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# Survey of London Ambulance Services (LAS) - Hounslow

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A report by –  
Healthwatch Hounslow  
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## EXECUTIVE SUMMARY

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This is a review of services provided to local patients aged 65 years and above by the London Ambulance Services (LAS) in Hounslow. The LAS is “the busiest emergency ambulance service in the UK and provides healthcare that is free to patients at the time they receive it.” It has approximately 5,000 members of staff, who play a wide range of roles through 70 ambulance stations. Its staff serves more than eight million people who live and work in the London area. The 999 service provided by the LAS to Londoners is purchased by various Clinical Commissioning Groups or CCGs. The performance of the LAS is monitored by the National Health Service, or NHS England, but is ultimately responsible to the UK government’s Department of Health.

As in other areas, patients in Hounslow aged 65 years and above are among the most frequent users of the LAS in the borough. From available statistics, it is evident that in the year 2016 there were 12,145 incidents relating to LAS callers aged 65 years+. Statistics also indicate that their numbers are rising, that they peak during the winter months, and that in considerable instances they appear to be avoidable and, therefore, need decisive remedial measures to prevent unnecessary costs to the already overburdened LAS.

This review aims to examine the provision of services and care provided by the LAS to patients aged 65 and above with a view to finding out if any practical recommendations can be made to help the LAS achieve its main aims in a more cost-effective manner without endangering patient health and safety.

Our aim was to ascertain the following:

- The various reasons for which local users of the LAS aged 65 and above call for the LAS;
- Their estimation of the LAS’ response rate and the quality of services they are provided with;
- Whether they would or would not recommend the LAS to their family and friends;
- The result or outcome of their call to help us identify preventable or avoidable call-outs or calls that should have been made to other available local services at a lower cost and without compromising patient safety;
- Their awareness of out-of-hospital (OOH) services available in Hounslow so that, if required, appropriate initiatives such as raising awareness, patient education, and breaking entrenched habits can be identified, recommended, and initiated.

To achieve the above, we did the following:

- Obtained responses about the use, outcomes, experience, and estimation of LAS services for over 200 local patients aged 65 and above;
- Reviewed information from the LAS in Hounslow and asked them some questions to clarify our understanding of its workings;
- Connected with managers and some staff in six homes where many local people aged 65 and above reside in various parts of Hounslow.

From data regarding users, it was evident that though users/their family/carers contact the LAS for diverse reasons affecting their health, the largest number of LAS call-outs in 2017 was for falls (35%), followed by

various illnesses (33%) and breathing problems (13%). The feedback from users on LAS response rates was positive. The majority of our respondents (69%) said they would also be happy to recommend the LAS to their family and friends. Regarding outcomes, the majority of call-outs (59%) seem to have been appropriate and are reported to have resulted in patients being conveyed by the LAS to hospital. Regarding awareness of local services, LAS users in our sample show the highest awareness about A&E (89%), followed by NHS 111 (61%). Despite this, only 24% of patients in our sample said they phoned NHS 111 before calling the LAS. A small minority (28%) of our respondents' revealed awareness of the Urgent Care Centre (UCC), only 24% were aware of OOH GP services, and only 7% were aware of the Community Recovery Service (CRS) to which patients can access through self-referral.

Likewise, responses from our smaller sample of 80 patients revealed that only 5% know about Hounslow's community nurses team and only a slightly higher percentage were aware of pulmonary services for people with chronic respiratory problems in Hounslow.

From data received from Hounslow LAS, it was evident that falls, breathing problems, and healthcare professional advice were the topmost reasons for call-outs to the LAS. Compared to 2016, call-outs for breathing problems fell (-10.4%) and call-outs for falls rose (5.1%) in 2017. A significant rise (27%) in the number of calls to the LAS via NHS 111 in 2016/17 compared to the previous year is also noticeable. There was also a 19.8% rise in NHS 111 patients conveyed to hospital, a 50% rise in instances of "No Patient" and an 8.7% rise in "Patient not conveyed- referred". There is a significant discrepancy of patients calling the LAS under incidents of falls (2,494) and those not being conveyed (1039) that needs to be addressed. There is a 2.8% rise in "Care Pathway –conveyed" which refers "to patients being taken either to Acute (heart attack centre; hyper acute stroke unit or major trauma centre) or the UCC etc."

Data gathered from managers of some local residential accommodation for older people in Hounslow show that the main reasons for their call-outs are falls, breathing problems, and various illnesses. Some mentioned feeling pushed to make calls to the LAS because they were unable to get appointments from GPs when they called them during normal working hours.

Another significant issue is the high number of calls made by a small number of people living in residential homes for older people who are what can be described as "repeat" or "prolific callers". Anxiety and loneliness were mentioned by staff as important factors prompting such repeat or frequent calls to the LAS.

Our findings led us to make some practical recommendations that are based on our assertion that it is only through a clear and consistent multi-pronged action plan that we will be able to move people aged 65 and above towards taking preventative measures to bring about a reduction of the most frequent situations that prompt them to make call-outs to the LAS –viz., falls and breathing problems. We can do this by carefully implementing guidelines recommended by the NICE and similar recognised bodies for dealing with falls and other health conditions and environmental factors affecting our target group. Also, by prompting local providers of health and social care and voluntary/community sector organisations, as well as relevant places of worship frequented by older people – to work in a truly joined-up manner to educate older people and their carers about health prevention, ongoing healthy activities, and various local health and social care services and how to access them. In this way we will be able to impact positively on the health of our target group and reduce call-outs to the LAS from and for them.

## ACKNOWLEDGEMENTS

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On behalf of Healthwatch Hounslow (HWH) I wish to thank Martin Bowlder of the London Ambulance Service (LAS) for providing basic statistical information about the LAS in Hounslow. He also answered some questions we raised for clarifying our understanding of the way LAS services are provided and their outcomes.

First of all, I acknowledge the help of all those local people of Hounslow who patiently completed about 200 of our patient questionnaires and thereby provided the basis on which this report has been written.

We hardly got any help from GP practices while gathering data for this report. On the other hand, considerable information and insights were willingly provided by managers and staff of some sheltered/care homes/extra care homes where many of Hounslow's older people reside and are cared for. Among them were the managers of Park Lodge House on Sutton Lane, Frogley House on Staines Road, Edward Pauling House in Feltham, Danehurst and Greenrod Place (both in Brentford), Ashgrove Care Home Martindale Road, and Cloisters Care Home on Bath Road. Staff in these residential homes also cooperated with us.

Some local Hounslow residents with a conspicuous interest in health and social care issues – Vijay Rai and Chaand Sharma – helped by volunteering their time to gather information for this report. I thank them both for their community spirit and zeal.

