APPG for Access to Disability Equipment

Barriers to Accessing Lifesaving Disability Equipment

October 2025

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The All-Party Parliamentary Group for Access to Disability Equipment is chaired by Daniel Francis MP. Tendo Consulting acts as the Group's secretariat and its time is funded by NewLife and the BHTA.

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Foreword

Daniel Francis MP

Chair of All-Party Parliamentary Group for Access to Disability Equipment

As Chair of the All-Party Parliamentary Group (APPG) for Access to Disability Equipment, I am proud to present this report resulting from the APPG's first inquiry into the systemic barriers that prevent millions of disabled children and adults across the UK from accessing the medical and community equipment they need to live safely and independently and that are holding back the sector from supplying the equipment that children and adults need.

The findings of this inquiry are stark and, frankly, deeply troubling. Across hundreds of testimonies from equipment users, carers, professionals, and providers, one theme emerged above all: the system designed to support children and adults with disabilities – and people relying on community equipment more widely – is failing them. It is failing to deliver equipment on time. It is failing to provide the right mix of equipment to meet individual accessibility needs. And it is failing to communicate with the very people it exists to serve, leaving users and their families feeling invisible and unheard.

The hundreds of testimonials that fed into this inquiry are not isolated stories. They are symptoms of a national system that has lost its focus on the people at its heart. Equipment that should empower and enable instead becoming a source of frustration and dependency. Children missing school because the right hoist hasn't arrived. Adults forced out of work because equipment repairs are taking months. Carers injuring themselves lifting loved ones because the right support is unavailable. These are avoidable failures that are the consequences of system fragmentation, underinvestment, and a lack of leadership.

Yet amid these failures is an incredible dedication to the cause. Throughout this inquiry we heard from carers, parents, clinicians, and equipment suppliers and manufacturers who all provide vital services, often under extremely challenging circumstances. They are all united in calling for systemic change, rather than the sticking plaster approach blighting the sector to date. The recommendations in this report offer a clear and achievable roadmap to achieving this change.

Chief among them is the call for a National Strategy for Community Equipment, to bring coherence, accountability, and urgency to an area of social care that has been historically neglected. Doing so would ensure vital national cohesion over our systems overseeing the delivery, monitoring, and financing of community equipment. It would also provide the sector who delivers this equipment, with the certainty, funding and direction that they need.

Access to the right equipment is not a privilege, it is a necessity. It is the foundation of independence, dignity, and participation in daily life for millions of disabled people and their families. The APPG calls on the Government to accept and act upon the recommendations in this report, as the first step in rebuilding a system that truly meets the needs of those who depend on it.

Executive Summary

The UK's system for providing community and medical equipment is in crisis. Despite cross-party recognition of the importance of independent living, there remains no dedicated national strategy or Minister with clear responsibility for community equipment. The consequences are visible across the country: long delays, regional inequalities, and fragmented commissioning that leaves many children and adults too often without vital pieces of medical equipment.

The All-Party Parliamentary Group (APPG) for Access to Disability Equipment has led its first inquiry into the systemic barriers to access to community equipment impacting millions of children and adults with disability across the UK. This inquiry was conducted in context of growing – and in many cases longstanding – public concern over the state of social care, within which the crisis in community and disability equipment is a particularly urgent concern.

This report details the findings of the APPG's inquiry, conducted over the course of three months between July and September 2025, combining survey work, sectoral research and a parliamentary evidence session involving input from all three of equipment users, carers and clinicians, and medical equipment providers. The survey received a total of 626 responses.

Summary of Key Findings

Current system is not meeting patient needs and expectations:

- 63% of carers and 55% of equipment users said that services are getting worse.
- 55% of equipment users reported that they do not have access to the medical equipment they need for their long-term needs.
- Widespread reports of users being let down by the current system.
- Many families reported having to purchase their own equipment.
- Many equipment users say they are offered the "bare minimum".

Inconsistent equity in access:

- 44% of equipment providers said community equipment provision is not at all consistent and equitable.
- Widespread variation across age groups, types of equipment, and region.
- Transition to adult status at age 18 often results in equipment being removed and reissued unnecessarily.
- Families and professionals report hospital discharges are often prioritised over community equipment delivery.

Systemic barriers and delays:

- 33% of equipment users reported that they are still waiting to receive approved equipment.
- 22% said they had been waiting over 2 months to receive their equipment.
- 64% of community care professionals and 74% of equipment providers said they were aware of patients experiencing delayed hospital discharge due to unavailable community equipment.
- Some causes of delay identified by professionals and providers:
  - Staff shortages, particularly occupational therapists (OTs).
  - Supply chain delays and lack of resources for collection and recycling.
  - Inconsistencies between local authorities, causing variable service delivery.

Photo credit: freepik.com

Recommendations

1. National Strategy

This is the central recommendation of the APPG's inquiry. There is currently no cohesive national strategy for community equipment and care provision, resulting in significant inequalities and inconsistent experiences depending on location, age, or type of disability. To address this, the APPG is calling on the Government to develop a National Strategy for Community Equipment that sets out a clear plan for reform, establishes consistent national standards, and ensures accountability at every level.

The APPG suggests the strategy should sit within the Department of Health and Social Care and be overseen by a Minister with clear responsibility for its delivery. This ministerial leadership would include oversight of the Disability Unit and coordination across government departments, providing a logical foundation for reform. A national directive should also be issued to local authorities clarifying whose responsibility it is to provide equipment, ensuring consistency and reducing confusion.

All of the recommendations outlined in this report should form part of this overarching national strategy, delivering a fair, efficient, and equitable system for everyone.

2. Funding Reforms

The current funding model is fragmented and focused too narrowly on short-term costs. The APPG calls on the Government to reform the current framework to streamline commissioning responsibilities, improve oversight of suppliers, and ensure stronger government regulation and monitoring. A reformed approach would promote value for money, sustainability, and better outcomes for users, with future commissioning frameworks including incentives for innovation and support for SMEs to enter and thrive in the market.

3. Tackling Waiting Times and Delays

Long waits for assessments and equipment undermine independence, worsen conditions, and increase costs, reflecting a systemic failure. The APPG calls on the Government to implement a coordinated national plan with clear targets, workforce investment, and streamlined processes to reduce delays and prevent unnecessary hospital stays. Hospital discharge must guarantee timely access to all necessary equipment, adopting a planned discharge approach based on the Scottish Government guidance with scheduled discharge dates.[1] Maximum service timeframes should be aligned with the Wheelchair Services standard of 18 weeks to ensure consistent, accountable delivery.

[1] Healthier Scotland. Guidance on the Provision of equipment and adaptations, March 2022. https://www.gov.scot/binaries/content/documents/govscot/publications/consultation-paper/2022/03/guidance-provision-equipment-adaptations2/documents/guidance-provision-equipment-adaptations/guidance-provision-equipment-adaptations/govscot%3Adocument/guidance-provision-equipment-adaptations.pdf

Photo credit: Freepik.com

4. Improved Communication Channels

Families and equipment users repeatedly expressed frustration at being passed between different departments and having to navigate complex, disconnected systems to access support. To improve transparency, accountability, and coordination, the APPG recommends reforming the current system and streamlining communication channels between local authorities, health bodies, and government departments to create a more joined-up approach. A streamlined national framework should ensure that data on service delivery is collected centrally, maintained consistently, and independently audited so that services can be held to account. By improving collaboration and ensuring reliable oversight, this approach would strengthen trust, consistency, and user experience across the system.

5. National Advisory Board

Families and equipment users repeatedly express frustration at being isolated from decisions. To address this and ensure lived experience informs policy and service design, the APPG recommends the creation of a national advisory board for community equipment. This board should bring together users, carers, professionals, charities, commissioners, and providers to foster collaboration across sectors, share best practice nationally, and ensure that families and equipment users are actively involved in decision-making, giving them a real voice in shaping policies and services that affect their daily lives.

