

London Ambulance Service: Experiences from Richmond

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1. Background

- 1.1. The London Ambulance Service NHS Trust (LAS) is the only NHS provider trust to serve the whole of London and the nine million people who live in, work in or visit the city. They cover an area of 620 sq. miles and have more than 8,000 people who work or volunteer for them – rising to 9,600 when including bank staff and students.

In 2021/22 LAS responded to 2,224,565 111 calls and 2,235,110 999 calls. They saw 1,103,824 patients with a further 193,542 treated over the phone. The average response time for the most seriously ill or injured patients was 6 minutes and 50 seconds.

LAS is in the final year (2022) of its current Trust Strategy during which significant progress has been claimed, including a reduction in hospital admissions.

They are now developing their next strategy, which will outline the organisation's vision and goals over the next five years, including improving emergency and urgent care and addressing health disparities.

2. Aim

- 2.1. LAS asked local Healthwatch in London to help capture patient experience in order to shape an organisational strategy for 2023–28. It was essential for LAS to ensure that future approaches are driven by the voices of the people it serves, including patients and members of local communities across the boroughs of London. On behalf of Richmond upon Thames residents, Healthwatch Richmond collected patient experience about ambulance services in the borough.
- 2.2. LAS requested that we:
 - 2.2.1. Capture what they already know, either from local feedback on more broadly;
 - 2.2.2. Distinguish between those who have experienced LAS services directly and those who comment on the wider system of urgent and emergency care;
 - 2.2.3. Engage all members of the community, especially those from diverse ethnic and socioeconomic backgrounds;

It was the intention of LAS to receive feedback on any issue patients or the public might wish to raise. However, they were particularly interested in five key central questions:

- What is LAS getting right?
- How can LAS improve emergency care?
- How can LAS enhance urgent care?

- How should LAS work with other parts of the healthcare system to improve care?
- How can LAS do more to contribute to life in London?

3. Methodology

- 3.1. With limited time, it was important to select an efficient approach that would capture the widest range of Richmond residents possible. A communications approach was therefore selected as the most appropriate way to undertake this work given the time constraints. This included direct, partner and social medial communications campaigns encouraging people to:
- call us with their experiences
 - complete an online survey or share their views and experiences (based on the questions in the attached + our own)
 - The survey was also shared via social media posts and ads, Healthwatch Richmond Newsletter and website through partner organisation social media platforms.
- 3.2. There was insufficient time to run an event due to the impact of the Christmas break on this timeline. Engagement was unlikely to lead to meaningful data as the percentage of the population using these services is fairly low (i.e. approximately 1.7% of the Richmond population are conveyed by ambulance per annum so we would need to reach a large number of people to collect even a modest number of responses).and we did not have sufficient time or resource to reach the number of people necessary to collect sufficient responses However, we invited experiences at all upcoming outreach sessions as an adjunct to our work.
- 3.3. The data collection period ran from 22nd November to 9th January, covering the Christmas period where we usually see lower response rates and ending prior to industrial action on the 11th and 23rd January.

4. Key Findings

4.1. Who responded

Our respondents were largely typical of what we would expect with some notable variations from the demographics of Richmond.

It is unclear to what extent these variations reflect actual variations between the demographics of Richmond residents that use Urgent & Emergency care and the wider population, and the inherent limitations of this work which was conducted over a short time frame using predominantly online communications:

- More women than men responding than we would expect
- Higher numbers of people aged 65–80 and 85+ and lower numbers of people aged under 50 than the borough population
- Higher numbers of carers (31.7%) in this response compared to our other recent work (19.1%) and far above the estimated level in Richmond (8.6%). This suggests that carers were more likely to respond to this survey which is consistent with the 41.4% responding to this survey on behalf of another person
- The majority of respondents (51.5%) had a disability or health condition. This is substantially higher than borough estimates (11.5%).
- Lower ethnic diversity than borough averages and recent work. It is unclear whether this is linked to the ethnicity profile of people in older age groups or to lower usage or response rates in people from non-White British ethnicities. Further data on the demographics of respondents is available in Appendix 1 (see page 23)

4.2. Key messages

- **Satisfaction** in services is **high** amongst those who have used them
 - People felt that urgent and emergency services communicated effectively and handed over care effectively.
 - There was an overall experience of care and kindness from members of LAS staff.
- However, **High levels of satisfaction** from people who have used services **does not translate into high levels confidence** in urgent and emergency care services
- **Personal experiences (of Self or another)** of urgent and emergency care services are the **main driver of low confidence in services**. Stories from the media are also significant drivers of low confidence in those who have used urgent and emergency services.
- **Waiting times** are the key driver of low confidence.
 - The narrative shows that people experienced the effects of high pressure on urgent and emergency care and the wider system in unanswered emergency calls, lack of availability of ambulances and overflow at A&E. As there was no quantitative option aligned to these, it is possible that “*Waiting times*” was used by

respondents as a proxy for the qualitative experience of services being overstretched.