Within the HWH team, Mystica Burridge, Operations Manager, helped by arranging for some valuable user feedback from local patients through her team of volunteers. HWH's Research Assistant, Sangnuma Rai, helped by making use of her community links to obtain specific feedback from some older people from within the Nepalese community, one of Hounslow's emerging groups. As always, Namrata Pandey, Corporate Services Officer, assisted by adding pictorial material and finalising the diagrams and tables used in this report.

Last but not least, I am thankful to our Chief Officer, Tim Spilsbury, for his ongoing and inspiring guidance, support, and insights.

A small, square image showing a handwritten signature in black ink on a light-colored, textured background. The signature appears to be 'K. Joshi'.

**Dr Kusum Joshi**

Research Manager  
Healthwatch Hounslow

## SURVEY OF THE LONDON AMBULANCE SERVICES IN HOUNSLOW

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This is a survey of services provided to patients using the London Ambulance Services (LAS) in Hounslow for establishing the prevalence of frequent callers, particularly those aged over 65, and identifying the aetiology of emergency calls. The aim of this survey is to establish to what extent these calls are necessary, where ambulance call-outs may not be necessary, and to seek to identify why the action to contact emergency services has been undertaken.

It aims to help support delivery of strategic objectives, enabling and promoting out-of-hospital care in the community, and delivering improved quality of services to patients through the Sustainability and Transformation Plan delivery areas DA 1 (radically upgrading prevention and wellbeing), DA 3 (achieving better outcomes and experiences for older people), and DA 5 (safe, high quality, and sustainable services).

### The background

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The LAS is “the busiest emergency ambulance service in the UK and provide healthcare that is free to patients at the time they receive it.” The LAS is also the only London-wide NHS trust. It has approximately 5,000 members of staff, who play a wide range of roles through 70 ambulance stations. Its staff serves more than eight million people who live and work in the London area. The 999 service provided by the LAS to Londoners is purchased by various Clinical Commissioning Groups or CCGs. The performance of the LAS is monitored by the National Health Service, or NHS England, but is ultimately responsible to the UK government’s Department of Health.

The LAS has noted that incidents of persistent and regular callers to the 999 service are one of the most significant issues raised by staff. Last year they managed 1,622 frequent callers, who generated 49,534 incidents, utilising 3,028 12-hour ambulance shifts. On average, frequent callers place a formidable burden of cost of £4.4million a year on the LAS, and also cost the wider NHS around £18.8million. Consequently, NHS Clinical Commissioning Groups (CCGs) and the LAS across England have embarked on a programme to change patient behaviour.

As in other areas, patients in Hounslow aged 65 years and above are among the most frequent users of the LAS in the borough. From available LAS statistics, it is evident that in the year 2016 there were 12,145 incidents relating to LAS callers aged 65 years+. Statistics also indicate that their numbers are rising, that they peak during the winter months, and that in considerable instances they appear to be avoidable and, therefore, need decisive remedial measures to prevent unnecessary costs to an already overburdened LAS.

### Objectives

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With our background information in view, we made it our objective to review the LAS in Hounslow by obtaining feedback from a representative cross-section of users of the LAS aged 65 and above in the local community. In doing so, our aim has been not only to identify why they had called for the LAS, their estimation of the LAS’ response rate and the quality of services they were provided with; but, most importantly to ascertain from them the result or outcome of their call so that we are able to identify

preventable or avoidable call-outs or calls that should have been made to other available local services at a lower cost and without compromising patient safety.

We also wanted to identify from our respondents their knowledge or lack of knowledge of other available services (apart from the LAS) but which are not being appropriately/adequately utilised since they tend to choose to contact the LAS instead. We also wished to engage with the identified demographics to understand the cause of preventable call-outs and cite recommendations to ensure that positive change through appropriate initiatives – raising awareness, patient education, and breaking entrenched habits – is affected.

## The scope of our study

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To complete the above, we carried out the following actions through HWH staff and with the help of some trained volunteers:

- Obtained feedback pertaining to over 200 users of the LAS in Hounslow aged 65 years and above;
- Arranged interviews to obtain direct feedback from managers/staff of some residential homes in various parts of Hounslow that house and care for residents aged 65 years and above regarding usage of the LAS by their residents; also to gauge their awareness of and utilisation of other available out-of-hospital (OOH) service options;
- Liaised with the LAS staff in Hounslow to understand the statistics gathered by them on call-outs made to the LAS by those local patients aged 65 years and above, the reasons for these call-outs, and the outcomes that resulted in each case.

## Our main tool and our survey sample

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We developed a questionnaire specially targeted at those patients in Hounslow who have used the LAS to find out when and for what reason they had called for the LAS; how quickly the LAS had responded; what their estimation of the quality of LAS services received was; what the outcome of their call-out was; whether they would recommend the LAS to their family and friends, and finally whether they were aware of other local services made available to them by the NHS in Hounslow.

To further widen our reach, we visited relevant community groups and individuals meeting on a regular basis for fitness through Yogic and other exercises; also meditation and *pranayama* (special breathing techniques within the Yoga tradition that promote physical and mental wellbeing) in Hounslow such as at the Indian Gymkhana Club (off Thornbury Road) in Osterley, at Frogley House (on Staines Road), at the Brahmakumaris Meditation Centre or at the Heart of Hounslow (both on Bath Road in Hounslow). We also included some residents of special accommodation available in Hounslow to people from within our target group.

To increase our responses and work in a targeted manner, we also sent our LAS patient questionnaire to 12 GP practices requesting that they consider emailing it to relevant patients in their practice. We imagined that through their patient participation groups (PPGs), ongoing online connections, and

interaction with patients and SystmOne interconnections with local hospitals and other parts of health and social care, GP practices would be able to clearly identify LAS callers within their practice and forward our questionnaire to them in a systematic manner. However, unfortunately, despite the help we received from Hounslow CCG staff who sent us the relevant Code for GP Practices to help them identify their patients who would be relevant for our survey, only two practice managers responded to our call for assistance.

In addition to collating data from people aged 65 as described above, we also contacted managers and staff of some five residential homes in various parts of Hounslow where people of this age group reside. Managers and staff responded positively and cooperated with us by providing basic statistical data that we needed for our report as well as feedback on LAS services received by the residents under their charge. This helped us to gain a clear understanding of the usage of LAS services by their residents, such as how many call-outs they make every year to the LAS; and the main reasons for and the outcomes of these calls.

Very importantly, we were able to gather some very useful information and statistics about so-called “frequent callers” of the LAS who incur a significant cost.

## **Our respondents and responses**

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We obtained feedback on 203 local users of the LAS aged 65 years and above. For 164 users of LAS services we obtained direct feedback either from patients themselves or through a family member or carer. For 39 other users, our feedback was gathered from local residential homes for older people.

Our sample included males and females; those from diverse ethnic groups resident in Hounslow including emerging groups such as Polish, Nepalese, Afghans, and Tamils. While some LAS callers did not identify themselves as suffering from any chronic health condition, our sample included people with long-term health conditions such as coronary heart disease, cancer, diabetes, epilepsy, asthma or chronic obstructive pulmonary disease (COPD). Within those with chronic health conditions there were a few “survivors” who seemed to be in charge of managing their health and to be positively engaged with the local community.



