needs Hub – Sleaford, SNAP, Disability and Social Network Group, Age UK Activities Co-ordinator – South Lincolnshire, Age UK – Activities Co-ordinator – East Lindsey.
- Ian Brown, Chair of Jaguars (Louth and North Kesteven) and EDI Chair at Active Lincolnshire.
- Promoted to special schools within Lincolnshire – Aegir Community School, Boston Endeavour Academy, Eresby School, Sandon School, St Francis School, St Bernards School, St Christophers School, Tulip Academy, Warren Wood School, Willoughby School.
- Lincolnshire Integrated Care Board web-site.
- Lincolnshire Integrated Care Board social media.
- Distributed to our extensive stakeholder database that includes groups from the following; Traveller community, LGBTQ+, BAME, Disability, Carers, Young people, Older people, Faith and Religious and various community groups across Lincolnshire.
- Promoted every 2 weeks between via Lincolnshire ICB Engagement Team's newsletter between 25 February 2026 – 20 April 2026.
- Promoted on the Nextdoor App across Lincolnshire.

Social media/web-site engagement during the engagement period



Lincolnshire ICB facebook:-

- Posts – 8
- Views – 21,097
- Reactions - 92
- Post reach – 13,783
- Link/post clicks – 40
- Comments - 3



Have Your Say on Wheelchair Services in Lincolnshire.

Share your experiences of wheelchair services in Lincolnshire. Let us know what works well, what could improve, and what an excellent service would look like.

Fill out the survey by 20 April 2026
lincolnshire.icb.nhs.uk/wheelchair-services



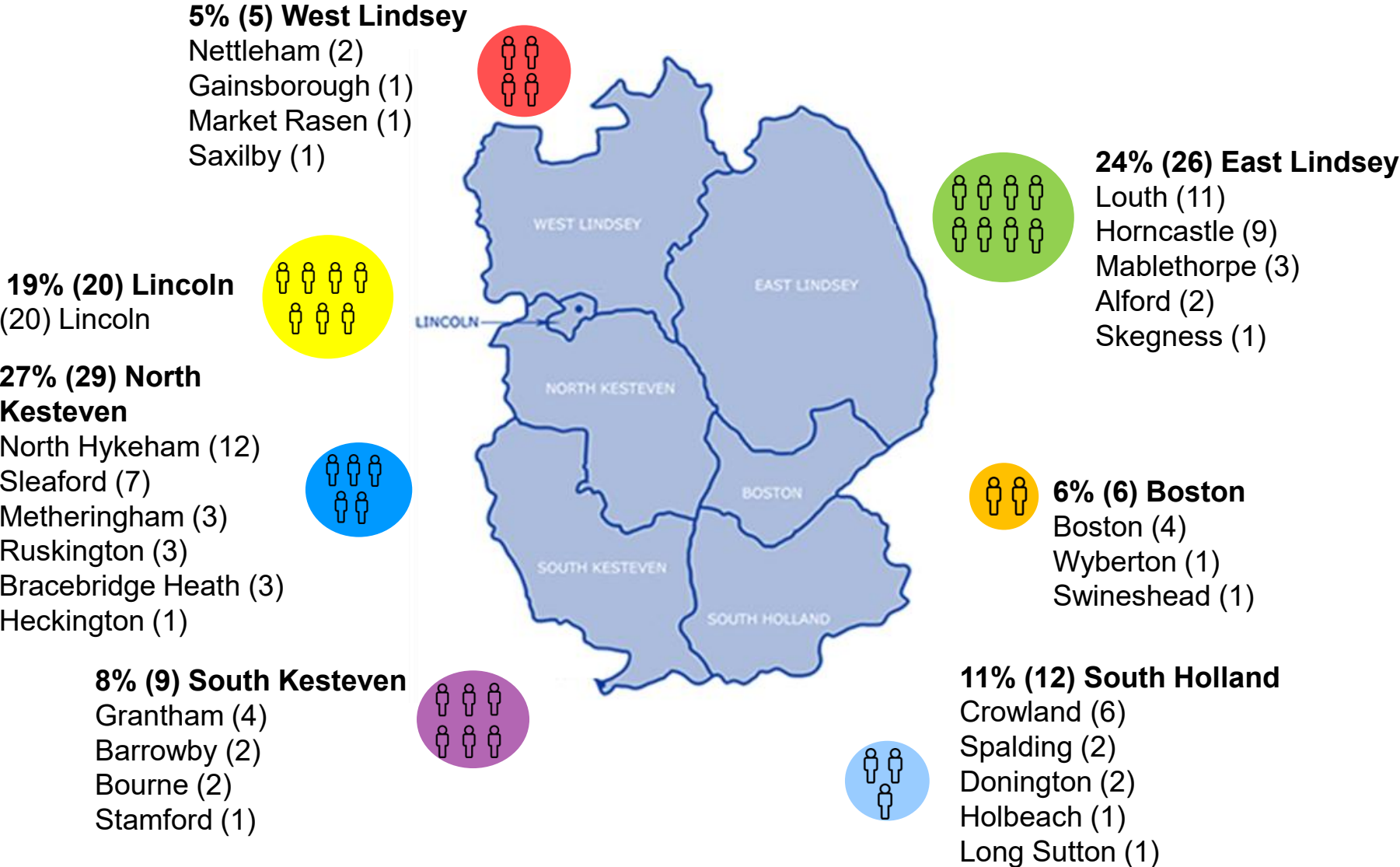
Lincolnshire ICB web-page

Views - 213
Active users – 82



Nextdoor
Posts - 1
Reactions - 3
Impressions – 4.417

Geographical locations, where specified, of 107 respondents are shown below including, where stated, the villages they live. The highest number of respondents (27%) (29/107) lived within the North Kesteven district



Section 1

Results and Findings from the Public Engagement



We want your feedback

on NHS wheelchair services in Lincolnshire

Help us improve services for wheelchair users and their carers

What we want to know:

- What's working well?
- What needs improvement?
- What would an excellent service look like?

**Complete the survey by
20 April 2026**



To complete the survey, scan the QR code or visit
lincolnshire.icb.nhs.uk/wheelchair-services



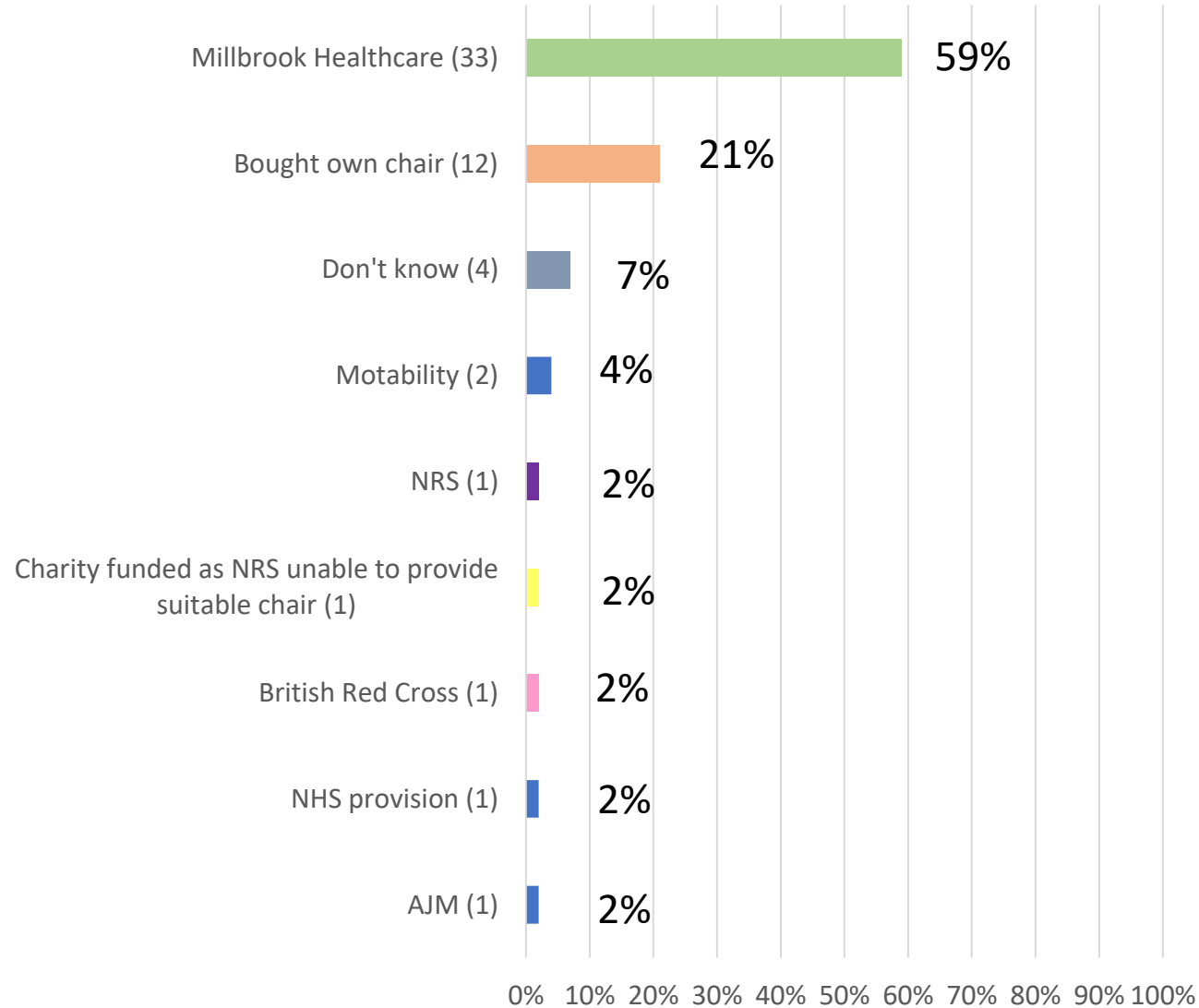
Respondent profiling



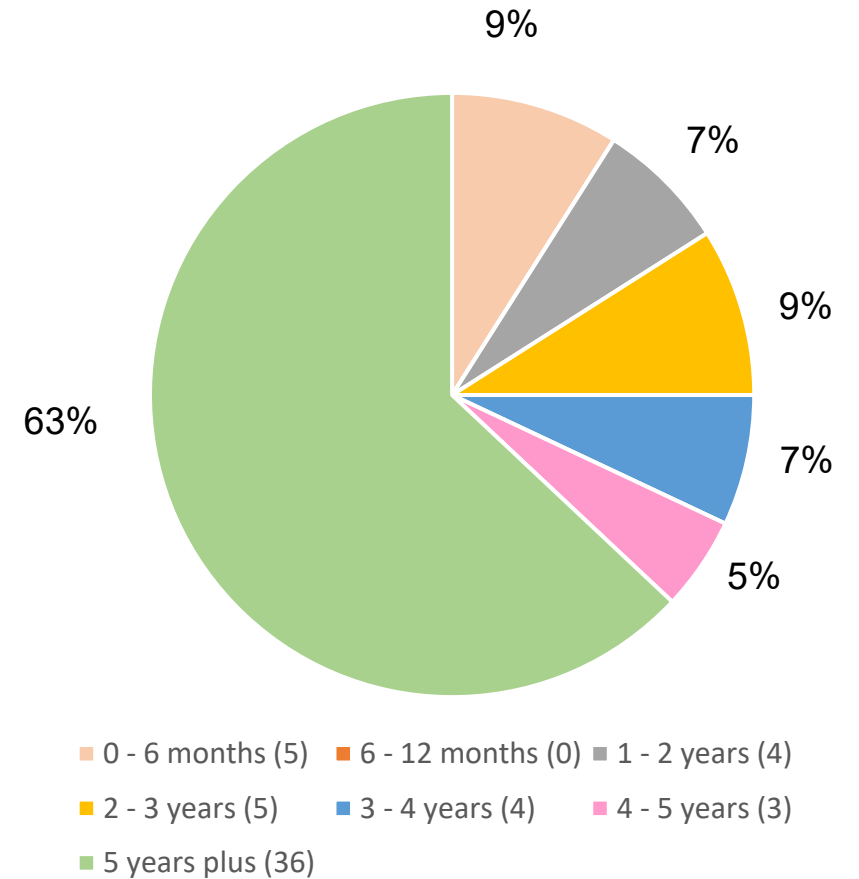
From 101 responses, the highest number of responses were from family member, friends, or carers of someone who uses a wheelchair. The highest age range of respondents were aged between 50 – 59 years. 30% (35/118) of respondents are currently wheelchair users.