6. Reuse and Recycling Programme

The lack of a coherent and accessible return and recycling system means valuable equipment often sits unused, leading to waste while others face delays in receiving what they need. The APPG calls on the Government to strengthen local recycling and reuse processes by improving coordination between services, ensuring clear communication with users and carers on how to return or recycle equipment, and supporting local authorities to adopt best practice models. Enhanced monitoring and oversight should ensure that recycled equipment meets safety and quality standards, helping services increase availability, reduce waste, and use resources more effectively.

Background to the inquiry

The All-Party Parliamentary Group (APPG) for Access to Disability Equipment was established in May 2025 to provide a collective forum aiming to understand the importance and impact that the provision of specialist equipment can have on the individual and society. The APPG aims to promote learning and dialogue on the barriers preventing timely access to vital disability and medical equipment, to ensure the development of effective policies that remove these barriers, and to enable people with disabilities to lead healthy and independent lives.

This is the APPG's first inquiry, and it explores the barriers preventing people from accessing the medical and community equipment they need. The inquiry aims to support policy discussions and recommendations that improve access to this essential equipment, reduce inequalities, and promote best practice and innovation in commissioning, funding, and service delivery.

This inquiry builds on evidence from national organisations including Newlife, the Charity for Disabled Children and the British Healthcare Trade Association, which have consistently highlighted the financial, emotional and systemic barriers faced by people with disabilities in accessing essential equipment. The findings reinforce the need for urgent reform and coordinated national leadership.

For the purposes of this report, the inquiry has broken these down into four key themes:

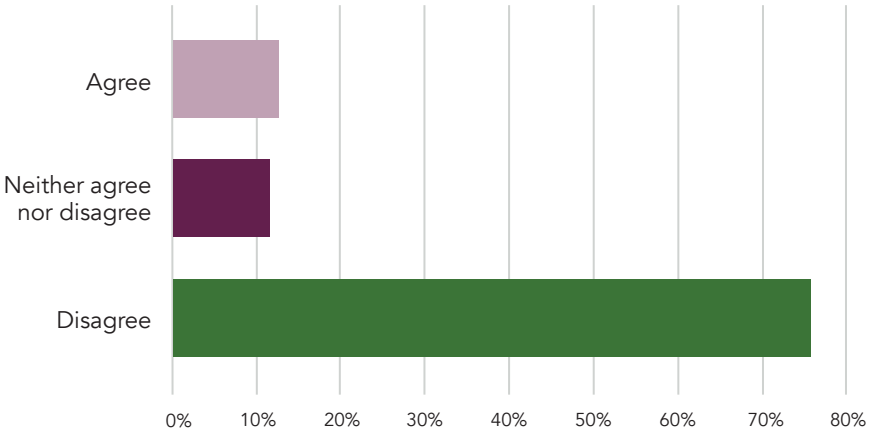
1. **Meeting needs and patient experience:** Exploring whether the current service provided is suitable for meeting needs and what impact the current system has on patients and their families.
2. **Equity and Access:** Examining whether there is a variation across the regions and the systems, and whether this varies between age groups and types of disability.
3. **Systemic barriers and delays**: Identifying the key challenges that cause delays and examining the impact these have on equipment users.
4. **Commissioning, Integration, and Innovation:** Evaluating current funding levels and commissioning models, judging whether they are fit for purpose.

The APPG was grateful to the wide range of survey respondents and stakeholders who shared their knowledge and expertise on this topic. A list of those who gave oral evidence and number of survey respondents for the call for evidence can be found in the Appendix.

[2] https://www.appgdisability.org/

Meeting Needs and Patient Experience

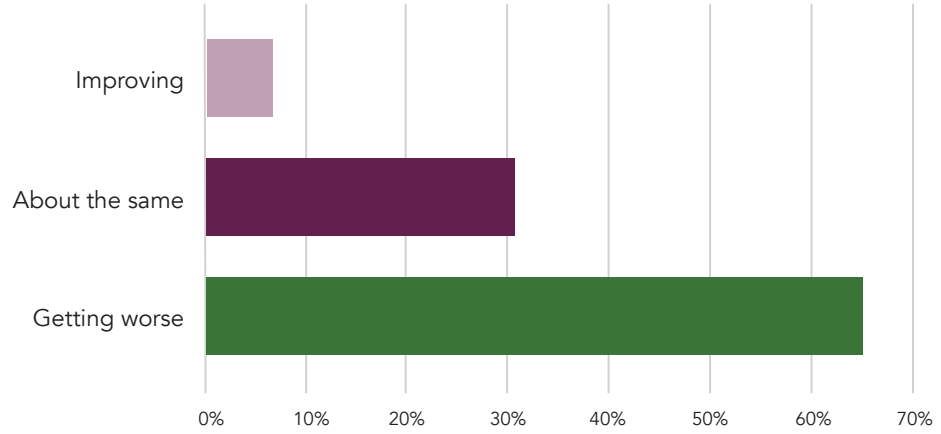
Do you agree with the following statement: the current system providing community care equipment for children and adults adequately reflects and meets patients' needs?



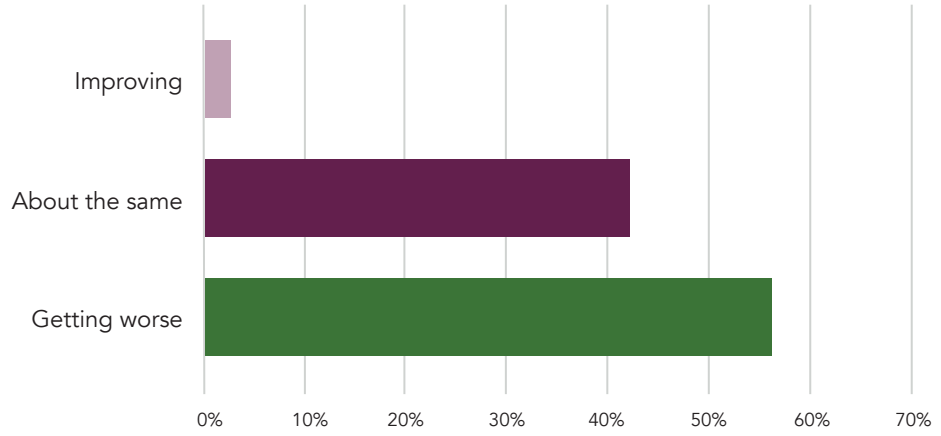
The survey found that across all four different groups, (equipment users, parents/carers, professionals in community care, and equipment providers/suppliers), community care provision is consistently failing to meet the needs of users. The most positive comment was "when it works, it's okay", while the majority of respondents expressed frustration with the current system. One equipment user summed up the issue stating that the support "barely scrapes the barrel of what people actually need to live their everyday lives."

Do you feel that your access to community care equipment is:

From Parent/Carer



From equipment users



As will be stressed throughout this report, community care provision is not an abstract policy; it directly affects the lives of equipment users and their families. What is concerning is that 63% of carers and 55% of equipment users said that the services are getting worse. The inquiry also revealed a widespread sense among participants of being "let down" by a system that should be providing support. Without intervention, community care is likely not only to fail in meeting the needs of equipment users but also to decline further.

Equipment Users

For equipment users, not receiving the right support has direct consequences for independence and quality of life. Many responses said that the unsuitable or delayed equipment leaves them isolated, unable to go out safely, and excluded from school, work, or community life. One parent explained how their child was "being stunted by equipment unsuitable", unable to prepare for the future. Emma Nicklin, Associate Director for Allied Health Professionals and Trust Head of Profession for Occupational Therapy in Central and North West London Foundation NHS Trust, noted during the oral evidence session that many children are not attending school because they do not have the appropriate equipment.[3]

These experiences reflect a fundamental failure of the current system: without the right equipment at the right time, users are prevented from fully participating in life. For most users, this equipment is not a luxury but a necessity; as one respondent stated, access to the right equipment is the "difference between going out safely or not".