- The majority of patients believed shorter waiting times at NHS111 and better communication between services would have resulted in more efficient and high-quality treatment. Many respondents reported being required to wait for a long time to reach a call handler, which they found stressful and inconvenient. NHS111 calls were particularly affected by this, but the same experience with 999 calls was not uncommon either.
- Experiences of care were often described positively with words like:
 - **High quality & Professional**
 - **Clarity of communication** and information
 - **Compassionate**, with **positive attitudes** and in particular **kindness**
- People stressed the importance of developing the social care system and providing continuing care for elderly patients so that they are able to leave A&E and make room for new patients.
- There was an overall feeling of need for improvements related to NHS England as a whole, mainly pointing to investment and funding in the NHS. Participants said it was necessary to invest in more staff. Most people expressed satisfaction with their care in the LAS system, but they were concerned that it would not be sustainable.
- Respondents believed that public engagement could help to highlight when LAS services should be used. In addition, they believed that they could gain a better understanding of the services' performance than just media coverage.

4.3. Service use

Almost half of respondents (47%) had used care themselves, 39.2% had used care for others and 9 people (4.5%) responded in their capacity as a professional (e.g. care home and community health workers). 20.7% had not used services within the past 3 years.

In the past three years, have you used any urgent and emergency care services? This could be for yourself, or on behalf of someone else.			
Answer Choice		Response Percent	n
1	Yes, for myself	47.0%	125
2	Yes, on behalf of someone else, such as a friend, family member, or someone I care for	41.4%	110
3	No, I have not used any urgent or emergency care services in the past three years	20.7%	55
4	Yes, in my role as Health / Social Care / Voluntary	4.5%	12

	Sector Professional		
			answered 266
			skipped 0

Respondents could use one or many services. The average number of services used by respondents was 2.6 (210 respondents, 549 services used). The majority of respondents had used Accident and Emergency Services (62%), Ambulance services (56.2%), NHS 111 (51.0%) and 999 (41.0%) and online services (12.9%). Urgent care, Minor Injuries and Out of Hours services in total were used by 33.8% of respondents.

Which of the following services did you use? You can select more than one option.			
Answer Choice		Response Percent	n
1	Accident and emergency (A&E)	62.4%	131
2	Ambulance services	56.2%	118
3	999	41.0%	86
4	NHS 111	51.0%	107
5	Urgent treatment centre	18.1%	38
6	Minor injuries unit	9.5%	20
7	NHS out of hours services	6.2%	13
8	Online services	12.9%	27
9	Not sure/can't remember	1.0%	2
10	Other (please specify):	3.3%	7
			answered 210
			skipped 56

4.4. Why people used services

Respondents provided narrative reasons for using urgent and emergency care services. These were coded related to emerging themes from the data. Most respondents described significant medical needs.

Whilst there has been some suggestion in the media and from professionals of significant numbers of people accessing urgent & emergency care inappropriately, the data did not support this conclusion.