## Questionnaire for users of the LAS aged 65 years and above and summary of responses

A summary of our questions and a breakdown of all the responses received to these seven questions posed in our questionnaire, are given below:

QUESTIONS	TOTALS	% of the total	OTHER OBSERVATIONS
1. <i>When did you use the LAS?</i>	2016: 50 2017:119	25% 58% 6%	Did not answer (DNA): 34 (6%)
2. (a) <i>Why did you call for the LAS? (E.g. was it because of injury/accident/illness/fainting/fit/ other reason)?</i>  (b) <i>Do you think it was an emergency?</i>	Falls: 72 Illness: 67 Breathing problems: 26 Fainting: 18 Injury: 14 Anxiety: 6  Yes: 119 No: 3 Not sure:25 DNA: 56	35% 33% 13% 9% 7% 3%  59% 2% 12% 27%	A number of health conditions were mentioned under “Illnesses”. For details see the section titled: <b>Conclusions evident from user responses.</b>  The DNA total of 56 includes 39 residents of residential homes.
3. <i>Please describe the LAS response rate by ticking ONE answer only:</i> <i>0 –15 mins</i>  <i>15 –30 mins</i>  <i>30 –45 mins</i>  <i>45 –60 mins</i>  <i>60 –90 mins</i>  <i>Later.</i>	47  102  11  3  1	23%  50%  5%  2%  0.5%	Regarding response times of LAS users who lived in the special residential homes for older people, managers/staff of these homes were unanimous in saying that the LAS had responded promptly.
4. <i>Please tick ONE answer to say what the LAS staff did for you:</i>  <i>- They gave treatment and went away.</i>	73	36%	This sample included all those patients who said they had felt anxious when they rang for the LAS.

<p><i>- They gave treatment and left but I ended up in hospital.</i></p> <p><i>- They decided to get me admitted in hospital.</i></p>	<p>11</p> <p>119</p>	<p>5%</p> <p>59%</p>	<p>The total of 119 patients conveyed to hospital by the LAS includes 39 patients living in various residential accommodation for older people in various parts of Hounslow.</p>		
<p><b>5. Please describe your experience of the LAS by ticking <u>ONE</u> answer:</b></p> <p><i>- It was a positive experience (staff was compassionate, explained clearly);</i></p> <p><i>- It was a satisfactory experience (staff was of some help but they could have done better);</i></p> <p><i>- It was a poor experience (staff was unhelpful/did not listen to me/did not communicate clearly);</i></p> <p><i>- Other experience...</i></p>	<p>182</p> <p>15</p> <p>5</p> <p>1</p>	<p>90%</p> <p>7%</p> <p>2%</p> <p>0.4%</p>			
<p><b>6. Would you recommend the LAS to your family and friends? Can you explain why.</b></p>	<p>Yes:141</p> <p>No: 4</p> <p>DNA:58</p>	<p>69%</p> <p>2%</p> <p>29%</p>	<p>The majority did not say why they would recommend the LAS to their family and friends. Those who did used common adjectives for LAS services received by them, namely: "Very good"/"Good"/or "Excellent".</p>		
<p><b>7. Are you aware of other local services? (Tick if aware):</b></p> <p><i>- NHS 111 phone line;</i></p> <p><i>- GP out-of-hours services;</i></p> <p><i>- Urgent Care Centre;</i></p>	<p>100</p> <p>39</p> <p>46</p>	<p>61%</p> <p>24%</p> <p>28%</p>	<p>From our total of 203 respondents, we asked <b>80</b> respondents if they were aware of some of the other NHS services available to patients in Hounslow.</p> <p>Very few had knowledge about them as evident from the table below:</p> <table border="1" data-bbox="957 1960 1516 2027"> <thead> <tr> <th>NHS Service</th> <th>Yes responses</th> </tr> </thead> </table>	NHS Service	Yes responses
NHS Service	Yes responses				

- Ambulatory Emergency Care;	20	12%	Pharmacy advice: 9 Respiratory services:5 Community nursing: 4 ----- <b>Total of "Yes" responses: 18 (23%)</b> ----- <b>Total of "No" responses: 62(78%)</b> ----- Within our smaller sample of 80 respondents, only 19 LAS users ( <b>24%</b> ) said they had called <b>NHS 111</b> <u>before</u> they had called for the LAS.
- A & E;	146	89%	
- Community Recovery Service (CRS).	15	9%	

## Conclusions evident from user responses

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Responses from user respondents/family/carers reveal the following:

### Q.1 - Conclusions regarding when the LAS was used

The majority of our respondents (58%) had received the LAS since the start of the year 2017. Even less than half this number, or 25%, consisted of people who had used the LAS at various times during 2016.

### Q.2 - Conclusions about why they/their family/carer had made a call-out to the LAS

- We gathered that our respondents/their family/carer had contacted the LAS for diverse reasons affecting their health.
- The largest number of LAS call-outs (35%) was for **falls**. In some instances, it was also mentioned that falls had resulted in injury, cuts, and bleeding to users.
- After falls, the next most frequent cause of calls to the LAS was **illnesses** which accounted for 33% of the total.
- Under the umbrella of **illnesses**, there were 49 respondents (or 73% of the total) who specified various health conditions. These include the following: pain in the chest, heart attack, diabetes, migraine, nausea, vomiting, fainting, fit, stroke, epilepsy, diarrhoea, flu-like symptoms, headache, and stomach ache.
- After falls and illnesses, the next most significant health condition that appears to have prompted calls to the LAS from users within our sample is **breathing problems**, which accounts for 13% of the

total.

- Next come LAS calls due to episodes of **fainting** (9%); followed by **injury** (7%); and finally, we have found **anxiety** to be the underlying cause for call-outs mentioned by six (or 3%) of our respondents. This was evident from the fact that though LAS users mentioned suffering from chronic health conditions viz., –asthma, Parkinson’s disease, hypertension, epilepsy, cancer, and stroke –they all said that when they had called the LAS they had felt anxious due to previous bouts of severe ill health associated with their health condition.

The fact that they were not taken to hospital by LAS staff also seems to suggest they were perhaps suffering more from anxiety and were in need of support and someone to talk to rather than being in a state of ill health that needed a rapid response from the LAS. Moreover, almost all of them also mentioned that they were alone, felt lonely, and had no one to talk to.

### **Q.3 - Conclusions about the LAS’ response time**

The feedback we received on LAS response rates was positive. The majority of our respondents said they were “impressed” and “happy” with the response time of the LAS. While 23% said that LAS staff had arrived between 0-15 minutes of their making a call, 50% said they had arrived between 15-30 minutes, and another 5% said they had come between 30-45 minutes of their making a call. Only 2% said they had arrived between 45-60 minutes after their call. Those who mentioned their arriving after more than an hour were a mere 0.4%.