During the oral evidence session, Sam Morton explained to members how the right wheelchair has made the difference between exclusion and independence, enabling him to study, build a career, and commute daily to work in London.[4]

Case study: **Sam Morton**

Sam Morton, who has cerebral palsy, has relied on specialist equipment throughout his life to study, work, and live independently. Growing up, he faced major challenges in accessing the right wheelchair. Statutory provision was often delayed or limited, and at one point, he risked missing out on university because he could not get the equipment he needed.

With the right equipment, supported by Newlife, the Charity for Disabled Children, Sam was able to attend university, live in student accommodation, and later move to London to pursue his career.[5] He now works at Channel 4 and told the APPG that his independence, including his daily commute to work, is only possible because he has the right equipment.[6]

[3] APPG for Access to Disability Equipment, oral evidence session, 1st September 2025
[4] APPG for Access to Disability Equipment, oral evidence session, 1st September 2025
[5] Newlife. Celebrating 20 years of equipment changing lives- like it did for Sam. May 2025 https://newlifecharity.co.uk/celebrating-20-years-of-equipment-changing-lives-just-like-it-did-for-sam/
[6] APPG for Access to Disability Equipment, oral evidence session, 1st September 2025

Case study: **Rhys Porter**

Rhys Porter, who has cerebral palsy, went without essential equipment, including a hoist and home adaptations, for two years. During this time, his parents had to help him use a commode seat in his bedroom and drag him into the family bathroom on a towel once a week, putting all of them at risk of injury.

When Rhys needed surgery to reset his hips and femurs, it could not go ahead safely without a hoist at home. With support from Newlife, the Charity for Disabled Children, a portable hoist was provided, allowing him to have the surgery.[7]

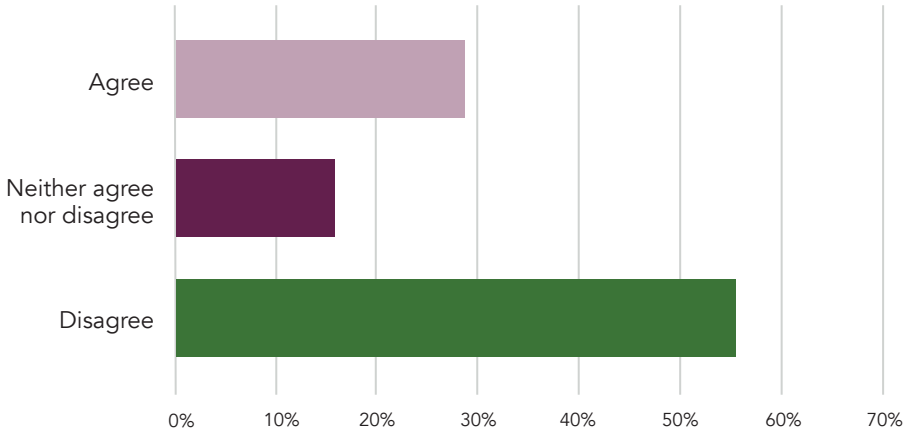
Rhys's story highlights the serious and very real consequences of delays or inadequacies in the supply of essential community equipment. This equipment, for Rhys and countless others, is critical not only to support day-to-day activities, but also to ensure essential medical treatment can take place, helping avoid further complications. It reinforces the fact that timely delivery of equipment is at the very heart of effective community care.

Carers and Families

Carers and parents repeatedly stressed in the survey how they do not feel supported. Families spoke of the emotional toll of constantly having to fight for basic provision, describing the process as exhausting and isolating. Some parents explained that their children missed out on formative years of development and education, not because of their condition, but because the right equipment was unavailable. Survey data showed that 55% of equipment users do not have access to the medical equipment they need for their long-term needs.

[7] NewLife. Fight For Our Future: Act now for disabled children. April 2024 https://newlifecharity.co.uk/wp-content/uploads/2024/04/Fight_For_Our_Future_Final-7.pdf

Do you agree with the following statement: I feel that I currently have access to the medical equipment I need to meet my long-term needs



Many respondents explained that they are offered only the "bare minimum," limiting independence and increasing pressure on families and carers. Parents described lifting heavy children without suitable hoists, putting themselves at risk of injury and long-term health problems. The absence of reliable equipment left carers exhausted and unsupported.

Some respondents even stated how they had given up on statutory provision and ended up purchasing the equipment, to ensure their children could live independently. For many, however, this is not an option, leaving them without safe or appropriate provision.

Research from Newlife in their 2024 report, *Fight for our Future* found that 75% of professionals working with families were concerned that children and young people in their area were living without equipment they deemed essential.[8]

A consistent concern raised by both carers and equipment users was exclusion from decisions about equipment. Systems often made choices without consulting the user or family, resulting in solutions that were impractical or unsafe. As one equipment user explained, "We know what we need to live a good life. Involve us." Equipment providers echoed this concern, noting that the focus of the system has shifted from wellbeing to merely "living" in the most limited sense.

[8] Newlife. Fight for Our Future. https://newlifecharity.co.uk/wp-content/uploads/2024/04/Fight_For_Our_Future_Final-7.pdf

There is an overall feeling that the current system is not fit for purpose and consistently fails to meet patients' needs. Survey respondents and inquiry participants reported feeling excluded, unsupported, and forced to cope with inadequate provision. The consequences are clear: lost independence, interrupted education, health risks for carers, and worsening mental health for families. As Sam Morton stated during the oral evidence session, community care provision should not be considered an "abstract policy issue," as it has a direct and tangible impact on people's lives.[9]

The APPG therefore calls on government to:

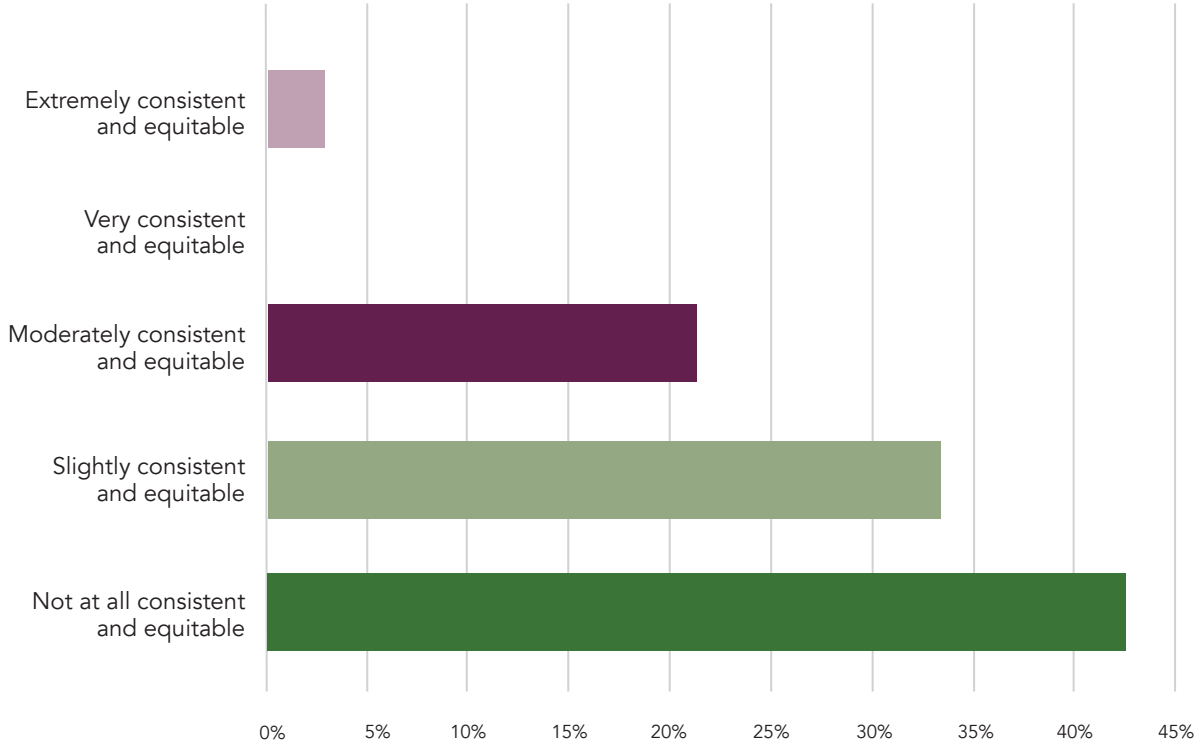
Recommendation

- Establish a national advisory board to give equipment users and carers a real voice in decision-making.