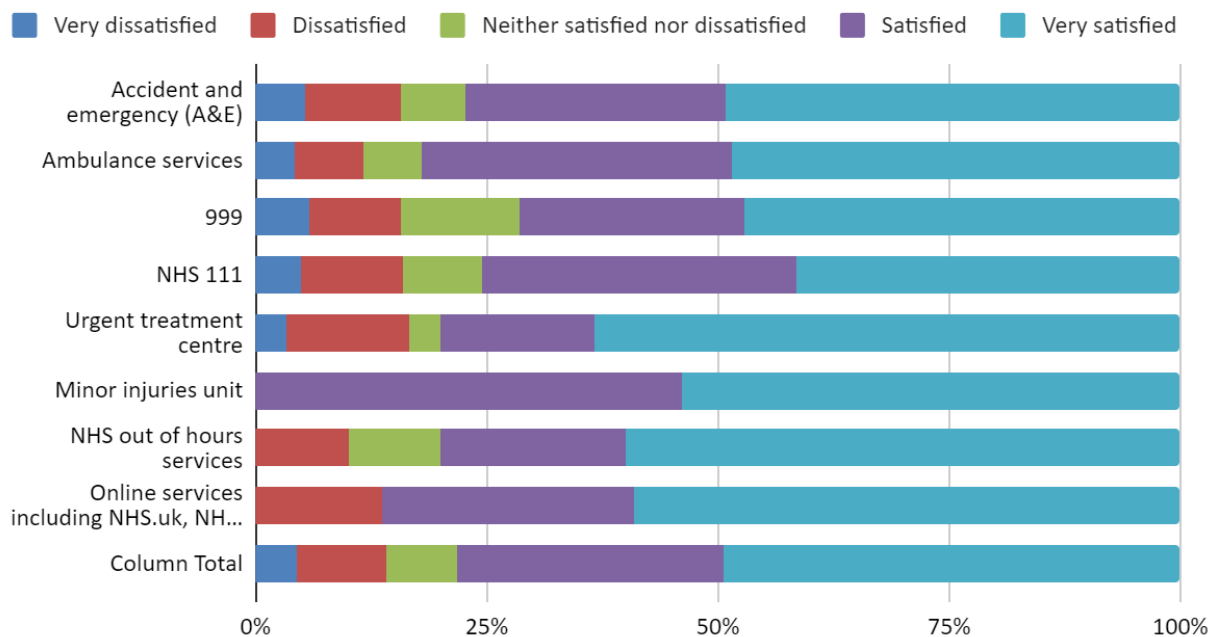
Reasons for using urgent and emergency care services		
Category	%	n
Suspected or actual Cardiac/Stroke symptoms	19.7%	41
Cut/injury/fracture/bleed	16.8%	35
Shortness of breath/fainting/unconscious	16.8%	35
Fall	15.9%	33
Infection	7.7%	16
Pain (non-chest)	6.7%	14
On advice of a Clinician	4.8%	10
Existing medical condition	4.3%	9
Other Acute medical need	4.3%	9
Mental Health needs and self-harm	2.9%	6
	Answered	198
	Skipped	68

4.5. Service satisfaction

Of those who had used services, 180 provided 458 ratings for services. Net satisfaction was positive for all, with highest satisfaction levels coming from Minor Injuries units (100% - albeit from a low base of 13), Ambulance services (82.1%) and Urgent Treatment Centres (80.0%) and NHS Out of Hours services. Whilst satisfaction was positive across all services, it was lowest for 999 (71.4%), NHS 111 (75.6%) and A&E services (77.3%).

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	n
Accident and emergency	5.5%	10.2%	7.0%	28.1%	49.2%	128
Ambulance services	4.2%	7.4%	6.3%	33.7%	48.4%	95
999	5.7%	10.0%	12.9%	24.3%	47.1%	70
NHS 111	4.9%	11.0%	8.5%	34.1%	41.5%	82
Urgent treatment centre	3.3%	13.3%	3.3%	16.7%	63.3%	30
Minor injuries unit	0.0%	0.0%	0.0%	46.2%	53.8%	13
NHS out of hours services	0.0%	10.0%	10.0%	20.0%	60.0%	10
Online services	0.0%	13.6%	0.0%	27.3%	59.1%	22
Column Total	4.4%	9.8%	7.6%	28.8%	49.3%	458
					answered	180
					skipped	57