	Age 16 and below	16 - 20	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90+	Prefer not to say
I am a wheelchair user	0	1	2	1	5	9	7	4	2	0	0
I am a family member, friend or carer of someone who uses a wheelchair	3	1	3	6	9	8	7	10	5	0	1
I used to use a wheelchair	0	0	0	0	0	0	1	0	0	0	0
I am a family member, friend, or carer of a previous wheelchair user	0	0	0	0	0	3	1	0	0	0	0
I have not needed to use a wheelchair	0	1	0	1	0	0	0	0	0	0	0
A service provider/staff member/interested party	0	0	0	2	2	1	0	0	0	0	0
Still awaiting a wheelchair	0	1	0	0	0	0	0	0	0	0	0
Need a wheelchair	0	0	0	0	0	1	0	1	0	0	0
Partner needs a wheelchair	0	0	0	0	0	1	0	0	0	0	0
Nurse	0	0	0	0	0	1	0	0	0	0	0
Advisor for CA	0	0	0	0	0	1	0	0	0	0	0
Purchased themselves	0	0	0	0	0	1	0	0	0	0	0

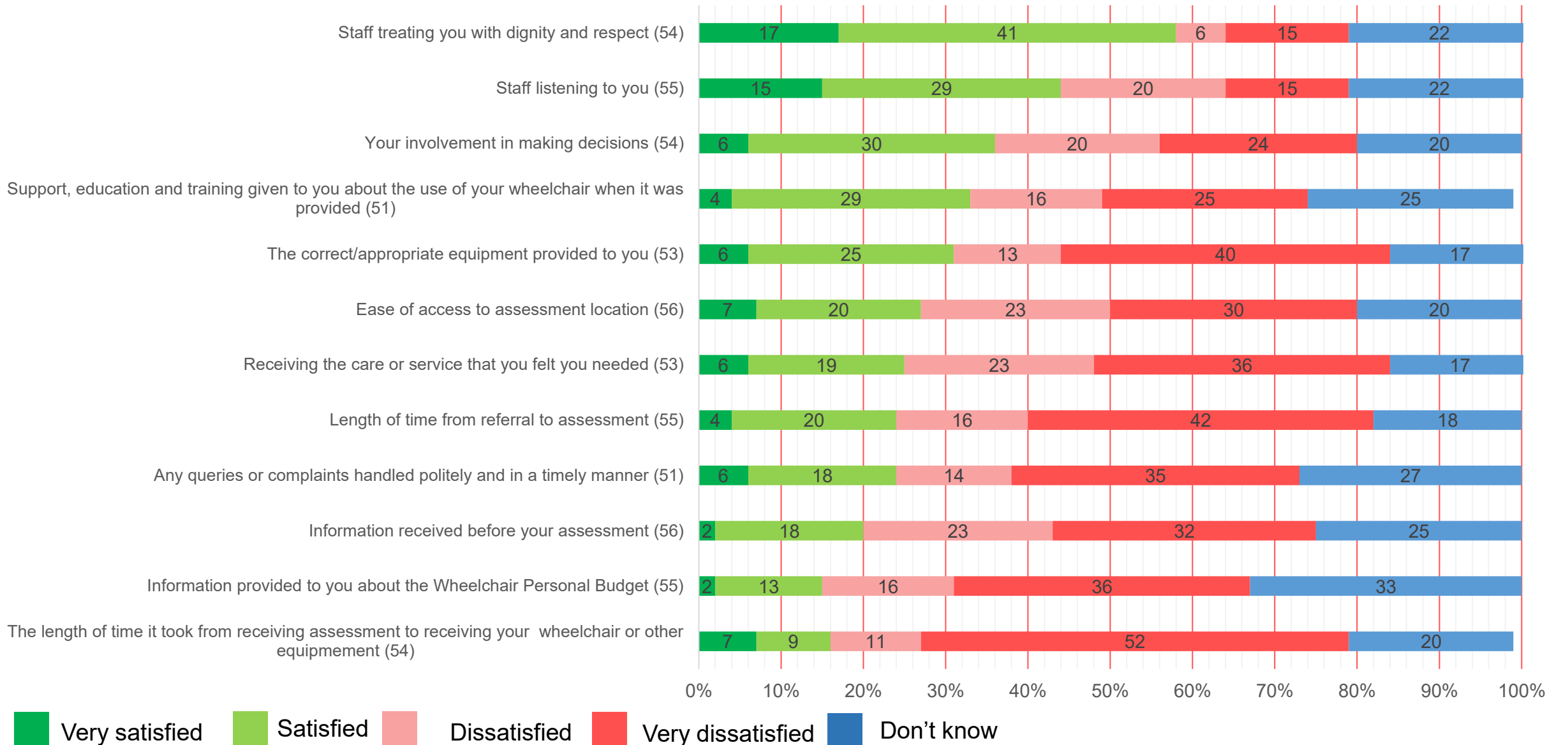
**We asked respondents to tell us if they know who provides their wheelchair
The most respondents receive their wheelchair from Millbrook**



63% of respondents have used a wheelchair for over 5 years

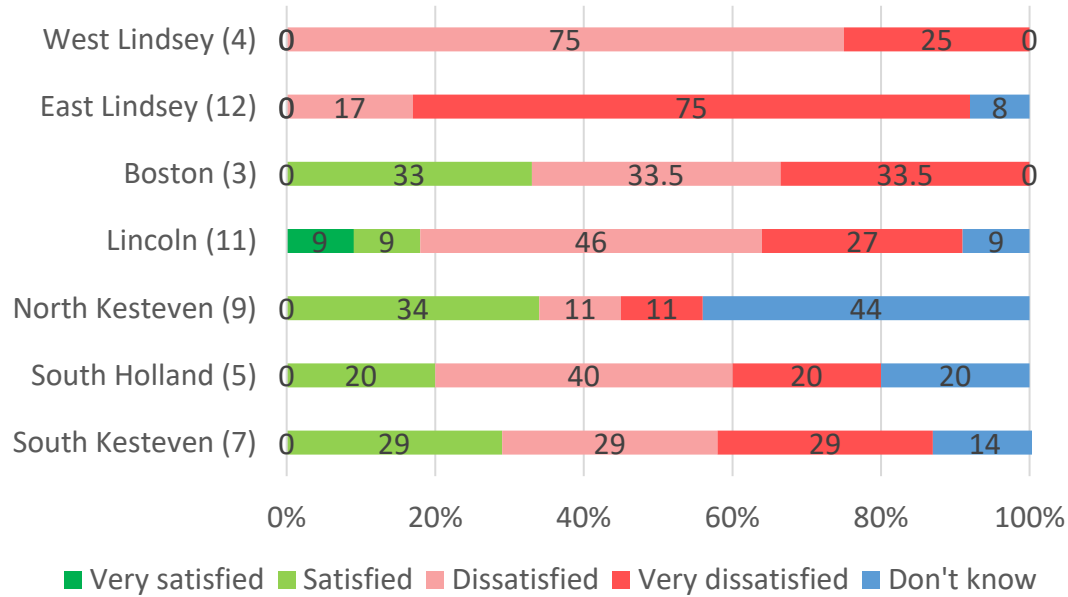


We asked respondents to tell us the extent to which individuals are satisfied with aspects of the service provided. The highest levels of **satisfaction (58%) were around staff treating individuals with dignity and respect and the highest levels of **dissatisfaction** (63%) was around the length of time it took from individuals receiving assessment to receiving their wheelchair or other equipment.**

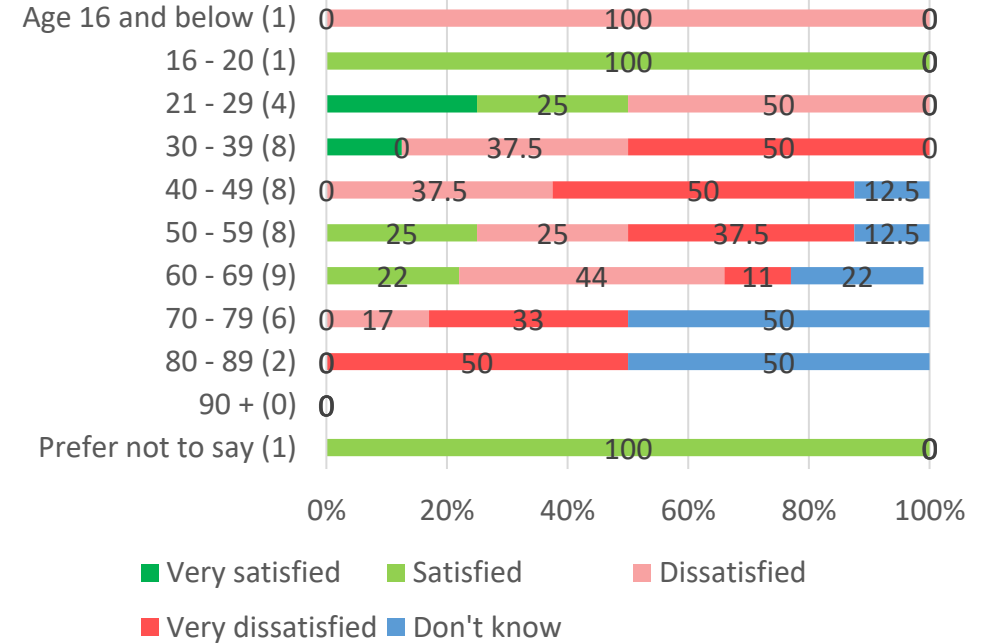


We asked respondents to tell us overall how satisfied they were with the wheelchair service.