[9] APPG for Access to Disability Equipment, oral evidence session, 1st September 2025

Equity and Access

In your view, how consistent an equitable is the provision of community equipment across local authorities and Integrated Care Systems (ICSs), particularly in terms of eligibility criteria, service standards, and outcomes?



Access to community care provision across the UK can vary widely between local authorities and integrated care systems, with 42% of equipment providers stating that provision is "not at all consistent and equitable". This variation in patient experience depends on several factors identified in the inquiry, including age group, type of equipment, and location. Importantly, even those in the best-served areas or with access to condition-specific services are still not receiving fully adequate community care provision.

Photo credit: Annie Spratt/Unsplash

Age disparity

From the survey, there were conflicting answers over which group, children or adults, receive the best community care provision. As Sam Morton stated during the oral evidence session, if you are born with a disability or access services as a child, you are added to the system early and are more likely to have the right support. For older individuals, the challenge is getting onto the system. Sam reflected on this when discussing an elderly relative struggling to receive the equipment they need.[10]

The transition between child and adult services exposes significant inconsistencies and remains a cliff edge for many young people. In some cases, the type of support changes when moving to adult services, with different equipment or criteria applied, even when the individual still qualifies for assistance. In other cases, young people may no longer meet the eligibility criteria for either child or adult services, resulting in a complete loss of support. Families and professionals reported examples where equipment was removed and then reissued at age 18, creating unnecessary disruption and waste. One equipment user described the transition as "falling into an abyss," highlighting the emotional as well as practical impact of these gaps.

In some areas, adult care was reported as more of a priority. Evidence suggested that adult hospital discharges are routinely prioritised over children's needs at home. Professionals explained that this is often due to pressures within the hospital system, which take precedence over children's long-term developmental needs. One professional commented: "I often find that I'm having to advocate heavily for the specialist equipment needs for children due to limitations on funding."

The reality is that neither group reported an overall positive experience. Both children and adult services face long waiting lists and insufficient funding, leaving people unable to leave their homes safely while waiting months or years for assessments.

[10] APPG for Access to Disability Equipment, oral evidence session, 1st September 2025

Types of equipment

In addition, the inadequacies in the system extend to the types of equipment available for patients. Those with more complex conditions often struggle to receive specialised equipment. Respondents noted that assessors and councils frequently lacked the knowledge needed to prescribe equipment for these conditions. For example, individuals with neurological conditions were sometimes offered equipment designed for completely different needs, leaving them with unsuitable or unsafe devices.

Access to more expensive equipment, such as powered wheelchairs, illustrates that many of the systemic challenges affecting community equipment services, such as delays, funding constraints, and eligibility disputes, also occur in other equipment pathways. Wheelchair provision is a separate system, but respondents reported similar issues of restricted access due to cost, even when the equipment was essential for independence. One respondent explained that they requested a powered chair but were instead offered a self-propelled model. They said, "I have multiple sclerosis with one 'useless' leg and a frozen shoulder and was told to propel it with my one good arm." This example highlights how funding and eligibility pressures can create barriers across different areas of equipment provision, reinforcing the need for consistent and responsive systems.

To receive the correct equipment, they ended up purchasing it themselves. This underlines the systematic inequality in the system, as not everyone has the funds to do this. Another respondent described how NHS funding was insufficient to buy a powered wheelchair for her son. She said, "My son is 4 years old now. He will grow quite a lot in this period of time. But if he grows out of his privately funded wheelchair, we cannot go back to the NHS to get a new chair. It would also exclude the possibility of him getting a power chair in that time, something that he may demonstrate that he has the capacity to operate, which would give him a level of independence he doesn't currently have."[11]

These examples show that current community care provision is insufficient for more complex needs and often provides only the bare minimum equipment. This is not just about wellbeing; it is also about the opportunities that many of us take for granted, such as independence, education, social participation, and access to everyday life experiences.

Regional disparity

A phrase used by numerous respondents was "postcode lottery," with certain areas receiving better care than others. This variation was mainly due to differences in local authority processes, rules, and funding decisions. One respondent working in London noted inconsistencies in the stock range held from borough to borough. An equipment provider added that the lack of national guidance around equipment provision means each local authority often has its own procurement system and independent commissioning requirements.

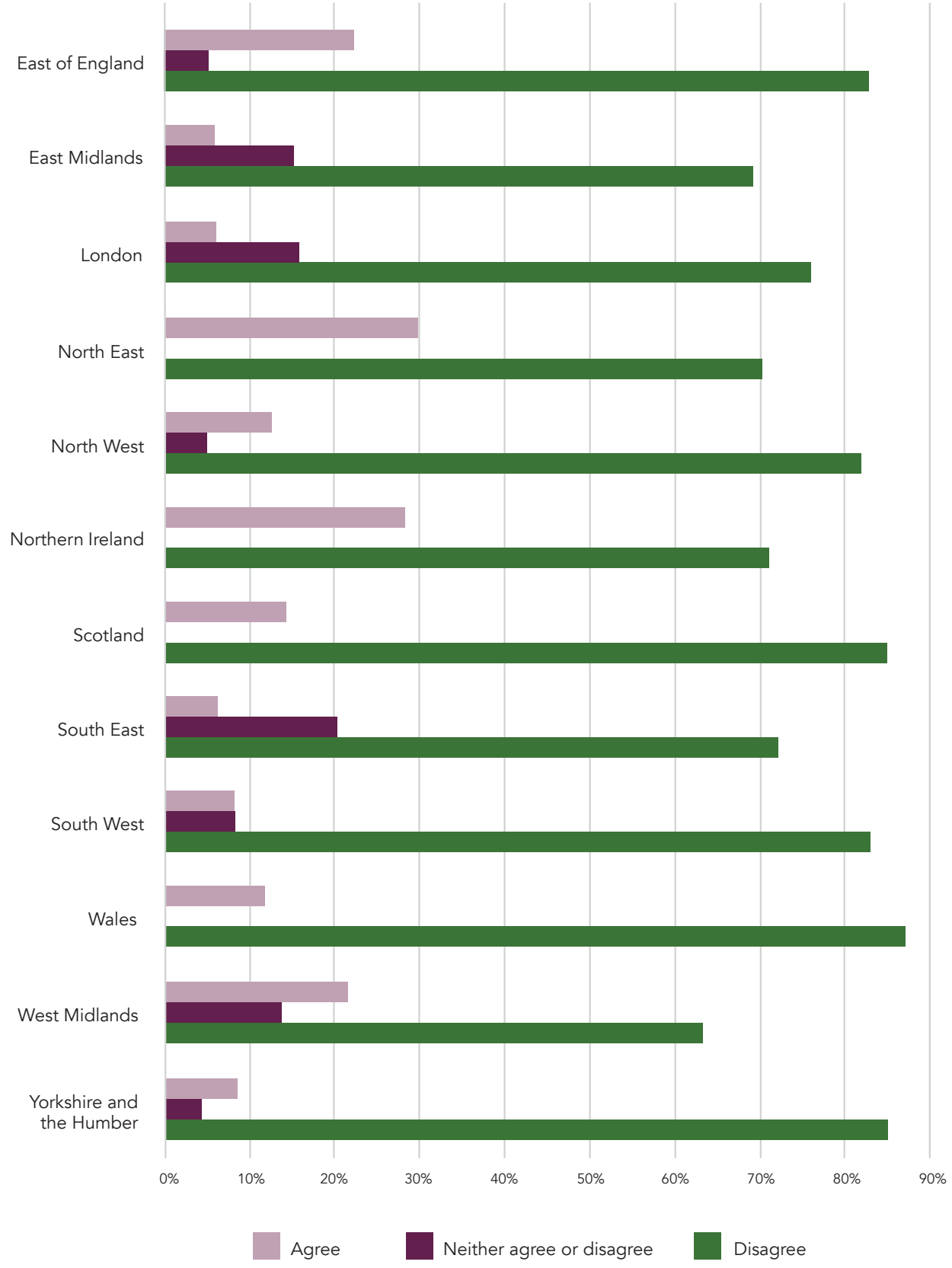
In addition, there are regional disparities when it comes to assessment wait times, with some authorities reporting wait times of a few weeks, whilst others reporting they have equipment users waiting months and even years for an assessment of their needs.[12]

However, as noted from the inquiry, no area was shown to have a high level of support, as shown in the graph below, with the majority of parents and carers not feeling that the current system supports the needs of equipment users.

