THE DIFFERENCE BETWEEN COMMUNITY EQUIPMENT SERVICES AND WHEELCHAIR SERVICES IN ENGLAND

Produced by the Wheelchair Alliance and the British Healthcare Trades Association.

This paper explains how community equipment services (CES) and wheelchair services are funded, commissioned, and delivered, highlighting key differences to improve public understanding and support informed policymaking. It focuses on public services in England and does not cover private sector provision.

COMMUNITY EQUIPMENT SERVICES

CES provide loaned products to people that enable them to remain independent. They include vital equipment like pressure care mattresses, patient turners, community beds, hoists, eating and drinking aids, and crutches. Services typically also manage the collection, cleaning, and recycling of equipment when it is no longer needed.

CES also service and maintain equipment to ensure it remains safe. They also provide specialist equipment via prescribers.

Local authorities and a minority of NHS organisations are responsible for commissioning CES in England. Under the Care Act 2014, local authorities have a duty to commission a range of care and support services to meet the needs of the local population. The vast majority of CES operate under a joint funding agreement under Section 75 of the NHS Act 2006.

Many CES in England are outsourced to a provider, such as Medequip, which then delivers and manages the service on behalf of the local authority or NHS organisation. Some services are managed directly by the council or NHS trust.

To access a CES, a person would usually be identified through the health and/or social care system (e.g. a healthcare professional through the council or GP), and then equipment and services are requested from the provider that delivers the service locally.

An assessment is typically delivered by a health professional, usually an occupational therapist (OT), to determine eligibility. If eligible, the OT will determine the most appropriate equipment.

If somebody is in hospital, hospital staff (typically the discharge team and OT) will identify the individual's needs and request equipment to support timely discharge. An OT can arrange an assessment for the person, usually while they are still in hospital.

WHEELCHAIR SERVICES

Wheelchair services provide powered wheelchairs, manual wheelchairs, and associated accessories to those with long-term mobility needs. This can include pressure-relieving cushions, bespoke adaptations, and specialist seating solutions to facilitate independence.

They also cover maintenance and repair of supplied equipment.

Wheelchair services are commissioned by integrated care boards (ICBs), which have a statutory responsibility for planning and funding most health and care services in their integrated care system (ICS).

Wheelchair services are run by local NHS organisations in England. Some wheelchair services in England are outsourced to a provider, such as AJM Healthcare, while other services are managed in-house by the NHS. The provider delivering the fully managed wheelchair service is accountable for a clinically led service. They employ qualified clinicians that assess and prescribe medical equipment.

To access a wheelchair service, a patient would typically contact their GP, physiotherapist, nurse, or hospital staff to get an assessment. ICBs set the criteria for who is eligible for a wheelchair, and the local wheelchair service decides what type of chair and accessories are appropriate.

Wheelchair service teams are usually multi-disciplinary and can include OTs, physiotherapists, rehabilitation engineers, technical instructors, and repair staff, who assess and support people with long-term or complex mobility needs.

A key feature of the service is the personal wheelchair budget (PWB). This gives users more choice over their equipment by allowing them to upgrade or customise their chair beyond the standard NHS provision. The PWB can be topped up using a personal health budget (PHB), social care funding, charitable support and/or organisations, or personal contributions. Although nearly all service users are offered PWBs, the vast majority accept full NHS provision.

THE KEY DIFFERENCES BETWEEN CES AND WHEELCHAIR SERVICES

Question	CES	Wheelchair services
Who commissions the service?	Local authorities or the NHS (normally via an ICS).	ICBs within ICSs.
How is the service provided?	Often outsourced to a provider; some areas are managed directly by the council or an NHS trust. The provider for a CES responds to requests from a qualified therapist; they have no clinical accountability for the user.	Sometimes outsourced to a provider; other services are managed directly by the NHS or local authority. The provider delivering the fully managed wheelchair service is accountable for a clinically led service.
How do people access the service?	By being identified by, or contacting, a healthcare professional through the council or a GP to request an assessment. If the individual is in hospital and will require equipment post-discharge, an OT can arrange an assessment.	Typically via referral or contact through a GP, physiotherapist, nurse, or hospital staff to obtain an assessment.
How are eligibility and need assessed?	Assessment is typically delivered by a health professional to determine eligibility and appropriate equipment.	The local wheelchair service assesses against eligibility criteria set by ICBs and decides what wheelchair and accessories are appropriate; teams are usually multi-disciplinary.
How does personalisation and funding choice work?	Does not have a dedicated personal budget mechanism; equipment is typically provided following assessment and eligibility. However, some people use PHBs to fund equipment.	Includes the PWB to support choice and personalisation; the PWB reflects the cost of a basic chair and may be topped up.