Overall, 69% (38/55) were **dissatisfied** with the service provided and 16%(9/55) **satisfied**



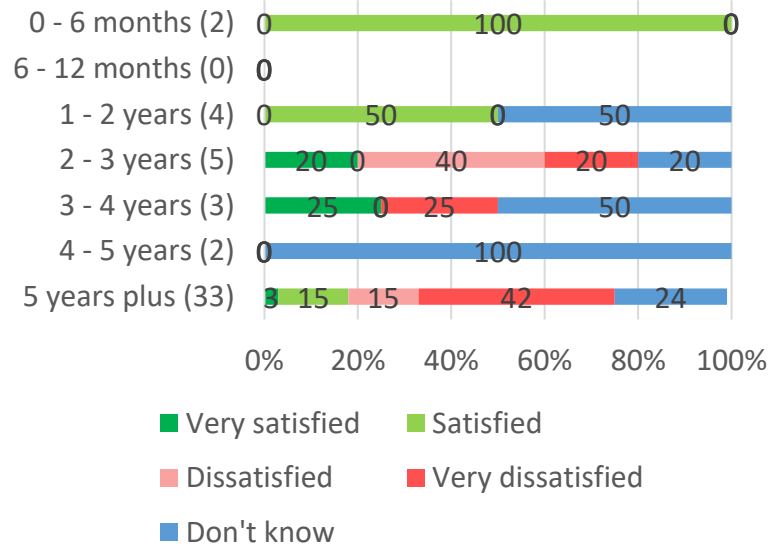
Whilst the level of respondents varies, the greatest levels of **dissatisfaction** by district were West Lindsey and East Lindsey



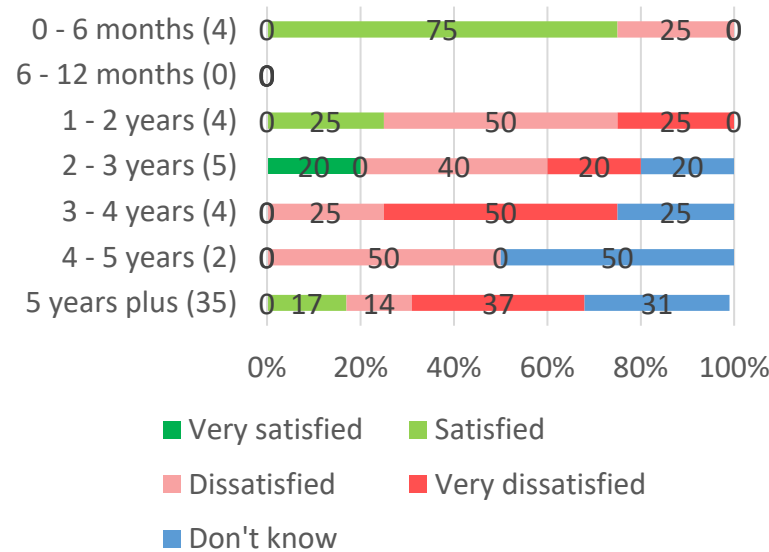
Whilst the level of respondents varies per age group, the greatest levels of **dissatisfaction** with the service were aged 16 and below, 30 – 39 and 40 – 49.

The charts below provide levels of satisfaction across the pathway against the length of time that individuals, or the person that they were responding on behalf of, have used a wheelchair. Whilst the number of responses varies, experiences were in general more **positive** from those individuals, or the person that they are responding on behalf of, who have started using a wheelchair more recently.

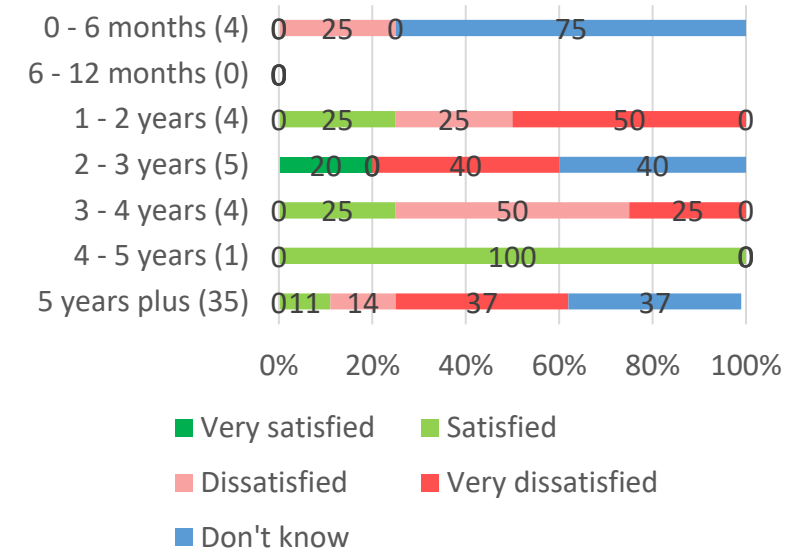
Length of time from referral to assessment



Information received before your assessment

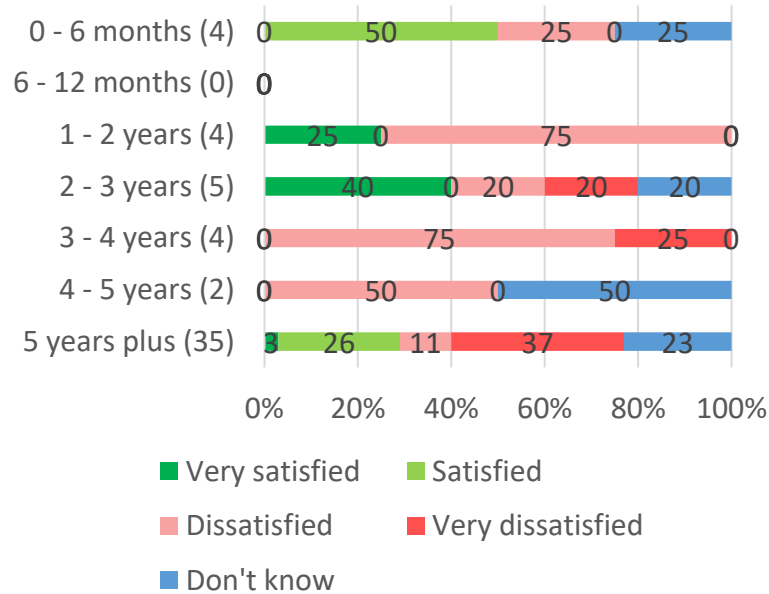


Information provided to you about the Wheelchair Personal Budget

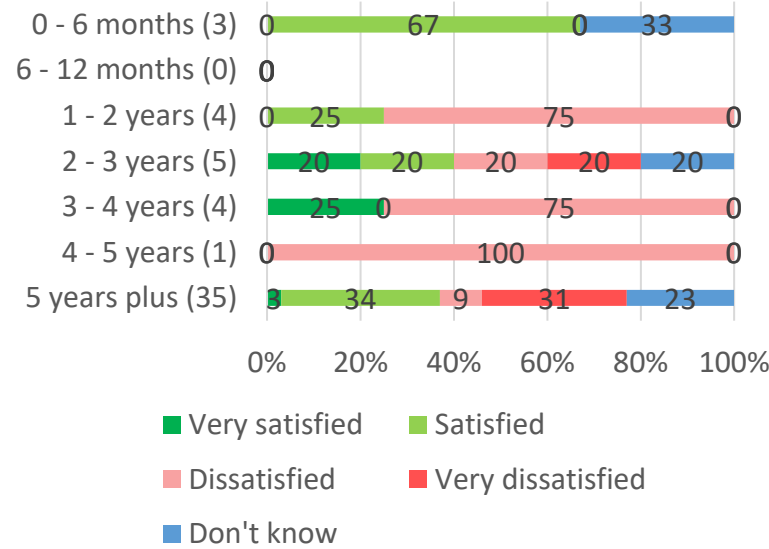


The charts below provide levels of satisfaction across the pathway against the length of time that individuals, or the person that they were responding on behalf of, have used a wheelchair. Whilst the number of responses varies, experiences were in general more **positive** from those individuals, or the person that they are responding on behalf of, who have started using a wheelchair more recently.

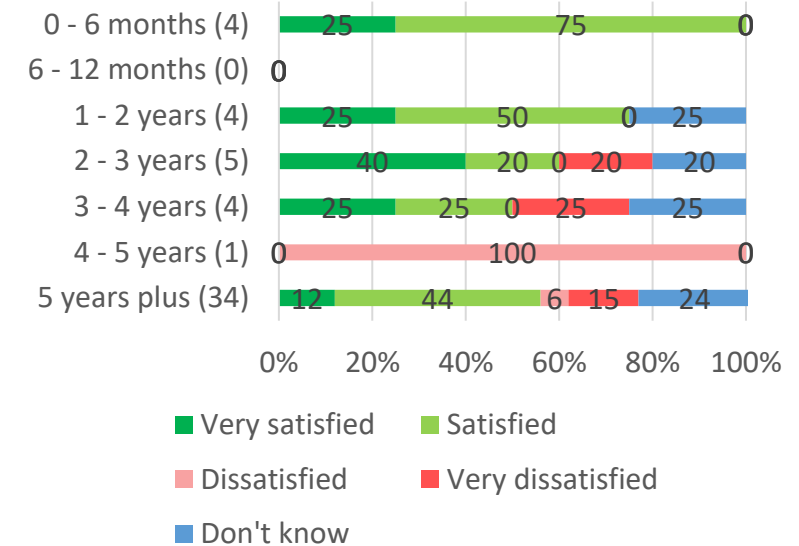
Ease of access to location



Your involvement in making decisions about your care



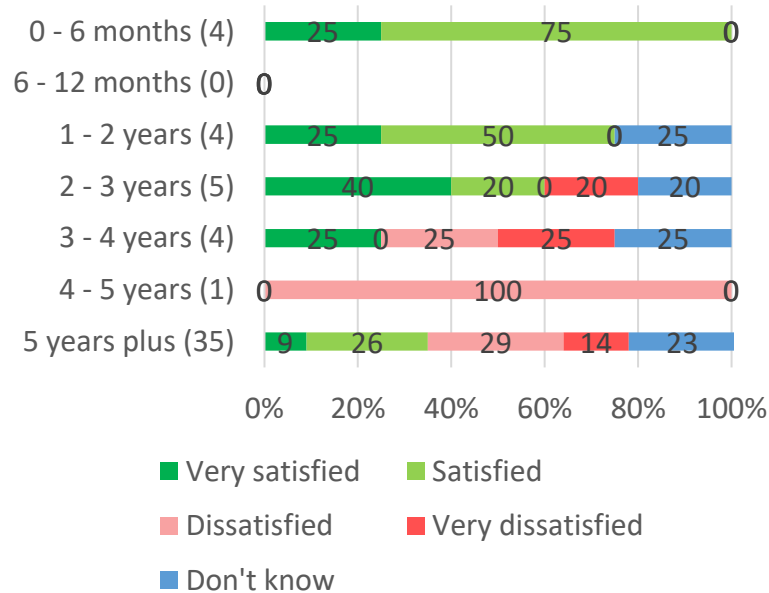
Staff treating you with dignity and respect