[11] Example used demonstrating parallels with wheelchair services
[12] Newlife. Fight for Our Future report, https://newlifecharity.co.uk/wp-content/uploads/2024/04/Fight_For_Our_Future_Final-7.pdf

Do you agree with the following statement: the current system providing community care equipment for children and adults adequately reflects and meets patients' needs?

From Parent/Carer



These inconsistencies also affect multiple areas, including education. Equipment required for school or college is often difficult to fund, even when essential for attendance and participation. Professionals working across multiple local authorities reported that each council has its own pathways and rules, creating delays, wasting professional time, and leaving families struggling to navigate complex and contradictory systems. In some areas, children can access equipment at both school and home, while in others, they cannot access either. One respondent explained: "If you live in one authority but go to school in another, there are different systems and you may not be eligible for either." Transitions between services are a particular point of vulnerability, with equipment frequently lost as children move across systems.

Overall, there is variation across a range of factors such as region, age, and type of equipment. As stressed throughout this report, the majority of equipment users are not receiving the equipment they need for independence and daily life. While the Government has announced an independent review into adult social care focusing on older people's care and support for working-age disabled adults, this does not address the needs of children who are heavily impacted by the current system.[13]

Based on these findings, the APPG recommends the following:

Recommendations

- The government should introduce a national strategy to create a unified system, tackling postcode inequalities, ensuring consistency across different equipment needs, and addressing barriers linked to age and service transitions.
- Reform and streamline the system, creating joined-up communication channels and a centrally audited framework to improve coordination, accountability, and user experience

[13] Department for Health and Social Care. 'Independent commission into adult social care: terms of reference', 11th July 2025, https://www.gov.uk/government/publications/independent-commission-into-adult-social-care-terms-of-reference/independent-commission-into-adult-social-care-terms-of-reference

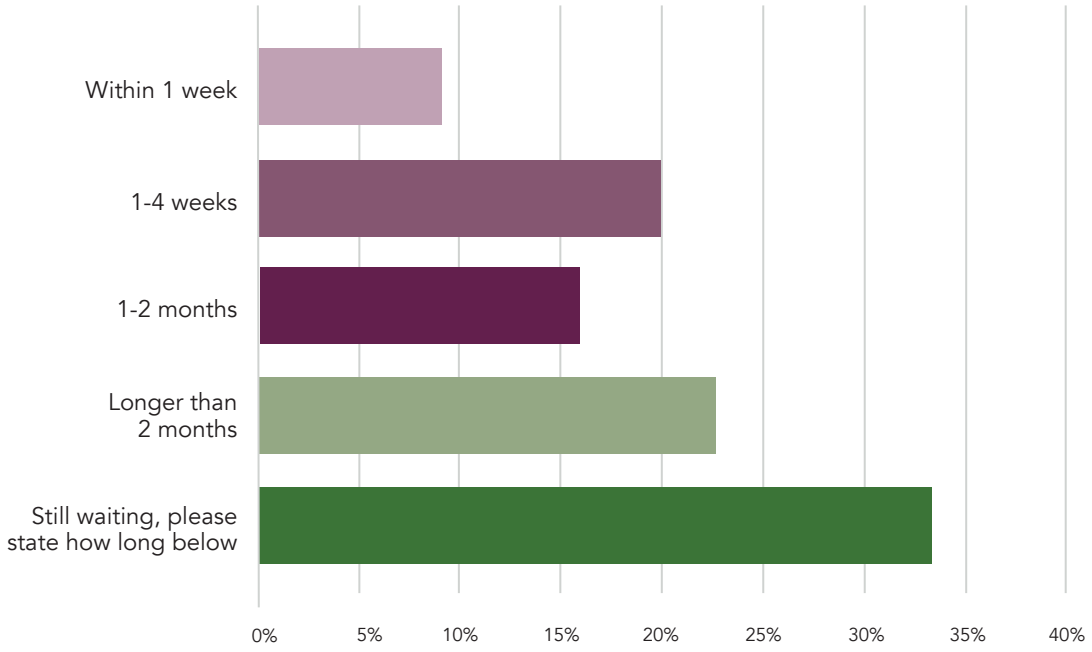
Systemic Barriers and Delays

In this section, we look at key systemic barriers impacting community care equipment, including staff shortages, delays in supply chain, local authority inconsistencies, and a lack of funding.

Delays in accessing equipment were identified as one of the main barriers for community care equipment, with 33% of equipment users reporting that they are still waiting to receive equipment that has been approved, while 22% reported waiting over 2 months to receive their equipment.

How quickly did you receive the equipment once it was approved?

From equipment users



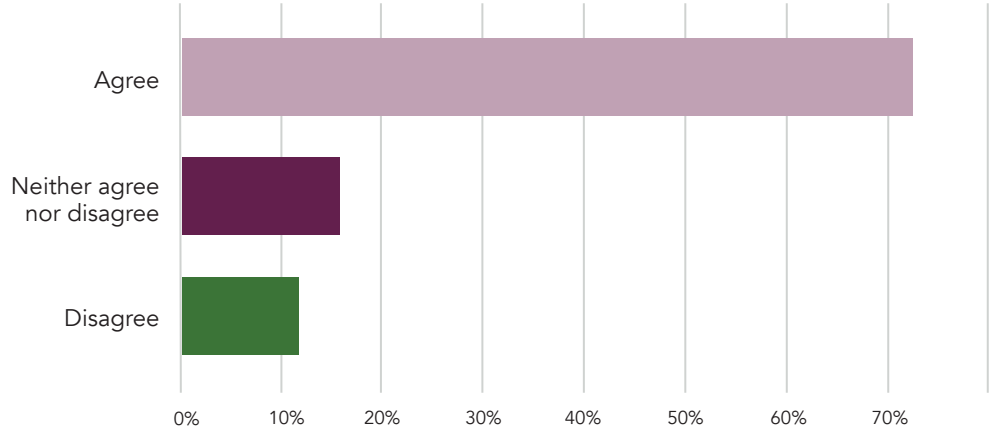
These delays are having a detrimental impact on their user and their families, with one equipment user commenting how the delay has "disabled me more and had a really negative impact on my mental health". These delays involve not just waiting for the equipment but also the associated processes around this, such as having an occupational therapist visit and assess a home or the user, and that unfortunately, the current system is too slow. Even a parent who noted how they had a "fantastic" Occupational Therapist commented that it didn't change the "time wasted in a child's crucial development years that these processes take."

In some areas, children wait years for the equipment which they have already outgrown. Throughout the survey, parents commented that they had to plan far ahead for their children's next equipment to account for inevitable delays. Further examples were shared with us that showed children were missing out on school and opportunities for development. The APPG heard how equipment delays actively hold children back, with education and participation being sacrificed because equipment was not available.

