

## Survey - Wheelchair service

The NHS in Barking and Dagenham, Havering, Redbridge, Waltham Forest and Tower Hamlets wants to know your views on current and future wheelchair services.

We want to understand what is most important to you when using the wheelchair service and what else you would like to see as part of this.

Please note, this will not change the criteria for the service, however it will help the NHS in North East London develop a better service for you in the future.

Please complete and return this survey by Friday 31 August 2023.

### How to return your survey

Once you complete the survey you can send it back to us by freepost or email:



Wheelchair survey, Freepost NHS North East London



[nelondonicb.nelcommunications@nhs.net](mailto:nelondonicb.nelcommunications@nhs.net)



You can also call us on 020 8221 5500

You can also drop the survey to any of our offices:

#### Stratford

NHS North East London  
4th Floor – Unex Tower  
5 Station Street  
London E15 1DA

#### Romford

NHS North East London  
6th Floor – North House  
St Edwards Way  
Romford RM1 3AE

#### Hackney

NHS North East London  
3rd Floor – A Block  
St Leonards Hospital  
Nuttall Street  
London N1 5LZ

# Section 1

## 1. What borough do you live in?

- Barking and Dagenham  Havering  Redbridge  Waltham Forest  
 Tower Hamlets

## 2. Are you answering for yourself or on behalf of someone else?

- Myself  Someone else, please tell us your relationship to them below:

## 3. When did you last have contact with the NHS wheelchair service?

- In the past 3 months  In the past 6 months  In the past year  Over a year ago

## 4. Please rate your experience of using the NHS wheelchair service:

### a. The booking process (1 being doesn't work at all, 10 being it works really well)

1	2	3	4	5	6	7	8	9	10
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### b. Customer service (1 being not good at all, 10 being it's really great)

1	2	3	4	5	6	7	8	9	10
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### c. Convenience of location (1 being not convenient at all, 10 being really convenient)

1	2	3	4	5	6	7	8	9	10
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## 5. What is important to you from this service (tick all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Having a quick assessment                    | <input type="checkbox"/> Choice of wheelchair                        |
| <input type="checkbox"/> How quickly the wheelchair is supplied       | <input type="checkbox"/> Breakdown support (if I am stuck somewhere) |
| <input type="checkbox"/> Regular maintenance and servicing            | <input type="checkbox"/> Good customer service                       |
| <input type="checkbox"/> Clear instructions on how to use my chair    | <input type="checkbox"/> Support for heavy users of equipment        |
| <input type="checkbox"/> Speaking to someone who understands my needs |  |

Other - please tell us more:

## 6. Are you happy with your current chair?

- Yes  No  Partly

## 7. If not, can you tell us why?

**8. Were you given a choice of chair?**

- Yes       No       Partly

**9. How important is it to you to get a choice of your chair?**

1 being not important at all, 10 being really important

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**10. Would you like to access rehabilitation and physiotherapy services at the wheelchair service in the future?**

- Yes       No

**11. How do you travel to an NHS wheelchair service appointment? (if you use more than one type of transport please tick all that apply)**

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Using my own chair             | <input type="checkbox"/> My own car  | <input type="checkbox"/> Dial-a-ride     |
| <input type="checkbox"/> A friend/carer gives me a lift | <input type="checkbox"/> Bus         | <input type="checkbox"/> London Taxicard |
| <input type="checkbox"/> Train                          | <input type="checkbox"/> Underground |  |

Other - please tell us more:

**12. What is the maximum amount of time you would be willing to travel for an NHS wheelchair service appointment?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 15 - 30 minutes            | <input type="checkbox"/> 30 - 45 minutes                       | <input type="checkbox"/> 45 minutes - 1 hour |
| <input type="checkbox"/> 1 hour - 1 hour 15 minutes | <input type="checkbox"/> 1 hour 15 minutes - 1 hour 30 minutes |  |

**13. What facilities would you expect at an NHS wheelchair service centre? (tick all that apply)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Large disabled toilets             | <input type="checkbox"/> A changing place | <input type="checkbox"/> Accessible building    |
| <input type="checkbox"/> Wide doors                         | <input type="checkbox"/> Hearing loop     | <input type="checkbox"/> Large assessment rooms |
| <input type="checkbox"/> Information available in easy read |   |   |

Other - please tell us more:

**14. How do you communicate with the NHS wheelchair service?**

- |                                    |                                    |                                       |
|------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Email     | <input type="checkbox"/> Text message |
| <input type="checkbox"/> Whatsapp  | <input type="checkbox"/> In person |                                       |

Other - please tell us more:

**15. What is your preferred way of communicating with the service?**

Telephone

Email

Text message

Whatsapp

In person

Other - please tell us more:

**16. What do we need to do to improve the service?**

**16. Is there anything else you would like to tell us about the NHS wheelchair service that has not been covered in this survey?**

# Section 2 - About you

This section is included to help us ensure that we have reached a wide range of people in the community and to see if there are things that make a difference to people's experiences. Any information given will be kept confidential.