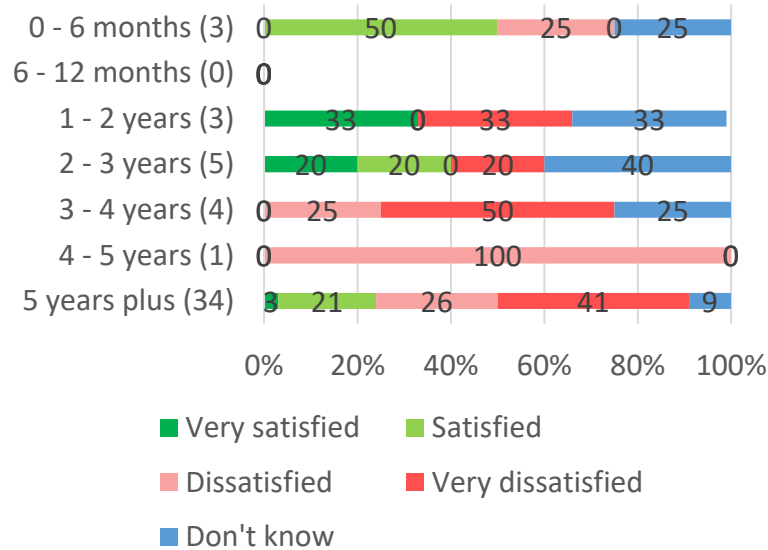
The charts below look at satisfaction rates across the length of time that individuals have used a wheelchair

Whilst the number of responses varies, experiences were in general more **positive** from those individuals, or the person that they are responding on behalf of, who have started using a wheelchair more recently

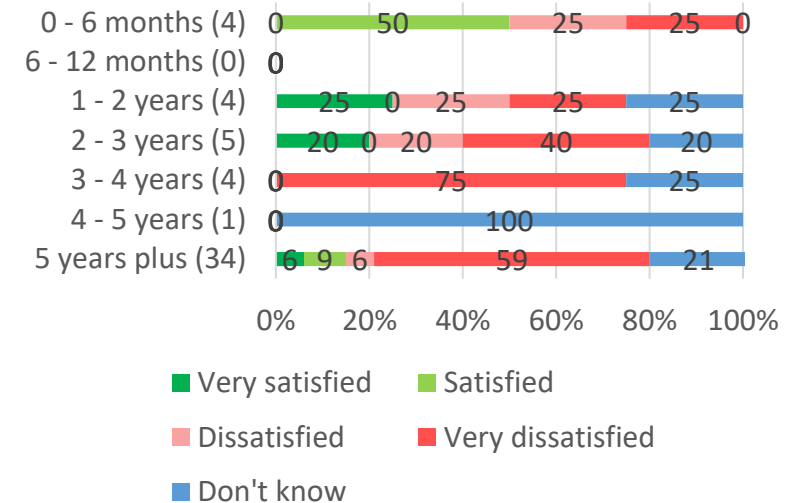
Staff listening to you



Receiving the care or service that you felt you needed



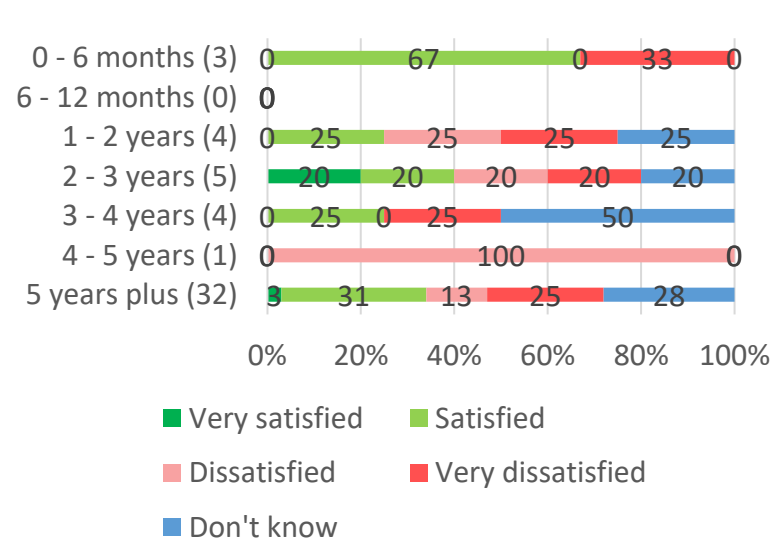
The length of time it took from assessment to receiving your wheelchair



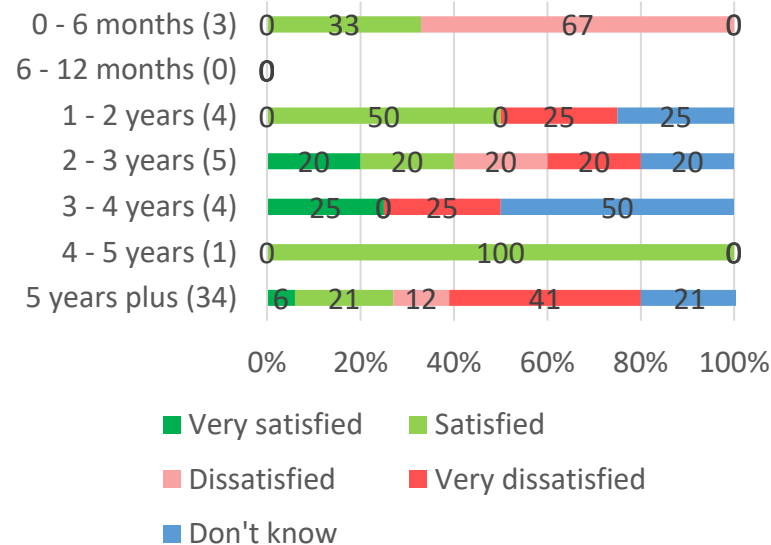
The charts below look at satisfaction rates across the length of time that individuals have used a wheelchair

Whilst the number of responses varies, experiences were in general more **positive** from those individuals, or the person that they are responding on behalf of, who have started using a wheelchair more recently

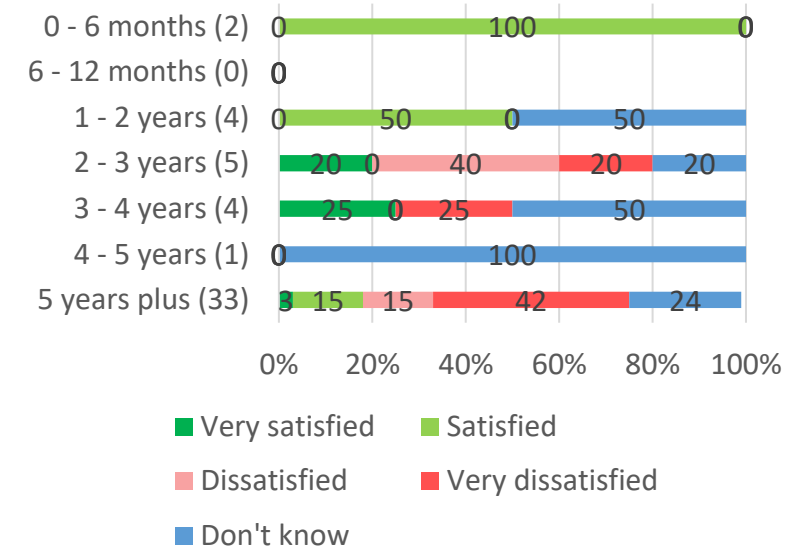
Support, education and training given to you about using your wheelchair



The correct/appropriate equipment provided to you



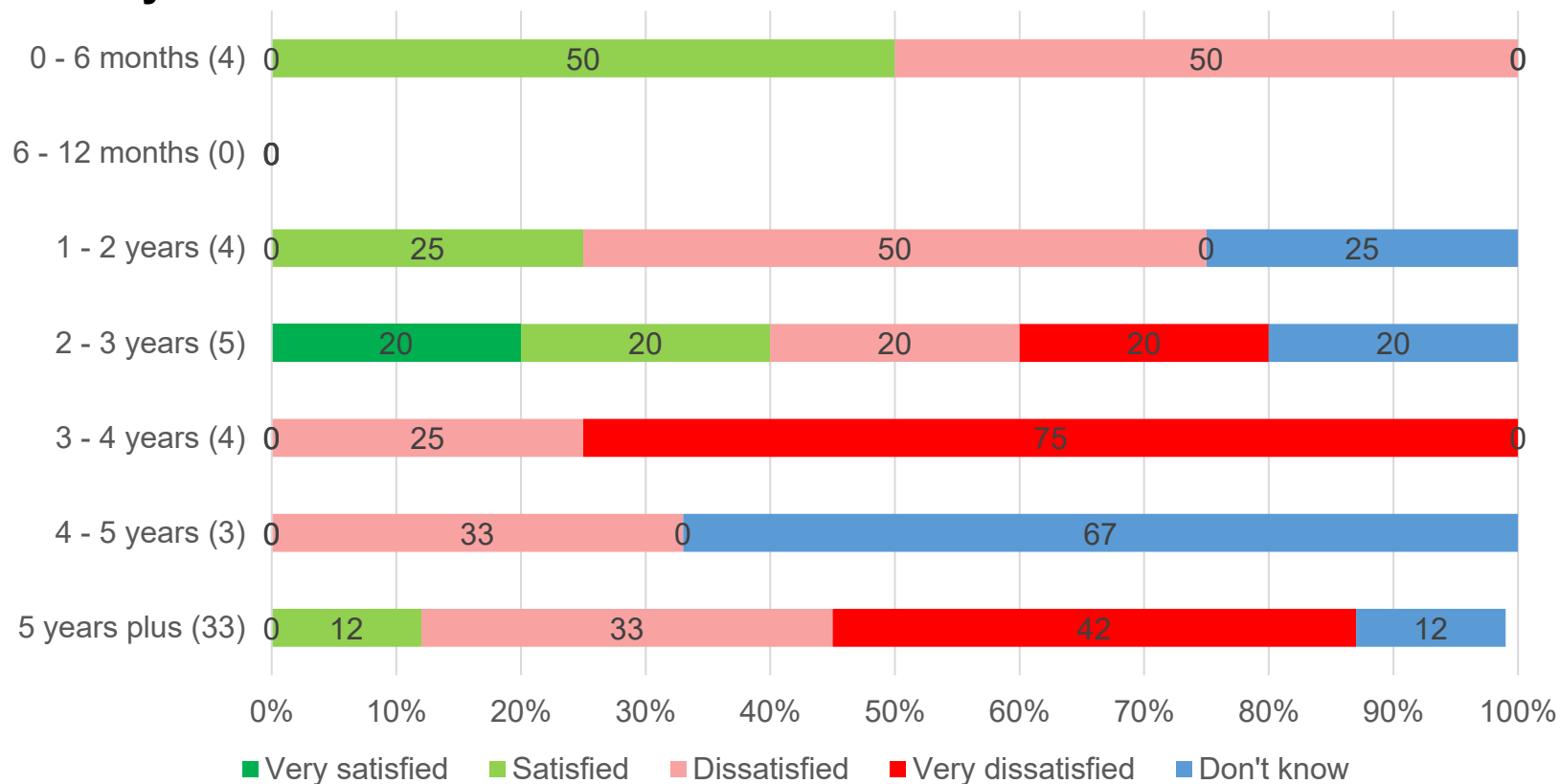
Any queries or complaints handled politely and in a timely manner



We asked respondents to tell us overall how satisfied they are with the wheelchair service.