### **Q.4 - Conclusions about the outcome of call-outs to the LAS**

The majority of call-outs (59%) seem to have been appropriate as they are reported to have resulted in the patients concerned being conveyed by the LAS to hospital.

However, a fair number of patients, constituting 36% of the total sample, are reported to have been treated by LAS staff at their place of residence and not taken to hospital.

Instances wherein patients were initially not taken to hospital by the LAS but had to get admitted soon afterwards, totalled 5% only.

### **Q.5 - Conclusions regarding users’ estimation of the quality of the LAS received**

- Hardly any respondents were critical of the LAS. The small number (2%) was predominantly those who, contrary to their expectation of being taken to hospital, were not conveyed to hospital by LAS staff who had visited them.

### **Q.6 - Conclusions regarding users recommending the LAS to their family and friends**

- The majority of our respondents (69%) said they would be happy to recommend the LAS to their family and friends.
- Those from whom we could not obtain an answer regarding whether they would or would not recommend the LAS to their family and friends totalled 29%.
- Only a small section within our sample (2%) consisted of those who said they would not recommend the LAS.

#### Q.7 - Conclusions about awareness of some other (non-LAS) NHS services available in Hounslow

- LAS users showed the highest awareness of the A&E (89%).
- Though far lower than the awareness about A&E, the majority of our respondents (61%) were aware of the NHS 111 telephone service. However, far fewer people said they had used the NHS 111 service before calling the LAS. For example, when we asked a focussed sample of 80 patients within the larger sample of our respondents whether they had contacted NHS 111 before calling the LAS, only 19 patients (24%) said they had done so.
- A minority of 28% was aware of the Urgent Care Centre (UCC) and of those the majority had used the UCC previously. Many had a misconception that the UCC was the same as A&E.
- Awareness of out-of-hours GP services (OOH) was 24%. Some said such appointments were limited in number and added that they also needed clearer and more information about these OOH GP services.
- It was clearly evident that there existed a low public awareness (7%) of the Community Recovery Service (or CRS) to which patients can (in addition to being referred to by health and social care professionals), also access via self-referrals.

Likewise, responses from our focussed sample of 80 patients reveals that only four (5%) said they knew about Hounslow's community nurses team<sup>1</sup> and only a slightly higher number of five individuals out of our sample of 80 (6%) said they were aware of pulmonary services<sup>2</sup> available to people with chronic respiratory problems in Hounslow.

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<sup>1</sup> Hounslow has a community nurse team made up of senior district nurses, who lead a team of community nurses and healthcare assistants providing community healthcare services for house-bound patients. They can be accessed through a single point of access service provided by the Hounslow and Richmond Community Healthcare (HRCH) NHS Trust.

<sup>2</sup> Hounslow CCG has commissioned services for people with respiratory problems through Hounslow's community respiratory team that provides:  
home oxygen therapy assessment and review

- Pulmonary rehabilitation;

## Conclusions evident from reviewing data provided by Hounslow LAS

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- Falls, breathing problems, and healthcare professional advice are the top reasons (i.e. first, second, and third in order of priority), for call-outs to the LAS for the year 2017. Falls and breathing problems are also the topmost reasons given by respondents to our survey with the exception of advice from healthcare professionals which was not mentioned as a reason by our respondents.
- Call-outs for breathing problems show a difference of -10.4% (falling from 1,668 in 2015/16 to 1,494 in 2016/17), and call-outs for falls show a 5.1% rise (from 2,373 in 2015/16 to 2,494 in 2016/17).
- There is a significant 27.3% rise in the number of **calls to the LAS via NHS 111** in 2016/17 compared to the previous year. There is also a **19.8% rise in NHS 111 patients conveyed to hospital.**
- There is a 50% rise (from 86 in 2015/16 to 129 in 2016/17) in instances of **“No Patient”** that a LAS member of staff described for us as calls from “patients that have left the scene prior to our arrival; have made their own way to hospital or who ... when we got there ... were actually not in. We also get a large number of [such] calls from passers by using mobile phones who report an incident but do not remain on scene and update.”
- There is an 8.7% rise in **“Patient not conveyed- referred”** that refers to “all those patients who do not require emergency department [services], but do require some other intervention [such as] GP, district nurse, rapid response/intermediate care etc.”

**The discrepancy of patients calling the LAS under incidents of falls and those not being conveyed is very large in 2017.** Thus, while there are reported to have been 2,494 incidents of call-outs under falls, only 1,455 patients are reported as being conveyed. **There were, therefore, 1,039 patients from within the total of 2,494, (i.e. 42%) who were not conveyed. This significant discrepancy might need to be addressed according to the reason or reasons that account for the difference or discrepancy.**

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- COPD supported discharge;
  - Chest physiotherapy.

Their services are primarily for adult patients with a long-term breathing problem. The home oxygen part of the service sees all adult patients on home oxygen therapy regardless of their condition. They accept referrals from local clinicians for adult patients registered with a GP within the Hounslow Clinical Commissioning Group (CCG).

- There is a 2.8% rise in “**Care Pathway –conveyed**” which refers “to patients being taken either to Acute (heart attack centre; hyper acute stroke unit or major trauma centre) or the UCC etc.”

## Conclusions evident from data gathered from some residential accommodation for older people in Hounslow

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- Similar to information received from our other respondents aged 65 years and above, data gathered about people of the same age group living in special residential accommodation for older people shows that the main reasons for calls are: falls, breathing problems, and various illnesses.
- Some managers mentioned feeling pushed to make calls to the LAS because they were unable to get appointments or call-outs from GPs of residents when they called them even during normal working hours.
- One of the managers said that Hounslow’s out-of-hospital Integrated Community Response Service (ICRS) had initially been helpful. Later on, the Manager reported that ICRS staff had “got irritated” when they contacted them and retorted by saying that they could not help because they only deal with “complex cases”.
- Another significant issue is the high number of calls made by a small number of people living in residential homes for older people who are what can be described as “**repeat**” or “**prolific callers**”.  
One of the residential homes we contacted reported a total of 25 calls made to the LAS by just one “prolific caller” between October and December 2016; another reported that again just one of their residents had made over 22 calls in 2016 and a third reported that 70 calls had been made to the LAS by two “prolific callers” in a three-month period between January and March 2017.

Anxiety and loneliness were mentioned by staff as important factors prompting such repeat or frequent calls to the LAS.<sup>3</sup>The Manager of a local home said that one of their “repeatcallers” had

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<sup>3</sup>Older people are especially vulnerable to loneliness and social isolation that can have a serious detrimental impact on their health. According to Age UK, “more than 2 million people in England over the age of 75 live alone, and more than a million older people say they go for over a month without speaking to a friend, neighbour or family member.”

also frankly declared that he/she had to call the LAS because of feeling very lonely and being desperate to reach out and talk to someone.