## 1. Where do you get information about health? (Select all that apply)

- |   |   |   |                                      |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> My doctor              | <input type="checkbox"/> NHS website        | <input type="checkbox"/> Instagram      | <input type="checkbox"/> TikTok      |
| <input type="checkbox"/> Local pharmacy         | <input type="checkbox"/> Radio              | <input type="checkbox"/> Facebook       | <input type="checkbox"/> Twitter     |
| <input type="checkbox"/> LinkedIn               | <input type="checkbox"/> Family/friends     | <input type="checkbox"/> National media | <input type="checkbox"/> Local media |
| <input type="checkbox"/> Doctor surgery website | <input type="checkbox"/> Your local council |   |                                      |

Other - please tell us more:

## 2. How do you prefer to get given information about health? (Select all that apply)

- Digitally (for example, by email, through a phone app, through social media)
- Printed (for example, leaflets, booklets, factsheets)
- Both digitally and printed

Other - please tell us more:

## 3. What age group do you belong to?

- |                                  |                                  |                                  |  |                                |
|----------------------------------|----------------------------------|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> 18 - 25 | <input type="checkbox"/> 26 - 36 | <input type="checkbox"/> 36 - 45 | <input type="checkbox"/> 46 - 55           | <input type="checkbox"/> 56-65 |
| <input type="checkbox"/> 65 - 75 | <input type="checkbox"/> 75 - 85 | <input type="checkbox"/> 85+     | <input type="checkbox"/> Prefer not to say |                                |

## 4. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes, a lot     Yes, a little     No     Prefer not to say

### If you answered yes, what type of disability do you have?

- |   |  |                               |  |
|---|--|-------------------------------|--|
| <input type="checkbox"/> Vision (due to blindness or partially sighted)   |  |                               |  |
| <input type="checkbox"/> Hearing (due to deafness or partial hearing)   |  |                               |  |
| <input type="checkbox"/> Mobility, such as difficulty walking short distance, climbing stairs, lifting and carrying objects |  |                               |  |
| <input type="checkbox"/> Learning, concentrating or remembering   | <input type="checkbox"/> Stamina or difficulty breathing |                               |  |
| <input type="checkbox"/> Mental health  | <input type="checkbox"/> Autism                          | <input type="checkbox"/> ADHD | <input type="checkbox"/> Prefer not to say |

**5. What is your ethnic group? (Choose one option)**

- English/Welsh/Scottish/Northern Irish/British     Irish  
 Gypsy or Irish Traveller     Any other White background  
 White and Black Caribbean     White and Black African     White and Asian  
 Any other Mixed/Multiple ethnic background  
 Indian     Bangladeshi     Pakistani     Chinese  
 Any other Asian background  
 African     Caribbean     Any other Black/African/Caribbean background  
 Arab     Any other ethnic group

**6. What is your gender?**

- Female     Male     Prefer to self-identify     Prefer not to say

**7. Which of the following options best describes your sexual orientation?**

- Heterosexual/straight     Lesbian     Gay     Bisexual  
 Prefer to self-identify     Prefer not to say

**8. What is your religion?**

- No religion     Atheist     Buddhist     Christian     Hindu  
 Jewish     Muslim     Sikh     Other     Prefer not to say

**9. Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health/disability, or problems related to old age?**

- No     Yes, 1-19 hours per week     Yes, 20-49 hours per week  
 Yes, 50 hours a week or more     Prefer not to say

**10. What is your current employment status?**

- Full-time employment     Part-time employment     Unemployed  
 Self-employed     Student     Retired

**Would you be happy to be part of a focus group to discuss the NHS wheelchair service? If so, please add your contact details below:**

<b>Your name:</b>	
<b>Email address or telephone number:</b>	

Thank you for completing our survey