The charts below looks at satisfaction rates across the length of time that individuals have used a wheelchair

Whilst the number of responses varies, experiences were in general more **positive from those individuals, or the person that they are responding on behalf of, who have started using a wheelchair more recently**



The reasons for feeling **satisfied** with the service are:-

Theme	Comments
Understanding and empathy of staff	<ul style="list-style-type: none"> Participants reported positive experiences where staff demonstrated understanding and empathy, particularly when personal circumstances were explained. In cases where there were family health complications or increased urgency, staff were described as supportive and flexible in their approach.
Positive experience with Millbrook	<ul style="list-style-type: none"> Despite acknowledged delays in accessing appointments, once engaged, the service was described positively, with no significant concerns raised about staff attitude or professionalism.
Responsiveness	<ul style="list-style-type: none"> Where users clearly articulated specific needs or constraints, staff were responsive and willing to accommodate where possible. This included recognition of urgency and willingness to listen to explanations around individual situations. Individuals liked being notified that the provider was 30 minutes away when visiting.
Continuity of service	<ul style="list-style-type: none"> Several respondents experienced changes in service provider during their referral journey. While this caused delays and some confusion, the current provider was viewed more favourably by some individuals and service quality was felt to be good once access was achieved.
Provided with new wheelchair	<ul style="list-style-type: none"> Wheelchair users are provided with a new wheelchair every 3 – 5 years.

Overall satisfaction with the wheelchair service was driven less by system timeliness and more positive interpersonal experiences once the service was accessed. Empathy, understanding and responsiveness from staff were key contributors to a positive experience, helping to mitigate frustrations related to waiting times and service changes.

A couple of quotes to illustrate **satisfaction** with the service

“The Occupational Therapist and Milbrook co-ordinated brilliantly. The hospital Occupational Therapy took all of the required measurements and Milbrook delivered to the hospital ward, so my mum was able to use the wheelchair immediately. This really helped life her and restart her mobility after being in bed or a chair for a month”

“The people I spoke to on the phone were very polite and helpful. The gentleman who carried out the assessment was outstanding – he couldn't have been more helpful and understood my needs and health issues very well”

“The man doing my handover was brilliant. He took lots of time to adjust everything, didn't rush me, and the repair service was quick to come out. It is really good that they come to you”

“When we have had an emergency, Milbrook have sorted the issue efficiently”

“Wheelchair use on smooth pavements, supermarkets and bit stores gives me freedom to get out of my bungalow.”

The reasons for feeling **dissatisfied** with the service are:-

Theme	Comments
Excessive waiting times and delays	<p>A dominant theme was prolonged waiting times at all stages of the pathway, including:-</p> <ul style="list-style-type: none">• Initial appointments following referral.• Reviews and reassessments.• Delivery of new wheelchairs.• Repairs and provision of spare parts. <p>Some individuals reported waiting months or over a year for essential equipment, repairs, or parts, with delays spanning multiple providers. These delays often left individuals without a wheelchair or using unsafe, unsuitable or broken equipment.</p> <p>Delays were reported to negatively affect independence, daily functioning and in some cases, physical health (eg, pain, deterioration in posture or worsening long term conditions).</p>
Poor communication and lack of follow up	<p>Many respondents described significant communication problems, including:-</p> <ul style="list-style-type: none">• Referrals being lost or denied.• Lack of up-dates following assessments.• Needing to repeatedly chase responses.• No call backs or follow up after visits. <p>Several individuals felt responsibility was shifted onto them to manage the process, with little proactive communication from the service.</p> <p>This resulted in frustration, anxiety and erosion of trust with some families reporting they spent hours on the phone trying to resolve issues.</p>

The reasons for feeling **dissatisfied** with the service are:-

Theme	Comments
Restrictive eligibility criteria and limited choice	<p>Respondents expressed dissatisfaction with:-</p> <ul style="list-style-type: none"> • Rigid eligibility criteria that did not reflect individual clinical need. • Being deemed ineligible due to living arrangements (eg, nursing home residence). • Limited model choices and lack of customisation (eg, colour, features, adjustability). • Voucher values that covered only a fraction of the true cost of suitable equipment. • Some individuals were required to accept unsuitable NHS options or fund their own wheelchair privately. <p>Eligibility rules were described as exclusionary and, in some cases, clinically inappropriate, leading to inequitable access to suitable equipment.</p>
Inappropriate or poorly fitted equipment	<p>A recurring concern was the provision of wheelchairs that were:-</p> <ul style="list-style-type: none"> • Too heavy. • Poorly fitted. • Bad condition. • Unsafe (eg, trapping fingers, ineffective brakes, bent wheels). • Not suitable for independence or transport needs. • The quality of the chair (eg, the quality of the cushion, zips, side plates, brakes and castors). <p>Due to individuals conditions, they are often not able to feel if injuries are occurring. Children and young people were reported to have outgrown wheelchairs before delivery due to delays while some adults were offered equipment described as offering less support than much older chairs. Ill fitting or unsuitable equipment was reported to pose risks to health and safety causing injuries, including pain, reduced mobility and long-term physical deterioration.</p>
Issues arising from provider transitions	<p>Many respondents highlighted problems during and after transitions between providers, including:</p> <ul style="list-style-type: none"> • Needing to restart referral or assessment processes. • Confusion about which organisation was responsible. • Inconsistent information about locations and service branding. • Outstanding issues being attributed to the service change without resolution. • Some individuals felt that the service had worsened over the past year since the change in provider. <p>Provider changes were felt to worsen delays, disrupt continuity of care, and leave individuals “in limbo”.</p>

The reasons for feeling **dissatisfied** with the service are:-

Theme	Comments
Repairs and maintenance not delivered reliably	<p>There were widespread concerns about delays and inefficiencies in repairs, including:-</p> <ul style="list-style-type: none"> • Engineers attending with incorrect parts. • Multiple visits required to resolve the same issue. • Long gaps between visits (often several weeks). • Out-of-hours repair services not being available despite assurances. • The importance of fully trained staff undertaking repairs also assisting in the reduction of temporary repairs. <p>For some individuals, the wheelchair was their only means of mobility or transport, making these delays particularly severe. Temporary fixes/solutions whilst wheelchairs were being repaired were welcomed.</p>
Accessibility of appointments and service locations	<p>Accessibility issues included:-</p> <ul style="list-style-type: none"> • Frequent changes to clinic locations. • Poorly signposted or confusing sites. • Locations that were difficult to reach for service users and carers. • Appointment times being repeatedly changed or poorly coordinated. <p>These issues especially affected people using day services, carers and families with schedules. Suggestions of shortening visiting times so that individuals do not need to wait in all day were welcomed.</p>
Impact on health and wellbeing	<p>A number of respondents described significant health consequences linked to service failings, including:-</p> <ul style="list-style-type: none"> • Worsening scoliosis due to delayed or incorrect seating. • Increased pain and injury risk. • Reduced independence and participation. • Emotional distress and fatigue for carers. <p>In some cases, individuals or families sought legal support or disengaged from NHS provision entirely due to lack of confidence in the service.</p>

Overall **dissatisfaction** was driven by systemic issues rather than isolated incidents. Long waits, poor communication, unsuitable equipment and fragmented service delivery – particularly during provider transitions were repeatedly highlighted. While some individuals noted positive interactions once appointments were secured, the broader experience was described as slow, inconsistent and insufficiently responsive to clinical need, with tangible negative impacts on health, safety and quality of life.

While many concerns were shared across age groups, the impact risks and system failures differ in severity and consequence. Adults primarily report issues affecting independence and daily living, whereas children and young people experience developmental.

A couple of quotes to illustrate **dissatisfaction** with the service

“There was zero information until we got an appointment after 7 months waiting”.

“Looking at people holistically and not viewing it as a tick box exercise.”

“Giving people an appointment that consists of only “we will be there Monday” is not acceptable. There seems to be an assumption that disabled people don't go out and are just waiting in all day”.

“Waiting times from assessments and/or keep in touch phone calls to let families know where they are on the waiting list.”

“People need to realise that some of the people using wheelchairs are not dependent on them and if they are broken the person is housebound. Not only housebound but unmobile. It's all very well giving a manual wheelchair as a back up but my daughter for one cannot use a manual wheelchair and her partner works so he is not always there to push her .”

“A more local service. I have to drive an hour for a 20 minute appointment. Parts obtained and fitted within 3 months. Better maintenance of the chair. A more thorough appointment where my son's position in the chair is carefully assessed and any parts which will need adjusting are done. We have not experienced this kind of appointment for approximately 6 years”

We asked respondents **what worked well** with the wheelchair service

Theme	Comments
Compassionate, skilled staff	<p>A consistently strong theme was the positive experience of staff interactions.</p> <ul style="list-style-type: none"> • Staff were described as “polite, helpful, kind and professional”. • Assessors were praised for taking time to understand individual needs and health issues. • Staff were seen as listening carefully and not dismissing people based on diagnosis. • Several respondents highlighted individual staff members as “outstanding”.
Effective co-ordination with health professionals	<p>Where partnership working occurred, it was experienced very positively.</p> <ul style="list-style-type: none"> • Excellent co-ordination between Hospital Occupational Therapists (OTs) and the wheelchair provider. • Accurate measurements taken by hospital staff and timely delivery to inpatient wards. • Equipment available immediately following discharge or during inpatient care. <p>This co-ordination supported early mobilisation, improved morale and aided recovery during critical periods.</p>
Responsive emergency and repair support	<p>Some respondents reported positive experiences with repairs and urgent responses. These particularly related to:-</p> <ul style="list-style-type: none"> • Emergency issues were resolved efficiently. • Repair engineers were skilled and professional. • Repairs were often completed at home, reducing access barriers. • When actioned, repairs were described as timely and convenient.
Positive handover and equipment adjustments	<p>When equipment was delivered or handed over, the quality of interaction was highlighted.</p> <ul style="list-style-type: none"> • Staff took time to adjust equipment properly. • Handover appointments were not rushed. • Individuals felt supported to understand how to use and maintain their wheelchair.

We asked respondents **what worked well** with the wheelchair service

Theme	Comments
Accessibility when services are delivered at home	<p>Home visits were viewed positively by people who could not travel independently.</p> <ul style="list-style-type: none"> • Home attendance was essential for those without transport options. • Visiting service users at home enabled continued access despite mobility barriers.
Improvements noted following the transition to Milbrook	<p>Some respondents expressed cautious optimism following the provider change.</p> <ul style="list-style-type: none"> • Perception that Millbrook is “catching up”. • Familiar staff continuity following the transition. • Hope that service delivery will improve as systems stabilise. <p>Continuity of staff helped retain trust even during periods of wider system change.</p>
Outcomes when equipment is appropriate	<p>Where wheelchairs met individuals’ needs, benefits were clearly described.</p> <ul style="list-style-type: none"> • Wheelchairs enabled independence and freedom within the community. • Improved access to shops, supermarkets, and outdoor spaces. • Increased ability to leave the home and participate in daily life.