This was corroborated by a few other residents who spoke to us. One of them, for example, admitted openly that because of being frail and having a chronic health problem, they tended to get very anxious. They mentioned that the situation sometimes worsened at night when no staff was around and led to their calling the LAS to seek comfort and reduce anxiety. It is clear that generally such “prolific calls” are not real emergency calls and cause an unnecessary haemorrhage or drain of scarce financial resources.

## OUR RECOMMENDATIONS

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Every call to the LAS that results in home treatment in patients’ residences, costs the NHS £155.30. When a patient is conveyed to hospital by the LAS, the cost rises to £254.57. It is, therefore, apparent that it will be highly worthwhile for all those linked to health and social care to work towards bringing about a reduction in LAS call-outs. We would like to suggest the following:

### 1. REDUCE LAS CALL-OUTS BY:

- **TRAINING AND MONITORING OF NHS 111 STAFF ON AN ONGOING BASIS:**

Due to the important role of accurately assessing which patients must be referred to the LAS and which can be dealt with by non-emergency out-of-hospital services or through self-care, it is absolutely imperative to ensure that the staff at NHS 111, who deal with incoming calls, are given the very best of training to rapidly and accurately assess patient need before they give their advice to callers. We would also suggest that their performance is carefully monitored and that they are provided with regular feedback for continuous improvement.

- **ACCURATE AND TIMELY TRIAGING OF PATIENTS CATEGORISED AS (i) “PATIENTS NOT CONVEYED – REFERRED” and (ii) “NO PATIENT”**

We suggest that patients under category (i) be reduced by diverting/referring them to other available non-emergency services through GPs and other health and social care professionals; and

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According to UK’s Social Care Online’s review: *The prevalence of anxiety in older adults: methodological issues and a review of the literature*: “Anxiety symptoms are highly prevalent among older people, frequently do not conform to current diagnostic criteria, and consequently go unrecognised and untreated...that they are not simply an ‘understandable’ part of aging but ‘conditions that contribute to a spiral of interacting physical decline and mood disturbance’.” As regards policy implications, it added: “The significant prevalence rates of anxiety among clinical samples of older people indicates ‘the potential of physical health settings as an important arena for mental health intervention in older people’. People with dementia and other neurodegenerative conditions, as well as their carers, are also ‘obvious target groups for prevention and early treatment’.”



by NHS 111 staff fully equipped with clear triaging guidance/training.

Similarly, achieving a reduction of patients categorised under (ii) will require patient education and general public awareness of the negative financial impact of wasted trips made by an already overstretched LAS for such patients.

- Targeted public awareness raising regarding all available services through GP practices and appropriate community and voluntary organisations could also contribute towards reducing call-outs to the LAS. In this context raising awareness of little-known services such as the Community Recovery Service that accepts self-referrals, could be of special utility. Again, this could be attempted through GP practices, residential homes and voluntary and community organisations for older people, and via various places of worship.

Older people from within newly emerging groups in Hounslow would have to be accessed through specific projects for such groups run by Healthwatch Hounslow and through their own community organisations. Here it is apt to mention that it became apparent during our present survey that members of Hounslow's Nepalese community would surely gain from such awareness raising. For instance, none among our nine Nepalese respondents who had lived in the UK from between two to eight years had ever used the LAS, none had any knowledge of the availability of interpreting services, and one wanted to know whether patients would have to pay if they had to call for an ambulance.

## **2. REDUCING LAS CALL-OUTS THROUGH PREVENTATIVE STEPS TO ADDRESS THE TOP MOST HEALTH CONDITIONS THAT RESULT IN LAS CALL-OUTS:**

### **2. A. REDUCING FALLS**

- **MAKING SURE GUIDELINES FOR PREVENTING AND MANAGING FALLS ARE IMPLEMENTED IN HOUNSLOW BY HEALTH AND SOCIAL CARE PROVIDERS AT ALL LEVELS**

“Falls and fall-related injuries are a common and serious problem for older people, particularly those who have underlying pathologies or conditions. Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged 75 and older in the UK.”<sup>4</sup>

The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence, and mortality. Falling also affects the family members and carers of people who fall. Falls are estimated to cost the NHS more than £2.3 billion per year. Therefore, falling has an impact on quality of life, health, and healthcare costs.

According to Professor Vernon, National Clinical Director for Older People, “The number of people aged 65 and over is projected to rise by over 40% in the next 17 years to more than 16 million.

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<sup>4</sup>NICE, January 2017.

Thirty percent of people aged 65 and over will fall at least once a year. For those aged 80 and over it is 50%. A fall can lead to pain, distress, loss of confidence and lost independence. In around 5% of cases a fall leads to fracture and hospitalisation ... Effective, planned, evidence based approaches to falls and fracture risk reduction are of key importance to the health and wellbeing of people living in our communities and those that care for them.”

“Falls cause distress and harm to patients and pressures on NHS services. Evidence from the Royal College of Physicians suggests that patient falls could be reduced by up to 25 to 30% through assessment and intervention.”<sup>5</sup>

The National Institute for Clinical Excellence (NICE) has provided clear guidelines for healthcare professionals to help prevent falls among older people living in different kinds of accommodation in *Falls in Older People: Assessing risk and prevention* (2013, updated 2016)<sup>6</sup>. The chart attached in Appendix 1 presents an overview of these guidelines.

According to NHS Improvement, January 2017, “73% of trusts are still using falls risk prediction tools despite NICE advising they should be abandoned (back in 2013). This means that significant numbers of patients at risk of falls will slip through the net.” To improve the situation of older people in Hounslow and make savings, we will need to ensure that Hounslow is not managed by a Trust that is part of this league of erring Trusts.

- **RAISING PUBLIC AWARENESS AMONG OLDER PEOPLE ON HOW TO AVOID/ REDUCE FALLS AND ENCOURAGING FITNESS ACTIVITIES:**

The *British Medical Journal* reports that in 2013 academic researchers tried to determine whether, and to what extent, fall prevention exercise interventions for older community dwelling people were effective in preventing different types of fall-related injuries. The result of their research was that “increasing referrals to fitness classes and making more classes available greatly improved the physical status of those who attended.”<sup>7</sup>

Our research reveals that such initiatives, coupled with information to older people on how to prevent/reduce falls, have already been taking place in Hounslow. For instance, similar to the programme that was run last year, the London Borough of Hounslow (LBH) has recently begun an activity programme within their “Stay fit, Stay healthy” initiative for people aged over 60 years.

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<sup>5</sup> NHS Improvement January 2017 from website: [www.healthcareconferencesuk.co.uk](http://www.healthcareconferencesuk.co.uk) and mentioned in the publicity material for their May 10, 2017 Conference on Falls prevention and Management in Older People.