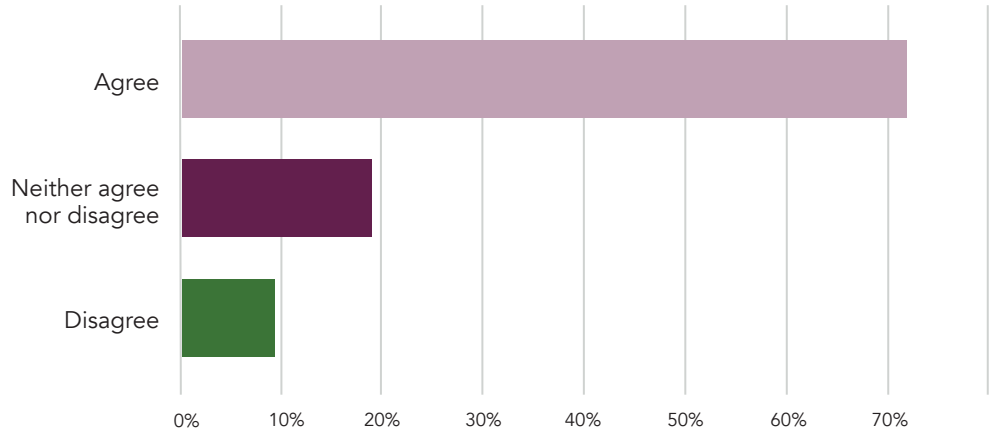
Equipment delays impact hospital discharge, leading to more pressure on other areas of the NHS. We heard that 72% of professionals in community care and 71% of equipment providers say they were aware of patients in their area who have faced elongated hospital stays because the community equipment needed to be discharged was not available. As noted by an equipment provider, these delays put additional pressure on "hospitals having to keep patients for longer and too much pressure on families as they aren't presented to solutions that can make their lives with a disabled family member reasonable and dignified."

To what extent do you agree/disagree with the following statement: I am aware of patients in my area that have been discharged from hospital without the community equipment they need.

From professionals in healthcare



From equipment providers



Delays are caused by several factors. Responses from professionals in community care and equipment providers identified four key reasons:

Staff Shortages

As highlighted by professionals in community care, staff shortages, particularly among occupational therapists, are a significant concern. These shortages contribute to delays in home visits and assessments, which in turn postpone access to essential equipment and create a recurring cycle of delays. Several factors contribute to the shortage, including administrative burdens, inadequate funding, and staff burnout. According to the Royal College of Occupational Therapists, the average annual leaver rate for occupational therapists is 8%, higher than the 6.9% reported among other allied health professionals, with variation depending on specialism, employer type, and location.[14] Workforce pressures are further reflected in waiting lists: in July 2024, 8,957 adults and 19,070 children and young people were waiting to see an occupational therapist in the community, outside of hospitals.

One key issue raised in the survey was the lack of support and limitations faced by occupational therapists. One respondent explained, "We have to wait a long time for equipment, which results in additional work as we often end up seeing patients for longer and try to mitigate the risks. This increases our waiting times for other patients and adds stress for patients and carers waiting for equipment, as well as for therapists and other staff." Equipment users echoed this frustration, with one commenting: "The service in my area is very understaffed and they do not have enough time to spend assessing individuals adequately. I feel also that they don't listen to the individual and their needs." The persistence of these delays places further strain on the system and may ultimately reduce staff retention, as professionals become frustrated by their inability to provide timely support to patients.

[14] Royal College of Occupational Therapists. Occupational therapy Workforce Strategy action plan England 2024–2027, https://www.rcot.co.uk/support-the-profession/workforce-strategy/2024-2027

Photo credit: peakSTOCK/iStock

Delays in the supply chain

Delays within the supply chain were frequently highlighted by equipment providers as a key barrier to timely service delivery. Some reported that equipment services do not receive orders in a "timely manner," while others pointed to the constraints of key performance indicators that limit resources. Beyond procurement, problems with provision, maintenance, repair, and collection further strain the system.

Collection emerged as a critical issue, with practices varying widely across regions. One professional noted that there are "insufficient resources to collect equipment from the community when no longer needed". Even when items are returned, they are not always visible or effectively communicated to prescribers, limiting opportunities for reuse. As another respondent explained, "returned equipment is not well advertised back to prescribers so they know what is available." While many Community Equipment Services (CES) perform well in refurbishing and recycling, inconsistency across areas means that opportunities to redistribute equipment efficiently are sometimes missed. The lack of a consistently streamlined return and reuse system not only reduces efficiency but can also cause distress for families, with one professional describing how "bereaved families [were] contacting me asking how they can return equipment."

Local Authority inconsistencies

Inconsistencies across local authorities were identified as one of the most significant barriers to accessing community equipment. Providers reported limited communication within authorities and little alignment between different areas. As one provider stated, "there is no consistency. There is little or no communication between departments within an authority and no consistency between different authorities." The absence of national guidance reinforces this fragmentation, with another provider noting that "every authority works differently, and it is unclear how processes operate in areas where strong links have not been built."

Local authorities share statutory responsibility with Integrated Care Boards (ICBs) for providing community equipment that supports people with disabilities to live independently. Under the Care and Support (Charging and Assessment of Resources) Regulations 2014, they are prohibited from charging for equipment that meets assessed care needs.[15] Commissioning arrangements vary locally, but many councils and ICBs operate joint schemes under pooled budgets made possible by section 75 of the National Health Service Act 2006.[16] These partnerships often contract with private providers such as Medequip, Millbrook Healthcare and – prior to its collapse in August 2025 – NRS Healthcare, who supply, deliver, and recycle community equipment on behalf of both health and social care commissioners.[17]

[15] The Care and Support (Charging and Assessment of Resources) Regulations 2014
[16] Section 75 of the National Health Service Act 2006
[17] https://www.medequip-uk.com/news/articles/2025/the-emerging-impact-of-co-production-on-community-equipment-services

At a strategic level, local authorities and ICBs must jointly prepare Joint Strategic Needs Assessments (JSNAs) under the Local Government and Public Involvement in Health Act 2007, to assess population-level health and care needs and inform commissioning.[18] However, since JSNAs and Section 75 agreements are locally determined with no national template, the structure, quality, and delivery of community equipment services vary widely across England. The Department of Health and Social Care has confirmed that responsibility for ensuring timeliness and quality sits with local NHS and council procuring authorities.[19] This decentralised framework has led to a complex commissioning landscape, where overlapping duties, mixed funding, and reliance on external providers make coordination and consistency across the system challenging.

Funding

Funding is a major systemic barrier to equitable access. Current models focus on short-term costs rather than long-term value, failing to account for the wider impact on the health and social care system. Funding caps have remained largely unchanged for over a decade, and although some increases have been made, services struggle to meet rising demand and cost pressures.

For example, according to County Councils Network, local authority spending in England to support working-age and lifelong disabled adults has been rising faster than inflation and wage growth, creating significant financial pressure across councils.[20] If current trends continue without national reform, total expenditure is forecast to increase by at least 50% per year by 2030.

Despite this rising expenditure, spending is not keeping pace with growing demand. Many local authorities report that current funding arrangements are not fit for purpose, with cost pressures compounded by funding shortfalls and cost shifts from the NHS, such as through Continuing Healthcare eligibility changes. Without significant national reform and improved funding models, councils face an increasingly unsustainable gap between the level of support required and the resources available to provide it.

As a result of these funding pressures, there are real consequences: "Budgetary restrictions can mean long delays between assessment and equipment being ordered, in which time the child has been deprived of access to school and social input, and the equipment when finally delivered is no longer appropriate," explained one provider.

Providers expressed concern about the normalisation of delays. They noted that there is little effort to address the risks created by insufficient resources. This issue is aggravated by a lack of coordination between health professionals and local authorities. As Emma Nicklin commented, prescriptions made by clinicians are not always aligned with the way local authorities manage contracts.[21] The result is a fragmented system that undermines equitable access to equipment and leaves people and hospitals exposed to unnecessary gaps in provision.