Overall, the key strength of the wheelchair service lies in its people. Users consistently described staff as caring, professional and committed to meeting individuals’ needs. Effective co-ordination with clinical teams, responsive emergency support, well managed handovers and home visits were also highlighted as areas of good practice. Where equipment was appropriate provided the impact on independence and quality of life was significant.

A couple of quotes to illustrate **what works well** with the service

“The Occupational Therapist and Milbrook co-ordinated brilliantly. This has really helped lift her and bump-start her mobility”.

“Quick to respond to any queries”

“When we have had an emergency, Millbrook have sorted the issue efficiently.”

“The gentleman who came to do the assessment was outstanding. He understood my needs and health issues very well.”

“The handover was brilliant – they took lots of time, didn’t rush me and the repair service is quick and comes to you.”

We asked respondents **what requires improvement** with the wheelchair service

Theme	Comments
Timeliness of the service pathway	<p>A dominant theme was the length of time people wait at every stage of the process, including:-</p> <ul style="list-style-type: none"> • Referral acknowledgement. • Assessment. • Delivery of equipment. • Repairs, parts and follow-up. <p>Many respondents described waiting many months, with little or no interim contact, leading to frustration and uncertainty.</p>
Communication and keeping people informed	<p>Poor communication was repeatedly highlighted, including:-</p> <ul style="list-style-type: none"> • No confirmation that referrals had been received • No updates about delays or position on waiting lists • Missed or delayed call-backs • Appointments cancelled or loosely timed (eg, “we will be there Monday”). <p>People felt forgotten and described having to chase the service.</p>
Awareness about the service	<p>Many respondents reported limited awareness of:--</p> <ul style="list-style-type: none"> • The wheelchair service itself. • What support and equipment are available. • Eligibility criteria. • The wheelchair budget or personal budget options (one individual reported that to add additional extra’s to a wheelchair are expensive and to add an electric wheel on the back of the wheelchair costs £5,000). <p>Some people only discovered the service late, or not at all, despite clear need.</p>
Funding	<ul style="list-style-type: none"> • Additional funding should be provided to the wheelchair service.

We asked respondents **what requires improvement** with the wheelchair service

Theme	Comments
Suitability and choice of equipment	<p>Feedback highlighted dissatisfaction with:-</p> <ul style="list-style-type: none">• Limited choice of wheelchairs, colours and configurations.• Inadequate guidance on selecting components (eg, seating, cushions, setup).• Equipment that was not clinically appropriate or fit for purpose. <p>People also raised concerns about having to wait years to change or return unsuitable equipment.</p> <p>A suggestion was to keep a stock of wheelchairs/more equipment so that individuals could use them when required.</p>
Clinical expertise, assessment quality and training	<p>Respondents expressed concern that assessments were sometimes:-</p> <ul style="list-style-type: none">• Too brief or “tick box” in nature.• Not holistic or person-centred.• Conducted by staff without sufficient wheelchair experience.• People also highlighted a lack of training for wheelchair users themselves. Individuals would welcome skills training for users (eg, manoeuvring, injury prevention, car transfers) and better advice on seating and cushions. <p>Individuals would welcome regular reviews of wheelchair suitability.</p>
Repairs, maintenance and reliability	<p>Repairs and servicing were frequently cited as problematic, including:-</p> <ul style="list-style-type: none">• Long delays waiting for parts.• Repairs not completed on the first visit.• Lack of clarity about responsibility for maintenance and replacement.• Improved out of hours and contingency arrangements. <p>Respondents stressed that wheelchair breakdowns often leave people completely housebound.</p>

We asked respondents **what requires improvement** with the wheelchair service

Theme	Comments
Accessibility and local provision	<p>Many people reported challenges due to:-</p> <ul style="list-style-type: none"> • Long distances to clinics. • Limited local appointments. • A lack of community-based or local access points. Greater flexibility in where assessments take place and home visits where appropriate were welcomed. <p>Some described travelling long distances for short appointments.</p>
Consistency, stability and service design	<p>Repeated changes in provider were described as disruptive and damaging to confidence. Respondents highlighted:-</p> <ul style="list-style-type: none"> • Lack of continuity. • Repeated system resets. • Concerns about accountability and oversight. <p>A individual expressed a preference for a stable or NHS led service model.</p>
Holistic, person and carer centred approach	<p>Respondents stressed the need for:-</p> <ul style="list-style-type: none"> • Recognition of wheelchair dependency. • Consideration of carer needs and capacity. • Understanding the wider impact of delays on daily life eg, feeling more tired. • A holistic approach that looks beyond equipment alone. • Recognition of risk, dependence, and safeguarding. • Listening to users and carers as partners. <p>People felt the service sometimes underestimated how critical wheelchair provision is.</p>

Feedback indicates that **improvement** is required across the entire wheelchair service pathway, with particular emphasis on timeliness, communication, equipment suitability, clinical quality and service stability. Many individuals noted that while individual staff may be knowledgeable and committed, system issues undermine the overall experience and outcomes for service users.

A couple of quotes to illustrate what **requires improvement** with the service

“We need more local clinics”

“We had to buy a wheelchair privately as the service was so slow”

“There is no clarity on what is available”

“People rely on these chairs. Delays make them housebound”

“Let us know where we are on the waiting list”

“No regular reviews – we’ve had none in 10 years”

We asked respondents to tell us what was important to them (with 1 being the most important).

Reduced waiting time from point of referral to receiving wheelchair or equipment was the **most important**

1. Reduced waiting time from point of referral to receiving wheelchair or equipment

2. Easy access to assessment/appointment locations.

3. Being involved in making decisions about your care.

4. Joined up approach to services (eg, communication between the GP/hospital and wheelchair service).

5. Being treated holistically/taking into account all other needs.

6. Caring and respectful staff.

7. Easy access to appropriate information, advice and support when needed

8. Timely and accurate communications from the service.

9. Queries and complaints being handled in a timely manner.

10. Equality of service in Lincolnshire.

11. Support and training given to you about the wheelchair.

We asked respondents to tell us **what an excellent service would look like for them**

Theme	Comments
Clear, timely and honest communication	<p>Communication was one of the strongest and most frequent themes across responses.</p> <p>Key themes were:-</p> <ul style="list-style-type: none">• Being kept informed about delivery times, delays and next steps.• Calls answered promptly and returned when messages are left.• Honest conversations about what is available and realistic timescales.• Clear explanations about decisions, equipment options and processes.• Engineers or staff contacting users ahead of visits to confirm details.• Friendly, respectful and approachable staff at all points of contact.• Prioritisation.• Ensuring that ongoing patient satisfaction feedback is collated on an ongoing basis.
Timely access to equipment, repairs and spares and appointments with clinicians	<p>Individuals consistently described speed and reliability as fundamental to an excellent service.</p> <p>Key themes were:-</p> <ul style="list-style-type: none">• Rapid provision of wheelchairs, including next-day service where clinically required.• Shorter waiting times from referral to assessment, and from assessment to delivery.• Repairs and spare parts delivered promptly, with no need to repeatedly chase progress.• Repairs completed correctly on the first visit, with engineers arriving with the right parts.• Same day repairs for people who are permanently wheelchair dependent.• Avoiding long delays that result in equipment no longer meeting the user's needs (eg, growth or deterioration).• Reduction in waiting times to see clinicians (eg, Physiotherapists for a clinical review).

We asked respondents to tell us **what an excellent service would look like for them**

Theme	Comments
Person centred, holistic assessment and support	<p>People repeatedly said excellence means being treated as an individual, not a 'case'.</p> <p>Key themes were:-</p> <ul style="list-style-type: none">• Holistic assessments that reflect lifestyle, health needs and aspirations.• Listening to the individual's wishes rather than fitting people into standard options.• Not making decisions based primarily on cost.• Recognising that needs change over time, particularly for long-term or lifelong users.• Arranging appointments closer to home where possible.• Understanding of what it feels like to be a wheelchair user and how it can affect individuals when don't have one.
Right equipment, more choice	<p>Feedback highlighted frustration with limited choice and unsuitable equipment.</p> <p>Key themes were:-</p> <ul style="list-style-type: none">• Supplying wheelchairs that meet both indoor and outdoor needs, not just basic mobility.• Access to a wider range of wheelchairs, seating options and mobility equipment.• Advice offered even if the service does not supply that specific item.• Opportunities to trial or borrow equipment (eg, a 'mobility equipment library').• Avoiding inappropriate second-hand or refurbished chairs that break down easily.• Provided with temporary solutions if wheelchair is being repaired.• The opportunity to try/test out chairs.
Regular review, maintenance and ongoing support	<p>People valued services that recognise wheelchair provision is not a one-off event.</p> <p>Key themes were:-</p> <ul style="list-style-type: none">• Regular reviews (6 or 12 monthly) to check suitability and safety.• Re-assessment promptly triggered if needs change or problems arise.• Thorough checks of wheelchairs and adjustments made as needed.• Good quality maintenance, with new parts supplied quickly.• Ongoing support rather than reactive crisis management.

We asked respondents to tell us **what an excellent service would look like for them**

Skilled, well equipped and user informed staff

Confidence in staff expertise and attitude strongly influenced perceptions of quality.

Key themes were:-

- Fully trained staff.
- Staff with strong knowledge of posture, seating and musculoskeletal impact.
- Training delivered with input from wheelchair users and lived experience.
- Engineers arriving in properly equipped vans to complete work.
- Professional, respectful communication from all staff.
- Commitment to quality and continuity, despite provider changes.

Awareness, action and joined up working

Some people were unaware the service existed or felt systems were fragmented.

Key themes were:-

- Better promotion of wheelchair services so people know support is available.
- Improved awareness among GPs, doctors and other professionals.
- Joined-up working between health and adult social care.
- Identifying people who need support earlier.
- A service that works for everyone, regardless of circumstances.

A couple of quotes to illustrate **what an excellent service** would look like for individuals

“One that can deliver spares in a timely manner and not having to chase why the spares have not arrived. The service should keep me informed.”

“You get a chair in a timely manner that meets your requirements with training to increase your confidence and prevent injury. Staff should be trained by wheelchair users to understand from a wheelchair user’s perspective.”

“Listening to the needs of the user not just making something fit because it is a cheaper wheelchair.”

“

“Responsive service that is close to home and clear communication.”

“Less waiting time. More options of what wheelchairs they provide. Less waiting times for repairs and repairs being done correctly in the first visit. Allowing people to visit if they need a repair instead of having to wait in all day for someone to turn up.