<sup>6</sup> See: <https://www.nice.org.uk/guidance/cg161/ifp/chapter/Assessing-your-risk-of-falling>

<sup>7</sup> “The effect of fall prevention exercise programmes on fall induced injuries in community dwelling older adults: systematic review and meta-analysis of randomised controlled trials” Fabienne El-Khoury, Bernard Cassou, Marie-Aline Charles, Patricia Dargent-Molina, *BMJ*, 2013;347:f6234doi:10.1136/bmj.f6234. (Published 29 October 2013).

Within this programme it has been announced that, in addition to health-related activities such as Yoga and Swimming, falls prevention training sessions provided by a physiotherapist and a local GP will also be made available to older people.

These activities and the falls prevention training sessions started in April this year and are to run up to mid-July 2017. The venues fixed for all these activities and sessions are various residential homes run by the LBH. It became apparent to us that, although older people who live in the community can join, these activities and training sessions are predominantly attended by those living in the residential homes.

While commending this positive initiative, **we must stress that not all older people in the borough live in residential homes. Many reside in the community in their own homes or in rented accommodation. So, to be truly inclusive, the LBH's falls prevention training and exercise sessions/activities will have to cater adequately for them also.** A forward step in making this happen is to organise activities in well-established community venues regularly frequented by older people living not in LBH's residential homes, but in the community. For instance, they could be held in the Indian Gymkhana Club which has been providing guided sessions for substantial numbers of older females and males in Yoga, Zumba, and Body Conditioning through chair-based exercises throughout the year for many years.<sup>8</sup> Other venues worth exploring are places of worship such as churches, mosques, Hindu temples, and Sikh *gurudwaras*. Another is a centre run by an international organisation, the Brahmakumaris Meditation Centre, where Yoga and other related activities are taught free of cost in Hounslow.

- **JOINED-UP WORKING**

LBH should seriously consider exploring the possibility of various departments /sections within the LBH working not in silos, but in a strategic and holistic joined-up way. For instance, there is the possibility of achieving positive outcomes by integrating Hounslow's "Better Homes, better health – free winter support"<sup>9</sup> initiative for older people with Hounslow's falls reduction education/training programme for the same target group – instead of the two initiatives working in a completely unconnected manner.

Moreover, instead of confining themselves to older people in residential accommodation run by the LBH, falls prevention sessions and activities should also be thrown open to staff and residents of

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<sup>8</sup> The Indian Gymkhana Club is a community sports and health organisation founded more than a hundred years ago in 1916 during the heydays of the British Raj. During the course of a conversation, the person presently in charge of running health-related activities in the Indian Gymkhana Club expressed keen interest in collaborative working with the LBH and other local health and social care providers for promoting better health for older people in Hounslow.

accommodation for older people that are managed by private or charitable organisations such as Greenrod Place<sup>10</sup> in Brentford.

Finally, to reach out and impact on those whose first language isn't English, we will need to surmount the language barrier (which exists for many older people from the first generation of migrants to the UK in Hounslow) by organising falls prevention training and exercise for older people wherever appropriate, through bi and multi-lingual people or by arranging qualified interpreters.

- **SETTING UP SPECIALIST FALLS AND BONE HEALTH SERVICES TO SUPPORT OLDER PEOPLE AT RISK OF FALLING**

We would also strongly recommend that a falls and bone health service be introduced in Hounslow. The Central London Community Trust has set up such a service that describes itself as follows: "Our teams work in the community to support people at risk of falls by helping them to maintain active, independent lives. We provide assessment, advice and exercise to older people who are at risk of falling to avoid fall related injuries, unnecessary hospital admissions and premature transfer to long term care."

It is interesting to note that Hounslow and Richmond Community Healthcare Trust (HRCH) "has launched a new Integrated Falls and Bone Health Service which aims to reduce the rate and risk of falls and fragility fractures." According to the HRCH website, it is targeted towards the Richmond adult population to improve the health and mobility of all those aged 50 and over in the borough. The service is available to patients with a Richmond GP who have had recurrent or occasional falls, and those who are concerned about their balance or who are afraid of falling. We would like to know why there is no such service for older people in Hounslow and also if and when a similar service will be set to benefit them.

## **2. B. REDUCING CALL-OUTS FOR BREATHING PROBLEMS**

- **IMPROVING/MONITORING AIR QUALITY AND RAISING PUBLIC AWARENESS**

Research has established a vital link between air quality and health. It is said that "Poor air quality is the fourth largest risk to public health, behind only cancer, obesity and cardiovascular disease."<sup>11</sup> It is also evident that poor air quality disproportionately affects some of the most vulnerable in our society, including the elderly, people with lung and heart conditions, and the very young." According to the *Guardian*, "Invisible [air] pollution kills up to 9,000 people a year in the capital." In recent years, a number of studies have established the

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<sup>10</sup> Despite the fact that Greenrod Place residents can undoubtedly benefit from LBH's Stay fit, Stay Healthy programme, the Manager said she did not know anything about this important initiative. It was only after I happened to visit this extra care residential accommodation for older people, mentioned it, and also showed the Manager a copy of LBH's healthy activities programme, that she became aware of it.

<sup>11</sup> From a speech given by Prime Minister Theresa May.

link between poor air quality and health in urban areas. In particular, it is clear that long-term exposure can contribute to the development of chronic diseases and can increase the risk of respiratory illness.<sup>12</sup>

Due to its proximity to Heathrow Airport, one of the busiest air terminals in the world, Hounslow is open to emissions from aircraft and associated site traffic and contributions from industrial plants and premises, domestic energy production, and construction activity. According to an ITV report Hounslow roads were 84% over the European legal limit in 2013.

Like other local authorities, the LBH Hounslow is required to do the following:

- undertake a process of local air quality management (LAQM);
- be designated for levels of either nitrogen dioxide (NO<sub>2</sub>) and PM<sub>10</sub>, or both; and
- where air quality objectives are unlikely to be met, designate air quality management areas (AQMAs) and produce an air quality action plan setting out measures they intend to take to work towards their objectives.

From the table in Appendix 2 it is evident that Hounslow's air quality needs improvement in some areas.

The GLA report includes a table that shows the "Key Actions" taken in the London Borough of Hounslow. It also mentions a joint project between Hounslow and Hillingdon borough and another between Hounslow and West London boroughs to move towards cleaner transport. The table is provided below:

It would be useful to understand from LBH the progress that has been made in improving air quality in Hounslow by carrying out their action plan so far. We consider it important that the LBH clarifies its "work with the Hounslow Wellbeing Board to raise awareness of air pollution in the borough and promote the AirText campaign, in order to bring about great awareness of adverse effect of poor air quality and minimise incidents of hospital admissions due to these effects." It will also be useful to know of the implementation of the Council's declared intention to "work closely with key stakeholders e.g. Public Health team, GPs, Clinical Commissioning Groups (CCG) and community groups ... so that residents can plan their daily lives and activities in advance."<sup>13</sup>

- **REDUCING CALL-OUTS FOR BREATHLESSNESS BY FOLLOWING AVAILABLE GUIDELINES FOR MANAGING HEALTH CONDITIONS THAT CAUSE BREATHLESSNESS**

We would like to recommend that providers and commissioners of health consider the

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<sup>12</sup> Air Quality Information for Public Health Professionals – London Borough of Hounslow, 2013.