[18] Statutory guidance on Joint Strategic Needs Assessments
[19] https://questions-statements.parliament.uk/written-questions/detail/2025-05-14/52493
[20] https://countycouncilsnetwork.org.uk/download/5519/?tmstv=1731075291
[21] APPG for Access to Disability Equipment, oral evidence session, 1st September 2025

Overall, the barriers outlined in this section, including staff shortages, supply chain delays, local authority inconsistencies, and funding challenges, demonstrate that delays are the result of structural issues rather than isolated incidents. These systemic challenges have direct consequences. Children may miss educational and social opportunities, families face increased stress, and hospitals experience longer stays due to unavailable equipment. Importantly, these issues can be addressed through stronger collaboration, clearer accountability, and coordinated approaches across health, social care, and local authorities. As one equipment provider noted, "Delays in equipment provision are inappropriately accepted and no efforts are made to mitigate risks stemming from the lack of adequate resources."

To begin addressing these systemic barriers, this report makes two recommendations:

Recommendations

- Development of a strategy to review and reduce current waiting times.
- Improvement of local reuse and recycling processes to increase equipment availability, supported by better communication with users and stronger coordination between services.

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Commissioning, Integration, and Innovation

The fragmentation of the current system is one of the key barriers to accessing community equipment. At the core of this problem is the commissioning process, which not only limits innovation but also fails to deliver integration across health, social care, and education.

Commissioning

A key issue with commissioning is its focus on low cost above all else. As highlighted in earlier sections, equipment is often not fit for purpose or fails to support the user properly. Numerous providers reported that commissioning frameworks prioritise "low price rather than what actually is the right product". Contracts are based on competitive tendering that places "too much emphasis on product cost, instead of taking into account whether the product is fit for purpose". One professional noted, "Slightly more expensive equipment may last longer, and recycle, but we have to use the cheapest items." This short-term focus leads to poorer outcomes for families and greater costs for the system overall.

This approach also affects the supply chain. Fiona Ellis-Winkfield, Managing Director of Gordon Ellis, explained in oral evidence that the way catalogues are handled make it difficult for small and medium-sized enterprises (SMEs) to access the market.[22] One respondent added that larger suppliers often design equipment to meet "the needs of many people for as low a price as possible," which frequently results in products that are too heavy, too simple, or inappropriate for individual needs.

[22] APPG for Access to Disability Equipment, oral evidence session, 1st September 2025

Case Study: **NRS Collapse and the need for a dedicated long-term strategy**

NRS Healthcare was one of the UK's largest providers of community equipment services (CES), supplying mobility aids, hoists, medical beds, and other essential items that enable people to live independently and support timely hospital discharges. The company, which held contracts with around 40 local authorities and the NHS across England and Northern Ireland, entered insolvency in mid-2025 following sustained financial losses, high debt costs, and the impact of a major cyberattack. The sudden collapse put local authorities and Integrated Care Boards under sustained pressure to secure replacement suppliers, raising immediate risks for people awaiting hospital discharge or dependent on essential home equipment.[23]

In the months since, contingency plans have been implemented across most affected areas. Many of NRS's contracts have now transferred to other major providers, principally Medequip and Millbrook Healthcare, helping to stabilise services and maintain continuity for patients.[24]

NRS had been one of the largest providers in the UK, delivering contracts across multiple local authorities. In oral evidence, James Ibbotson, Chief Executive of Medequip, suggested there were a number of reasons for the collapse, such as unsustainable contracts, an aggressive pricing strategy, a cyberattack that took services offline for seven weeks, and an unmanageable London contract based on inaccurate data.[25]

The collapse has left local systems scrambling to secure replacement provision. Emma Nicklin told the APPG that, at the time of the APPG evidence session in early September, only urgent and emergency needs were being met, while routine provision was delayed indefinitely. Fiona Ellis-Winkfield highlighted that SMEs were heavily affected by late payments and shrinking margins, further destabilising the market. The collapse demonstrates the dangers of cost-focused contracts, a market dominated by a few large providers, and the consequences of poor alignment between health and social care commissioning.

[23] https://www.rcot.co.uk/latest-news/reflections-collapse-NRS-Healthcare
[24] https://questions-statements.parliament.uk/written-statements/detail/2025-09-01/hcws896
[25] APPG for Access to Disability Equipment, oral evidence session, 1st September 2025

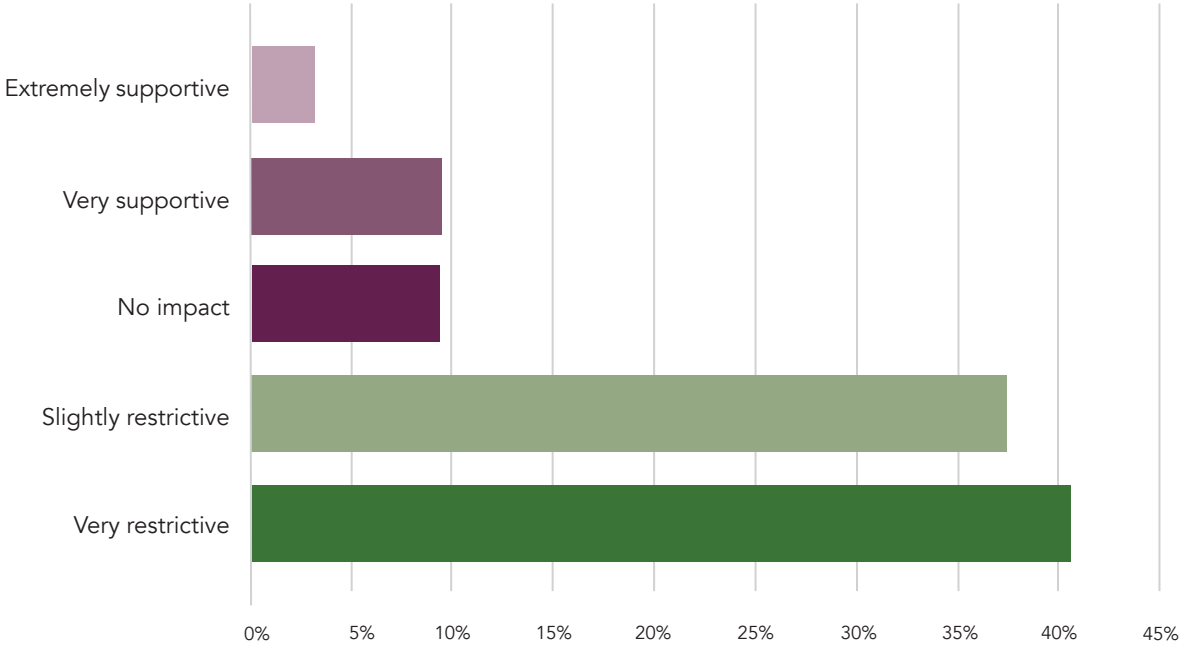
Innovation

A strong focus on lowest-cost provision is limiting opportunities for innovation in community equipment. One provider commented, "The technology exists to allow disabled people to live more fulfilled lives, but the provision does not." Another explained, "The mark-up on products is so small that it wouldn't make sense to invest in a new product as you wouldn't see any return. Even something as simple as a Pillow Lifter, which could be made more comfortable with better foam and frame design, cannot be achieved because the price point for the product will not allow it." As a result, individuals are denied access to new designs and technologies that could significantly enhance their independence and quality of life.

Survey data reflects these constraints, with 41% of respondents stating that current commissioning practices are very restrictive and a further 38% reporting them as slightly restrictive.

In your view, do current commissioning practices restrict or support your organisation's ability to invest in serve improvements and innovation?