“Thorough checking of wheelchair and adjustments made regularly. My wishes being listened to. Excellent maintenance of the chair I have which meets my needs well with new parts provided quickly when needed”

We asked respondents to tell us **what difference** this would make to them

Theme	Comments
Greater independence, freedom and ability to live	<ul style="list-style-type: none"> • Increased ability to get out of the house and access the wider world. • Reduced reliance on carers, family members and friends. • Feeling confident to move around safely and with minimal effort. • Freedom for new wheelchair users who currently feel restricted. • Wheelchairs seen as “my legs”, making reliable provision essential for daily life.
Improved physical health, comfort and safety	<ul style="list-style-type: none"> • Reduced pain, discomfort and physical stress Better posture and seating, including slowing progression of conditions such as scoliosis • Lower risk of sores, injury and long-term musculoskeletal problems. Assurance that equipment is safe, well maintained and fit for purpose Reduced anxiety about chair breakdowns while out in public
Enhanced emotional wellbeing and quality of life	<ul style="list-style-type: none"> • Reduced stress, frustration and worry. • Peace of mind for wheelchair users and carers. • Feeling visible, supported and valued by services. • Increased self-worth, confidence and wellbeing. • Reduced social isolation.
Reduced burden on carers and families	<p>Many responses powerfully described the pressure placed on carers when services are delayed or unresponsive. Key themes were:-</p> <ul style="list-style-type: none"> • Less time spent chasing services and follow-ups. • More time available for family life and caring roles. • Reduced emotional strain and stress on carers. • Confidence that loved ones are supported safely and appropriately.

We asked respondents to tell us **what difference** this would make to them

Theme	Comments
Financial protection and reduced need to go private	<p>Cost emerged as a significant unintended consequence of service gaps. Key themes were:-</p> <ul style="list-style-type: none"> • Avoiding the need to self-fund wheelchairs or equipment. • Reduced risk of wasted money on unsuitable equipment. • Greater confidence that public services offer value and reliability. • Assurance that being part of the service is worthwhile.
Trust, assurance and confidence in the service	<ul style="list-style-type: none"> • Individuals described how effective services built trust whilst poor experiences erode it. • Confidence that equipment will continue to meet needs over time Assurance that follow-ups will not be missed, particularly for lifelong users Feeling the service is reliable, competent and worth engaging with Reduced need for contingency planning or reliance on old or unsafe equipment
Easier more accessible and less complex journeys	<p>Respondents highlighted how improvements would simplify already complex lives. Key themes were:-</p> <ul style="list-style-type: none"> • Shorter waits making a “huge difference” • Easier access through local, responsive services • Clear communication keeping people “in the loop” • Less complexity for people already managing health and care challenges

Individuals described the difference as “life changing”. An effective wheelchair service enables:-

- Independence rather than dependence.
- Comfort and safety rather than pain and risk.
- Peace of mind rather than stress.
- Quality of life.
- Trust in public services, rather than the need to self-fund.

A couple of quotes to illustrate **what difference this would mean to individuals**

“The wheelchair is a real game changer – it fits properly, is easy to use and means she can access the world again”

Greater independence,
less pain and the
confidence to go out again
– it improves wellbeing
and self worth”

“I would feel confidence that my family member is safe, comfortable and properly supported”

“I would feel that my daughter was safe whenever she needed to use the wheelchair and not worry every time she crossed the road or went out that the chair may break”

More time to spend with my son rather than constantly having to think if I've heard from wheelchair services, do I need to chase, why are things taking so long. The time and lack of communication adds so much extra stress on to an already stressful job being a carer.

We asked respondents to tell us what information, training or education would make a difference and **improve the experiences** that wheelchair users receive

Theme	Comments
Training to help build confidence, safety and independence	<ul style="list-style-type: none"> • Basic and advanced wheelchair skills training for all users, covering how to live independently. • Learning how to move safely and confidently in real life situations and environments. • Reducing the risk of tips, falls and injury. • Improving efficiency of pushing and transfers. • Practical skills such as getting over kerbs and obstacles, performing “wheelies” safely, safe transfers and basic wheelchair maintenance. • Training on how to alleviate back and leg pain.
Greater awareness and of equipment options and opportunity to trial	<ul style="list-style-type: none"> • Advice on a wider range of wheelchair and seating options. • Honest conversations about what is available and suitable. • Opportunities to test or trial different chairs. • Understanding that disability is not “one size fits all”. • Transparency when equipment is not fit for purpose.
Education and training for staff including those with lived experience	<ul style="list-style-type: none"> • Education for clinicians that goes beyond clinical fitting. • Understanding independence, movement and daily lived experience. • Training for staff across a range of NHS settings eg, how to adjust wheelchairs if individuals need the toilet in a hospital setting. • Training staff to communicate effectively with people with disabilities. • Easy guide instructions provided to NHS staff on dismantling, how to help service users. • Accessibility training delivered on an ongoing basis. • Learning directly from wheelchair users. • More training around what it is like to live as a paraplegic/muscle atrophy eg, lack of sensation and balance. • Suggestion of an “All About Me” booklet to be developed, similar to what is used by learning disability individuals. The booklet could provide guidance on how to manage the wheelchair, as well as an overview of day to day support, aids and assistance the individual requires,

We asked respondents to tell us what information, training or education would make a difference and **improve the experiences** that wheelchair users receive

Theme	Comments
Clear information on using, adjusting and maintaining equipment	<ul style="list-style-type: none"> • Clear guidance on how to use the wheelchair correctly (suggestion was to provide information at the time of receiving the chair). • Information on:- <ul style="list-style-type: none"> - Making safe manual adjustments. - Locking off unnecessary functions. - Cleaning and laundering straps and harnesses. - Basic upkeep to avoid unnecessary breakdowns. - Support tailored to long term users whose needs may change.
Training and information for carers and families	<ul style="list-style-type: none"> • Assessing carers alongside wheelchair users. • Training carers in safe pushing and manoeuvring and transfers preventing injury to themselves and the user. • Better understanding of the impact of equipment delays on children and families.
Information about the service and how to access it	<ul style="list-style-type: none"> • Clear information about what the wheelchair service offers, how to access training or reviews and who to contact if there are problems. • Awareness across other NHS departments to support joined-up care. • Information on how to contact commissioners or raise concerns.
Person centred education and ongoing support	<ul style="list-style-type: none"> • Training and information offered routinely, not only at first issue. • Recognising that needs change over time. • Education tailored to individual circumstances. • Avoiding assumptions that people “already know what they need”.

Overall, people told us that improved information, training and education would:-

- Increase confidence, independence and safety.
- Reduce preventable injuries and equipment misuse.
- Improve communication and relationships with staff.
- Ensure equipment better fits individuals lives, not just clinical needs.
- Help both users and carers feel supported rather than left to cope alone.
- Training was not seen as an “extra”, but as an essential part of providing a safe, effective wheelchair service.

A couple of quotes to illustrate what information, training or education **would make a difference to individuals**

“I’ve never been offered any training, despite dealing with multiple health authorities and services”

“Without a wheelchair, children can’t go to school, attend appointments or be part of the community”

“Make staff use a wheelchair for a full day so they understand what users face every day”

“How to use the wheelchair correctly, how to make manual alterations to the wheelchair, to be able to wash and launder straps and harnesses, to lock off unnecessary functions”

It’s not just about fitting a chair – it’s about independence and being able to move”

“Being able to test different wheelchairs”

Section 2

Results and Findings from the Staff Engagement



Overview of engagement activities

As part of our engagement activities, we received the following responses.

Due to the low staff numbers, feedback has been collated together for survey responses and meeting.

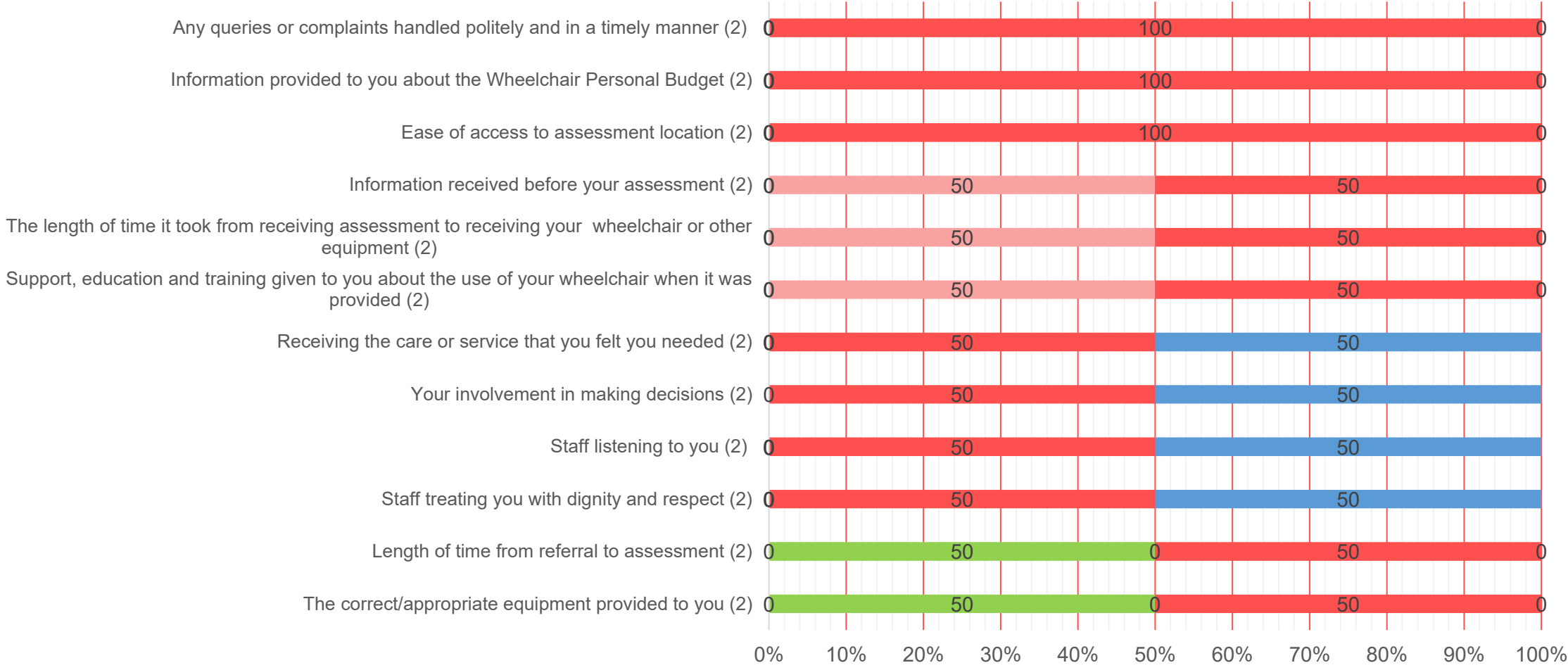


4 staff survey responses received
(Job roles included 1 GP surgery worker, 1 Care Co-ordinator, 1 Occupational Therapist, 1 Manager of a Day Service)



Met with 3 members of staff (2 Physiotherapists and 1 Occupational Therapist) from Lincolnshire Partnership Foundation NHS Trust)

We asked staff to tell us the extent to which individuals are satisfied with aspects of the service provided. Whilst only 2 members of staff answered via the survey, the most **satisfaction was around the correct/appropriate equipment provided and length of time from referral to assessment and the highest levels of **dissatisfaction** were around queries or complaints being handled politely in a timely manner, information provided about the wheelchair personal budget, ease of access location and the ease of access to assessment location**



■ Very satisfied
 ■ Satisfied
 ■ Dissatisfied
 ■ Very dissatisfied
 ■ Don't know

We asked staff to tell us overall how satisfied they were with the wheelchair service. Overall, 100% (2/2) were **dissatisfied with the service provided**

The reasons for this are:-

Theme	Comments
Location of appointments	Individuals who access the day service struggle to access appointments due to the location.
Lengthy waiting times	Long time to wait from referral to receiving equipment or equipment being fixed.