Services used by Satisfaction

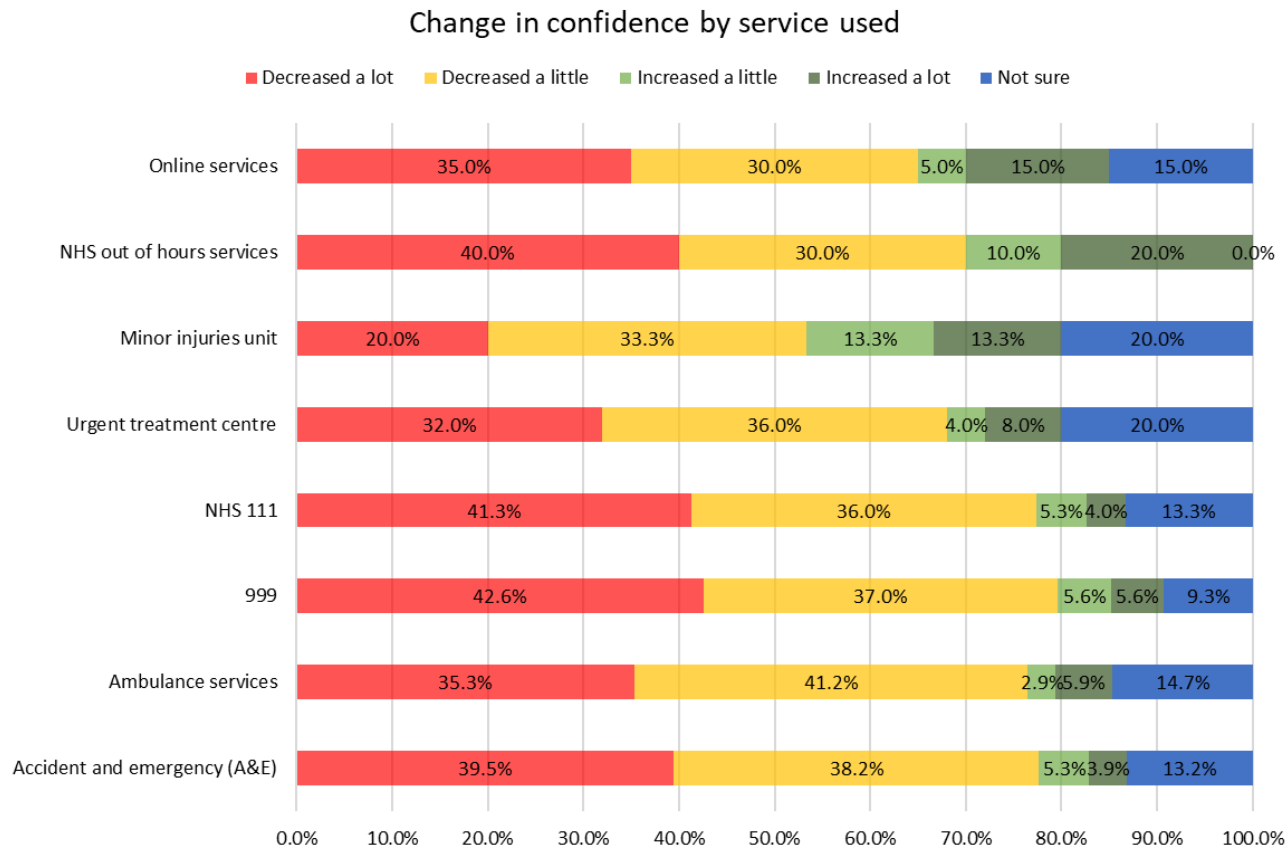


4.6. Change in confidence in urgent and emergency services

Whilst most people reported positive experiences of care (78.1%), this high level of satisfaction did not translate into confidence in urgent and emergency services. The majority of respondents (78.3%) who had used urgent & emergency care services reported a reduced confidence in them.

You said that your confidence in urgent and emergency services has changed since compared to the pandemic. Would you say that it has increased or decreased?			
Answer Choice		Response Percent	n
1	Increased a lot	4.6%	8
2	Increased a little	4.0%	7
4	Decreased a little	38.3%	67
3	Decreased a lot	40.0%	70
5	Not sure	13.1%	23
answered			175
skipped			91

Whilst some variation exists, there is a marked trend towards lower confidence in urgent and emergency care services amongst those who have used them.



Despite small bases, resulting from some people not answering both questions, this decrease in confidence is present for people using services in the 3 timeframes.

When did you use urgent or emergency care services?				
My confidence in urgent and emergency services has	In the last 12 months	12–24 months ago	more than 24 months ago	n
Increased a lot	6.3%	0.0%	0.0%	8
Increased a little	3.1%	7.4%	0.0%	7
Decreased a little	39.6%	33.3%	12.5%	67
Decreased a lot	39.6%	37.0%	62.5%	70
Not sure	11.5%	22.2%	25.0%	23
answered				131
skipped				135

4.7. Drivers of lower confidence

The reduction in confidence was predominantly attributed to experiences of care (51.7%) either for self (35.6%), someone known to the respondent (12.1%) or experiences shared by professionals (4.0%). News, media (32.2%) and social media (2.3%) accounted for 34.5% of this change in sentiment.