<sup>13</sup> From LBH document titled: Air Quality – Implications of the findings of Parliament's Environmental Audit Committee on Hounslow – Report Update dated 15 March 2015.

possibility of using guidelines for managing breathlessness caused by various long-term health conditions. The British Thoracic Society has, for instance, produced a document titled: *British Guideline on the Management of Asthma - A national clinical guideline*.<sup>14</sup> This guideline claims to provide recommendations based on current evidence for best practice in the management of asthma. Similarly, guidelines for another health condition associated with breathlessness, namely COPD, is also available.<sup>15</sup> According to the guidelines website: “Chronic obstructive pulmonary disease (COPD) is currently the fourth leading cause of death worldwide. However, the impact of COPD on public health can be alleviated by prevention and appropriate management using methods based on the latest evidence available. The newest version of the GOLD COPD strategy includes a revised definition of COPD, a refined ABCD assessment tool, discussion of inhaler technique, a shift toward a personalised approach to treatment, and more, to account for recent literature from 2015 and 2016.”

- **REGULAR MONITORING OF GP REFERRALS TO HOUNSLOW’S PULMONARY REHABILITATION PROGRAMME AND THEIR UPTAKE BY RELEVANT PATIENTS**

Monitoring GP referrals will help to ensure that GPs refer appropriate patients to pulmonary rehabilitation and will also help service providers to identify whether patients are using and benefitting from the service.

- **RAISING PUBLIC AWARENESS OF AVAILABLE ONEYOU HOUNSLOW’S ACTIVITIES and HOUNSLOW’S PULMONARY REHABILITATION SERVICES**

Linking patients to Oneyou Hounslow will be a preventative measure to help older people maintain their health and fitness. However, raising awareness about the latter should empower and prompt older people affected by long-term respiratory problems to seek access to these vital services through their GPs and/or other relevant health/social care professionals.

## 2.C. REDUCING CALL-OUTS PROMPTED PRIMARILY BY ANXIETY/ISOLATION

- **PROVIDING ACCESS TO AND PUBLICITY ABOUT TALKING THERAPY TO REDUCE LAS CALL-OUTS PROMPTED BY ANXIETY TRIGGERED BY LONELINESS**

Providing access to talking therapies available via telephone to isolated older people living in residential homes and in the community, who become anxious and tend to contact the LAS mainly for psychological reasons, could be more far more cost-effective and appropriate than an emergency intervention via the LAS.

We came across a national free telephone line for older people called Silver Line<sup>16</sup> that

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<sup>14</sup> British Guideline on the Management of Asthma, A national clinical guideline, 2008, Revised 2012.

<sup>15</sup> For details see: <https://www.guidelines.co.uk/gold/copd>

<sup>16</sup> The Silver Line Helpline is described on their website as follows: “The Silver Line is the only confidential, free helpline for older people across the UK open every day and night of the year. Our specially-trained helpline team offer: information,

provides such a service;we think it might be worthwhile for local providers to consider the viability of using and publicising the use of Silver Line for the benefit of Hounslow's older people. According to the Manager of one of the residential homes for older people in Hounslow, Silver Line is already being accessed by some older people in their care. However, the Manager of another similar residential home for older people said they had no information about Silver Line.

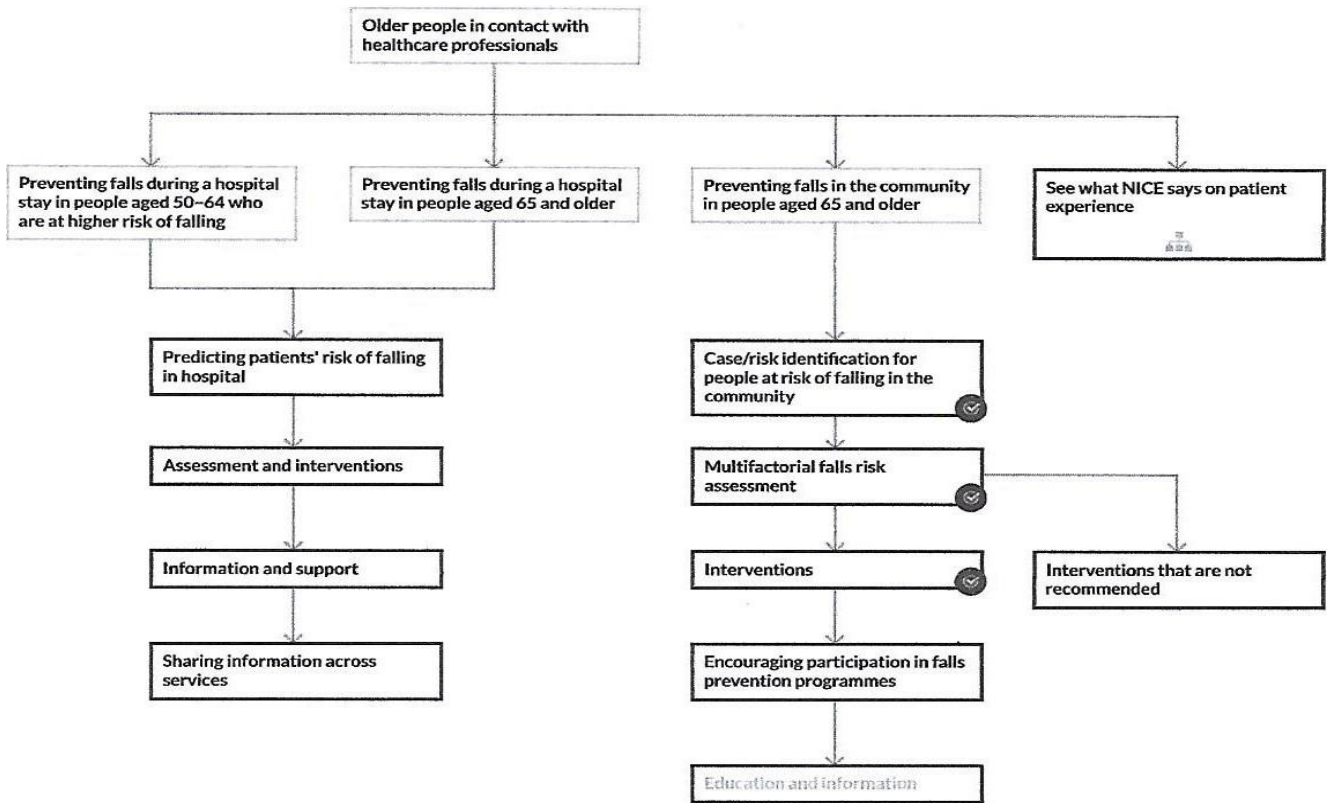
Another local organisation that might benefit local older people who are not housebound is the Brahmakumaris Meditation Centre; this centre organises free talks on anxiety that are open to everyone in the community. Silver Line and organisations that try to help reduce the anxiety levels of isolated older people could be a cost-effective method of bringing down the number of unnecessary non-emergency and hence wasteful calls to the LAS made by "prolific callers".