From equipment provider



Integration

All of these challenges are further exacerbated by a lack of integration. Equipment providers described wide variation between local authorities. While some authorities are working to streamline procurement, others are not, and there is no systematic sharing of best practice. The disconnect between health professionals who prescribe equipment and local authorities who commission it reinforces these gaps. Funding challenges further worsen the problem. James Ibbotson, during the oral evidence session, highlighted that the government's only significant support for the sector came during the COVID-19 pandemic, when the industry was treated as a 'fourth emergency service' and received vital funding. In the absence of sustained investment, authorities and providers struggle to coordinate resources effectively. As one provider explained, "Every authority works differently, and it is unclear how processes operate in areas where strong links have not been built."

The consequences fall directly on equipment users and their families, who face inappropriate provision, delayed access, and limited choice. Education, social participation, and independence are all affected when equipment is not suitable or delivered on time. Reforming commissioning, strengthening integration, and creating space for innovation are essential if the system is to deliver equipment that truly supports independent living and improves outcomes for users.

To address these systemic issues, this inquiry recommends:

Recommendation

- Funding reforms to streamline the system, including clearer commissioning responsibility or oversight and government regulation to monitor outcomes.

Photo credit: Tawfiqu Barbhuiya/Unsplash

Conclusion

This inquiry has shown that the current system for providing community equipment across the UK is fragmented, under resourced and inconsistent. While there are examples of excellent practice and dedicated professionals, too many people continue to face long delays, unsuitable equipment and a lack of joined up support. Equipment that should enable independence, dignity and participation is often out of reach, delayed or not fit for purpose. These issues are not caused by a lack of effort from professionals but by a lack of coordination, oversight and investment. The evidence gathered throughout this inquiry highlights both the scale of the problem and the opportunities for change through national leadership and stronger accountability.

The APPG joins national charities in urging the Government to act now. Children and adults with disabilities and those in need of community equipment must be prioritised in national policy – with leadership, commitment, funding and accountability to ensure access to essential equipment. It is vital that those who are most vulnerable are not denied the same opportunities in life as others. Everyone deserves the right support and the right equipment at the right time, so they too can live safely, independently and with dignity.

Photo credit: Gary Radler/iStock

Meeting Needs and Patient Experience

The inquiry found that current community equipment services are not meeting the practical and emotional needs of users and their families. Without the right equipment, people lose their independence, confidence and connection to society. Children are missing out on education, adults are unable to work or live independently, and carers are being pushed to physical and emotional exhaustion.

To help address these issues, the APPG recommends the creation of a National Advisory Board so that equipment users, carers and professionals have a real voice in shaping services and influencing national policy. The APPG also calls for a nationally supported online portal, delivered by local authorities and monitored by government, that allows patients and carers to track the progress of their equipment requests and support applications. This would be the first step in improving communication and transparency, ensuring that people are kept informed and involved throughout the process.

Equity and Access

The inquiry found there are significant inequalities across the United Kingdom, with eligibility, waiting times and service standards varying widely between local authorities and integrated care systems. This postcode lottery continues to create unnecessary hardship for families. The variation is not only regional but also linked to age, disability and the type of equipment needed. Access to specialist equipment such as seating systems, hoists or communication aids is particularly inconsistent. Some areas offer a range of equipment that meets individual needs, while others provide only the most basic models, leaving users without the right support to live independently. The transition from children to adult services often makes these inequalities worse, with families describing the process as "falling into an abyss."

To address these disparities, the APPG is calling on the Government to introduce a National Strategy, led by a dedicated Minister, to create a unified system that guarantees fair access to community equipment across all regions, ages and disabilities. This strategy would form the foundation for all other recommendations in this report and ensure progress is regularly monitored and reported to Parliament.

Systemic Barriers and Delays

Delays were identified as one of the biggest challenges across community equipment services. 33% of equipment users said they were still waiting for approved equipment, and 22% had been waiting for more than two months. Staff shortages, especially among occupational therapists, are leading to long assessment waits, while delays in provision, repair and collection of equipment are adding more pressure. Inefficiencies in the collection and recycling of equipment mean that valuable items are sitting unused when they could be helping someone else.

The APPG recommends a national strategy to reduce waiting times and delays, including greater investment in workforce capacity, simplified processes for assessment and approval, and better coordination between local authorities and NHS trusts. Alongside this, local reuse and recycling systems should be strengthened, with clear guidance for users on returning equipment and enhanced coordination between services to ensure safe recollection, refurbishment, and redistribution. These measures would not only improve access but also make the system more efficient, sustainable, and responsive to user needs.

Commissioning, Integration and Innovation

The current commissioning and funding system is overly complex and focused too heavily on cost rather than quality or long-term outcomes. 41% of equipment providers described the current commissioning system as "very restrictive," with a further 38% calling it "slightly restrictive," limiting investment in service improvements or innovation. The emphasis on lowest cost procurement often means choosing equipment that is less durable or unsuitable for users, leading to greater costs over time.

The collapse of NRS Healthcare highlighted the current systemic issue and the urgent need for national oversight. When contracts are forced to prioritise price and scale over quality and resilience, both smaller suppliers and the people relying on equipment lose out. Smaller or specialist providers, who could bring innovation and tailored designs, could play a greater role in evolving the market to meet users' needs.

To address these challenges, the APPG recommends a package of funding and commissioning reforms that streamline responsibilities, introduce stronger government oversight and ensure transparency and accountability across the system. Future commissioning models should reward quality, innovation and long-term value rather than short-term cost savings. Greater integration between health, social care and education is also essential, ensuring that support follows the person rather than the service. With better collaboration and consistent leadership, community equipment provision can become both more efficient and more responsive to the people it exists to serve.

Reforming community equipment services is not only a matter of fairness but also of economic and social importance. Timely access to the right equipment reduces hospital admissions, prevents delayed discharges, supports carers to stay in work and enables disabled people to live independently and contribute to their communities. Investment in better systems, stronger commissioning and improved collaboration would deliver both human and financial benefits.

Access to the right equipment should never depend on where someone lives, how old they are or what condition they have. It is fundamental to independent living, equality and dignity, and must be treated as such within national policy.

Appendices

List of qualitative question respondents were asked in survey

- How well does current community equipment provision meet the needs of patients and families?
- How equitable and consistent is access to community equipment across regions and systems?
- What barriers and challenges limit timely and appropriate access to equipment?
- What are the consequences of delays or gaps in provision, particularly for children and young people?
- How effective and sustainable are current funding, commissioning, and procurement models?
- How well is equipment provision integrated with wider health, social care, and education services?
- What opportunities exist to improve services through better collaboration, design, and user involvement?

This is a small sample of qualitative questions asked in the survey

Number of respondents: 626 respondents
Equipment users: 74 respondents
Parents/carers: 326 respondents Professional in community care: 175 respondents
Equipment provider and/or manufacturer: 51 respondents

The survey was conducted over the course of three months between July and September 2025, through SurveyMonkey.

List of presenters who submitted oral evidence to the inquiry

- Sam Morton, Expert by experience and wheelchair user
- Emma Nicklin, Associate Director for Allied Health Professionals (AHPs) and Trust Head of Profession for Occupational Therapy in Central and North West London Foundation NHS Trust (CNWL)
- James Ibbotson, Chief Executive of Medequip
- Fiona Ellis-Winkfield, Managing Director at Gordon Ellis

APPG for Access to Disability Equipment

All-Party Parliamentary Groups are informal groups of Members of both Houses with a common interest in particular issues. The view expressed in this report are those of the group. Tendo Consulting Ltd are funded by the British Healthcare Trade Association and Newlife to act as the Secretariat to the APPG.

The APPG for Access to Disability Equipment was founded to provide a collective forum aiming to understand the importance and impact that the provision of specialist equipment can have on the individual and society. The APPG aims to promote learning and dialogue on the barriers preventing timely access to vital disability and medical equipment, and to ensure the development of effective policies that remove these barriers and enable people with disabilities to lead healthy and independent lives.

Chair: Daniel Francis MP
Vice Chairs: Josh Newbury MP, Tessa Munt MP, Lord Mackinlay of Richborough