You said that your confidence in urgent and emergency services has changed. Out of the following reasons, what would you say is the main reason that led to this change?			
Answer Choice		Response Percent	Response Total
1	My experience of using urgent and emergency services	35.6%	62
2	A friend or family member’s experience of using services	12.1%	21
3	Stories in the media	32.2%	56
4	Stories in social media	2.3%	4
5	Stories from someone I know who works in the NHS	4.0%	7
6	Not sure	4.6%	8
7	Other (please specify):	9.2%	16
answered			174
skipped			92

Where people provided narrative responses this was to elaborate on the above categories:

“Lack of GP access or GP reluctance to see patients means they are being sent to A+E”

“my daughter is a paramedic”

“Not impressed with nil response to 999. Not happy at referral to Kingston A&E or waiting to be seen then being told to visit the canteen here is a pager.”

“Fear that if I need an ambulance it won't arrive in time and I won't be seen in time”

People who reported that their confidence in urgent and emergency services had changed because of their experience cited the following experiences for this.

What part of your experience led to the change in confidence in urgent and emergency services?		
Answer Choice	%	n
Waiting times (including to speak to a call-handler, to be assessed, or to be offered treatment)	74.8%	83
The quality of treatment received	23.4%	26
Clarity of communication and information from staff	26.1%	29
Staff attitude and kindness	22.5%	25
The follow-up care I received, such as discharge, support at home, and/or any medication received	22.5%	25
Not sure/ Other	18.9%	24
	answered	111
	skipped	155

Some people also provided narrative responses which are included in the total as they often elaborate on these categories rather than extend the range of responses:

Experiences likely arising from capacity issues

"had there been a crew available earlier, there might not have been a need for the patient to be taken to, and kept in, hospital for some days. it may well have prevented me getting an injury to my back trying to assist in the first place"

"Waiting time to be seen was vastly longer than before because of numbers of people going to hospital who previously would have called and made appointments with their GP"

"No ambulance came"

"The biggest problem by far is the effects of underfunding - long call wait times, chaotic call management, no ambulances available even for potentially urgent life-threatening conditions."

"A&E patients spilling onto pavement"

"handover at hospital"

Attitudes

"I suspect staff are little less kindly as there appears to be more people using the emergency services who really don't need emergency care."

"Attitude of many agency nursing and care staff"

Negative feedback about 999 & 111

"A&E care was good, problem is 999, 111."

"Please replace the 111 service not fit for the job".

"999 call centre"

4.8 What went well?

Respondents provided narrative answers to what went well. Emergent themes were identified and responses coded accordingly. Responses could be coded with multiple themes. Despite the clearly worded question and opportunity to provide negative feedback in the next question, some 9.3% of respondents provided negative, or mixed responses in this section.

What went well with your experience of urgent or emergency care?		
Category	%	n
Service Organisation, Delivery, Change And Closure	26.2%	90
Waiting times, punctuality & Queuing on arrival	21.2%	73
Quality of treatment	20.9%	72
Caring or kindness	13.1%	45
Negative responses	9.3%	32
Communication With Patients	8.4%	29
Medicines, prescriptions & Dispensing	0.9%	3
	Answered	198
	Skipped	68

As well as thematic analysis, the frequency with which words were used was also insightful. People often spoke about where they received their care:

- Ambulances and related terms (paramedic(s), crew etc.) were cited frequently within responses about what went well (130 mentions).
- Hospitals and related words (doctor, nurse, admitted, etc.) were also frequently referenced within responses about things that went well (89 mentions).

It is notable that references to care being professional, high quality and compassionate were also referenced. This is covered in some detail within a theme of its own.

Service Organisation, Delivery, Change and Closure

Comments within this theme were often closely associated with other categories in proportions similar to the wider categorisation in table under item 4.8. Indeed, only 14 responses related purely to service delivery.

When people spoke about service delivery going well, they described receiving the care that they needed, whether this was an assessment and being discharged home, or being assessed and treated. They also described urgent and emergency services connecting with each other effectively and handing over care effectively.

“Called 111 who, due to the seriousness of her condition, handed to 999 service. Ambulance arrived very quickly and the crew carried out many tests. Within about 1/2 hr. she was taken to St. George’s hospital where she was operated on immediately”

“Was triaged promptly and then re-diagnosed as a doctor realised I had a different problem to the original diagnosis luckily just before treatment started”

“Ambulance came. They are concerned about another UTI. Took to A&E. He did not have a UTI. Discharged c4am”

“Well organised with sensible triage before going in to wait so if they can’t help you know up front to go to the larger A&E”

“111 were helpful and said that they would make an appointment for me to attend West Middx minor injuries that evening.”

Waiting Times - Punctuality and Queuing On Arrival

Where waiting times were described as something that had gone well, respondents described short waiting times and care being provided punctually.