Our recommendations are based on substantive feedback that it is only through a clear and consistent multi-pronged action plan that we will be able to move people aged 65 and above towardstaking preventative measures to bring about a reduction of the most frequent situations that prompt them to make call-outs to the LAS. We can do this by implementing guidelines recommended by the NICE and similar recognised bodies for dealing with falls and other health conditions and environmental factors affecting our target group. Additionally, we suggest prompting local providers of health and social care and voluntary/community sector organisations,as well as relevant places of worship frequented by older people,to work in a truly joined-up manner to educate older people and their carers about health prevention and ongoing healthy activities, and about various local health and social care services and how to access them.In this way we will be able to impact positively on the health of our target group and reduce call-outs to the LAS from and for them.

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friendship and advice; link callers to local groups and services; offer regular friendship calls; protect and support older people who are suffering abuse and neglect."

NICE PATHWAY - FALLS IN OLDER PEOPLE





## Appendix 2

### Airquality summary-WestLondon

Borough	AQAP <5 years old	CAB status	2013 population1 >40µg/m3 NO2	AQMA		No. Focus Areas	No. automatic sites		No. diffusion tube sites	Measured exceedances in 2015						Trends in last 7 years	
				Whole Borough? Y/N	Pollutants Declared		NO <sub>2</sub>	PM <sub>10</sub>		NO <sub>2</sub> Annual	NO <sub>2</sub> Hourly	PM <sub>10</sub> Annual	PM <sub>10</sub> Daily	PM <sub>2.5</sub> Annual	NO <sub>2</sub>	PM <sub>10</sub>	
Brent	Updated 2015	Late submission	14,335 (4.5%)	N	NO <sub>2</sub> (annual) PM <sub>10</sub> (24h)	6	3	3	25		*						
Ealing	Update due 2016/17	Yes	4,137 (1.2%)	Y	NO <sub>2</sub> (annual) PM <sub>10</sub> (24h)	5	4	4	90								
Hammersmith & Fulham	2005 plan	Yes	71,782 (39%)	Y	NO <sub>2</sub> (annual) PM <sub>10</sub> (24h)	5	1	1	15								
Harrow	Update due 2017	Late submission	6,398 (2.6%)	Y	NO <sub>2</sub> (annual) PM <sub>10</sub> (24h)	5	2	2	8								
Hillingdon	Update due 2016-2017	Yes	16,887 (6%)	N	NO <sub>2</sub> (annual)	12	11	9	36								
Hounslow	Update due 2016-2017	Late submission	14385 (5.6%)	Y	NO <sub>2</sub> (annual)	6	6	6	60		*						

#### Key

AQAP Status	Exceedance Status (by pollutant)	Trends
New AQAP <5yrs old	Below objective	Good progress-all monitoring be
AQAP under review		Limited improvement - some res
AQAP >5yrs old	Above objective	No progress – monitoring result

A Greater London Authority (GLA) report of early 2017<sup>17</sup> provides the latest information on Air Qu1based on the 2013 London Datastore <https://data.london.gov.uk/>

\* NO2 daily means objective exceeded on the basis of diffusion tube data > 60µg/m3

<sup>17</sup> Local Authorities and Air Quality - A summary of action taken by London boroughs to improve air quality, Greater London Authority, 2017.

Borough	Borough fleet actions	Localised solutions	Delivery servicing and freight	Emissions from developments and buildings	Cleaner transport	Public health and awareness raising
Hounslow	90% of refuse vehicles will be Euro VI compliant by the end of 2016.	Road layout improvements and SCOOT installed in Chiswick High Road.	Joint partnership with WestTrans to develop a freight strategy to reduce overall levels of freight traffic and improve efficiency.	Reduction in emissions from corporate buildings and street lighting. - Requirement for all approved planning applications to meet AQ neutral and CHP requirements. - Considering signup to NRMM group in South West London.	Hounslow road cycle path installed. - <b>Joint project with West London boroughs to reduce local car use. (MAQF)</b> - <b>Joint project with Hillingdon to target zero emission infrastructure as above. (MAQF)</b>	Engaged with local clinic commissioning group (CCG) and public health to raise awareness through AirTEXT, meetings etc. - Public health supporting PM2.5 monitoring and identifying areas of exposure.

Actions in **blue** are Mayor's Air Quality Funded (MAQF) projects. More information at [https://www.london.gov.uk/sites/default/files/mayors\\_air\\_quality\\_fund\\_report\\_2016.pdf](https://www.london.gov.uk/sites/default/files/mayors_air_quality_fund_report_2016.pdf)

**QUESTIONS FOR PATIENTS/USERS OF LONDON AMBULANCE SERVICE**

1. When did you use the London Ambulance Service (LAS)?
2. (a) Why did you call for the London Ambulance Service (or LAS)? (Example: Was it because of: Injury/ Accident/ Illness/Fainting/Fit/any other reason)  
  
(b) Do you think it was an Emergency? **Yes/No/Not sure**
3. Please describe their response rate by ticking (✓) only **ONE** answer from the list below:  
0 –15 mins  
15 –30 mins  
30 –45 mins  
45 –60 mins  
60 –90 mins  
Later.
4. Please tick (✓) only **ONE** answer from the list below to tell us what the LAS staff did for you after they arrived:
  - They gave me treatment and went away.
  - They gave me treatment and left but I ended up in Hospital the same day.
  - They decided to get me admitted in Hospital.
5. Please describe your experience of the LAS by ticking (✓) only **ONE** answer from the list below:
  - It was a positive experience (Staff was compassionate, explained clearly)
  - It was a satisfactory experience (Staff was of some help but they could have done better)
  - It was a poor experience (Staff was unhelpful/ did not listen to me/ did not communicate clearly)
  - Other experience (describe briefly).....  
.....
6. Would you recommend the LAS to your Family and Friends? **Yes/No**. Can you please say why.....
7. Are you aware of other local services? (Please tick if you are aware):
  - NHS 111- Emergency & Urgent Care
  - Out Of Hours GP services
  - Urgent Care Centre (UCC)
  - Ambulatory Emergency Care (AEC)
  - Accident &Emergency (A&E)
  - Community Recovery Service (CRS).

*Thank you!*