Staff views on **what works well with the wheelchair service**

Theme	Comments
Clinic locations	Improved clinic locations (eg, Sleaford) improving access.
Prioritisation of cases	Some urgent cases being prioritised and managed well under the current provider. Example given where a patient was seen straight away and issued a more supportive chair after rapid deterioration.
Staff welcomed at meetings	Wheelchair services being welcoming other NHS professionals attending appointments (eg, Occupational Therapists and Physiotherapists). This supports better postural management and joint working.

**We asked staff to tell us what was important to them (with 1 being the most important).
Like the public, reduced waiting time from point of referral to receiving wheelchair or equipment was the **most important****

1. Reduced waiting time from point of referral to receiving wheelchair or equipment
2. Easy access to assessment/appointment locations.
3. Being involved in making decisions about your care.
4. Joined up approach to services (eg, communication between the GP/hospital and wheelchair service).
5. Easy access to appropriate information, advice and support when needed
6. Caring and respectful staff.
7. Being treated holistically/taking into account all other needs.
8. Queries and complaints being handled in a timely manner.
9. Timely and accurate communications from the service.
10. Support and training given to you about the wheelchair.
11. Equality of service in Lincolnshire.

We asked staff **what requires improvement** with the wheelchair service

Theme	Comments
Waiting times and delays	<p>Lengthy waiting times were the most dominant issue to staff:-</p> <ul style="list-style-type: none"> • Long waits for assessment and provision (often 10–12 months or more). • Delays causing deterioration in posture, health outcomes (lungs, digestion) and quality of life. • Children and young people outgrowing chairs before delivery. • Some families felt forced to buy equipment privately because delays were so impactful. • Waiting list management issues were highlighted, including people being lost from lists or needing re-referral.
Eligibility criteria concerns	<ul style="list-style-type: none"> • Strong concern that eligibility rules for care home residents are discriminatory, particularly for adults with learning disabilities. Changes to Section 3.7 of guidance was specifically mentioned about being discriminatory and requires review. • People unable to self-propel or independently operate a wheelchair. • Current criteria were perceived to exclude those with high postural needs, requiring families or care homes to fund bespoke chairs (often £4,000 or more). • Staff highlighted this as a systemic equality issue that has worsened outcomes over several years.
Specialist seating pathways	<p>Variability was noted between providers (eg, historic differences between Ottobock, SOS, NRS). Previously under NRS with Ottobock, wheelchair provision was generally quicker and involved a 2 step assessment process. This included an initial assessment with a foam cast followed by a second appointment to confirm fit before finalising the wheelchair helping reduce errors. In contrast, under SOS, there is usually one assessment followed by a long wait. When the chair arrives, it is may not be fitted properly or the user’s needs may have changed. However, there is some insistency as some reported receiving their equipment within a month even with SOS. Concerns included:-</p> <ul style="list-style-type: none"> • Lack of review or second fittings leading to chairs arriving not fit for purpose. • Inconsistent timelines – described as “hit and miss”. • The value of follow-up appointments and interim checks was strongly emphasised.

We asked respondents **what requires improvement** with the wheelchair service - continued . . .

Theme	Comments
Impact on health, safety and quality of life	<p>Delays and unsuitable equipment lead to:-</p> <ul style="list-style-type: none">• Postural deterioration and pressure sores.• Increased bed-bound care.• Reduced community access and independence.• Increased long-term healthcare costs.• Wheelchairs are seen not just as mobility aids, but as essential daily-life equipment, especially for people with learning disabilities.
Communication and transparency	<p>Poor communication while waiting was a recurring issue:-</p> <ul style="list-style-type: none">• Lack of updates about position on waiting list.• Unsure if still on the list.• Anxiety and repeated chasing by staff and families.• Clearer, proactive communication was identified as a relatively achievable improvement.
Assessment and fitting process gaps	<ul style="list-style-type: none">• Lack of follow up fitting/validation appointment.• Leads to chairs not fit for purpose, need for re-work after long waits.

We asked staff to tell us what an **excellent service would** look like for staff and individuals

Theme	Comments
Eligibility criteria	Fair, inclusive eligibility criteria eg, learning disability patients, care home populations.
Quicker waits	Faster assessment and provision timelines.
Communication	Prompt and clear communication throughout the waiting period.
Consistent pathway	Consistent pathways.
Engagement forums	Regular engagement forums and co-production with professionals and service users.
Training	Ongoing training for clinicians supporting wheelchair users including staff being trained to communicate effectively.
Transport	Vans equipped to undertake the job.

What training, information and support would help staff and individuals

Theme	Comments
<p>More regular joint meetings and training</p>	<p>Loss of regular joint meetings and training between wheelchair services and wider therapy teams was noted.</p> <p>Historic six monthly multi-agency meetings were valued and missed.</p> <p>Gaps identified in:-</p> <ul style="list-style-type: none"> • Wheelchair provision knowledge for Physiotherapists/Occupational Therapists. • Understanding of available equipment, measuring and suppliers. • Desire for renewed joint working, shared training and streamlined prescribing to reduce delays. • Staff training for communicating with individuals with disabilities.
<p>Training</p>	<p><u>Practical wheelchair training:-</u></p> <ul style="list-style-type: none"> • Measuring and fitting. • Understanding available equipment and stock. • Keeping up-to-date with supplier changes. • Postural management and specialist seating <p><u>Postural management and specialist seating.</u></p> <ul style="list-style-type: none"> • In-depth training (previously half day sessions valued). • Understanding product options and suitability. <p><u>Prescribing knowledge</u></p> <p>Training enabling staff to make appropriate prescriptions, potentially reduce need for service appointments.</p> <p>Joint working and pathway clarity</p> <p>How to work effectively with wheelchair services.</p> <p>How to reduce delays through shared assessments.</p>

Section 14

Equalities and Health Inequalities Monitoring



Under the provisions of the Equality Act 2010, all NHS organisations are required to demonstrate that their processes are fair, and that they are not discriminating or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Ethnicity	Responses	
White: Welsh, English, Scottish, Northern Irish, British	88%	47
Any other white background: European	2%	1
White and Black Caribbean	2%	1
White: Irish	2%	1
Prefer not say	6%	3
Answered	100%	53

Main language	Responses	
English	98%	52
Lithuanian	2%	1
Answered	100%	53

Age	Responses	
Age 16 and below	3	3%
16 – 20	4	4%
21 - 29	5	5%
30 – 39	10	10%
40 – 49	16	16%
50– 59	24	24%
60- 69	16	16%
70-79	15	15%
80 – 89	7	7%
90 +	0	0%
Prefer not say	1	1%
Answered	101	100%

Under the provisions of the Equality Act 2010, all NHS organisations are required to demonstrate that their processes are fair, and that they are not discriminating or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Religion	Responses	
Christian	20	41%
No religion	11	22%
Atheist	8	16%
Prefer not to say	6	12%
Any other religion (3 stated)		
Roman catholic – 1		
Omnis – 1	4	8%
Jehovahs Witness - 1		
Buddhist	0	0%
Hindu	0	0%
Jain	0	0%
Jewish	0	0%
Muslim	0	0%
Sikh	0	0%
Agnostic	0	0%
Answered	50	100%

Sexual orientation	Responses	
Heterosexual	76%	37
Rather not say	16%	8
Prefer to self – identify	4%	2
Bisexual	2%	1
Lesbian	2%	1
Gay	0%	0
Answered	100%	49

Gender	Responses	
Female	67%	37
Male	29%	16
Non-binary	2%	1
Prefer not to say	2%	1
Intersex	0%	0
Prefer to self identify	0%	0
Answered	100%	55

Do you consider yourself to have a disability?		
	Responses	
Yes, limited a lot	69%	33
Yes limited a little	17%	8
No	12%	6
Prefer not say	2%	1
Answered	100%	48

Pregnancy and maternity - are you an expectant mother or given birth in the last 26 weeks?		
	Responses	
No	97%	35
Yes	3%	1
Rather not say	0%	0
Answered	100%	36

Are you the same gender that you were assigned at birth?		
	Responses	
Yes	97%	33
Prefer not to say	3%	1
No	0%	0
Answered	100%	34

Please indicate your disability		
	Responses	
Physical impairment	68%	28
Learning disability/difficulty	10%	4
Long standing illness	10%	4
Other (not stated)	7%	3
Sensory impairment	2%	1
Mental health condition	2%	1
Answered	100%	41

Carer - Do you look after, or give any help or support to family members, friends, neighbours or others?		
	Responses	
Yes	Secondary carer – 10 Primary carer of child/children under 18 – 2 Primary carer of disabled child/children – 2 Primary carer of disabled adult (18 and over) – 12 Primary carer of older person – 2	36% 7% 7% 43% 7%
Answered	28	100%

Health inequalities data

What is your main language	Responses	
English	98%	52
Lithuanian	2%	1
Total	100%	53

Employment status	Responses	
Employed full time	23%	12
Employed part time	12%	6
Homemaker	4%	2
Not employed and looking for work	2%	1
Not employed and not looking for work	15%	8
Retired	21%	11
Self employed	4%	2
Student	4%	2
Prefer not to say	4%	2
Other	12%	6
Total	100%	52

Experience of any of the following:-	Responses	
Currently serving in the reserve or regular armed forces	12%	1
Have served in the armed forces	63%	5
Currently working in the farming industry	0%	0
Have worked in the farming industry	25%	2
Currently homeless	0%	0
Experience of being homeless	0%	0
Refugee, asylum seeker or immigrant	0%	0
Previous experience of being a refugee, asylum seeker or immigrant	0%	0
Total	100%	8

Recommendations and next steps

- The feedback from our engagement should be used and triangulated with other ongoing patient experience data which is collated. Where there are particular areas highlighted, it should be discussed whether further engagement should be undertaken.
- The Quality Team are asked to note the feedback to help inform the programme of work and discussion topics to raise through contract review meetings.
- The Operational Quality Assurance Group meeting are asked to note the feedback and discuss actions and recommendations from the findings.
- Share and discuss the findings to develop action planning for improvements.
- This report will be published on Lincolnshire Integrated Care Board and complete ongoing involvement of people and communities and feedback on how on how this has influenced wheelchair services in the future.
- Consideration should be given as to how patient experience feedback can be collated on an ongoing basis.