Emergency services including ambulances, paramedics and 999 were frequently referenced in relation to providing timely care. Positive comments predominantly related to ambulances arriving quickly:

“Ambulance came within minutes”

“Speed of arrival after accident”

There were also positive sentiments related to ambulances arriving when the call handlers had said they would.

“I was told the ambulance would be three hours and it was”

In some instances, ambulances arriving long outside of the target time were viewed positively:

“111 was busy but 999 made a quick diagnosis of M.I which I did not suspect, and sent an ambulance within 30 mins to take me to a heart centre where the on-call cardiologist saved my life. I am so grateful.”

In some instances, however, waiting times were also mentioned as a negative aspect of otherwise positive care. These related to waiting at A&E

“At A&E I had a long wait (as is expected at the minute) and all the staff were caring and lovely, and came around and gave us all food and were always happy to help.”

“All went well except for the long wait in pain for the appendicitis”

“Ambulance arrived soon enough. GP is wonderful. Hospital slow to help really, or too busy.”

Caring, Kindness, Respect and Dignity

Respondents appreciated the kindness and respect they received from emergency personnel, all of whom treated them and their families with reassurance and sympathy throughout the entire care process.

“When the ambulance arrived the paramedics were lovely with her, gave her pain relief and got her downstairs and into the ambulance. All the time reassuring her.”

“The care was outstanding in every way and I shall never be able to thank the ambulance crew enough. My wife died peaceful at home, which was her wish”

There was a general perception among patients that staff members were doing their utmost to meet patient needs despite the obvious pressures they were under. Even in instances where patients did not have a positive experience overall, they felt well treated by the staff regardless of other circumstances.

“The staff. They were wonderful. They were doing their utmost to take care of the medical issue at the time, but the reason for my dissatisfaction is nothing to do with the care I was given, but with the length of time”

Quality of Treatment

There was a general feeling of satisfaction among patients once they were seen by a health professional about the quality of care they received. The long waiting times were found to have negatively affected the quality of care for many patients, however.

“The actual provision of care was second to none. Empathetic, professional, efficient. Free.”

“Care in hospital was excellent Ambulance team very supportive once they arrived”

Among the respondents, there was a strong consensus that the emergency staff was efficient and thorough, using their knowledge and experience in a manner that provided the patient with the best possible care.

“paramedics were excellent, they checked everything and followed up with reports for our GP to follow through and because of that my father was given a number of follow up appointments with the hospital”

Communication with Patients; Treatment Explanation; Verbal Advice

Several respondents felt that staff kept them informed of any developments and explained procedures in a clear and concise manner. They also said that the staff listened to their concerns, and they felt involved in their care, when possible.

“saw doctor, who listened well.”

“Discussion and clear advice from III about expectations”

4.9 What could be improved?

What went well with your experience of urgent or emergency care?		
Category	%	n
Service Organisation, Delivery, Change And Closure	43.8%	81
Waiting times, punctuality & Queuing on arrival	43.2%	80
Communication With Patients	13.5%	25
Quality of Treatment	3.2%	6
Caring or Kindness	3.2%	6
Medicines, prescriptions & Dispensing	1%	2
	Answered	185
	Skipped	85

Service Organisation, Delivery, Change and Closure

In response to the survey, respondents stated that they experienced poor communication and organisation between services, resulting in long waits, stress, and uncertainty among patients. It was deemed that shorter waiting times at NHS111 as well as better communication between services could have led to better treatment efficiency and quality.

“Have called previously urgent care services for a client who removed a catheter, was told to call 111 as they wanted to triage again. Ended up going round in circles and to get urgent care District nurse to re-insert urgently.”

“111 were too busy first time I rang. Eleven hours later 111 said they had ordered an ambulance which would arrive shortly and I should wait. It didn't arrive for a further 8 hours. On a separate visit for another incident A&E was bedlam. It was unclear where to go. The triage was haphazard.”

Understaffing and lack of organisation in the A&E department was also cited as a problem by several patients, who saw it as a result of pressures and lack of funding for the NHS.

Waiting Times- Punctuality and Queuing On Arrival

The majority of responses indicated that there was a long waiting time across all services.

Many patients reported that they were required to wait a long time to speak to a call handler, which they found to be stressful and inconvenient. This was especially true of NHS111 calls, but not uncommon with 999 calls as well.

“Long wait for the phone to be answered by 111. Tried the triage service online but was told to call.”

“Waiting time to even answer the phone call would have helped 1/2 hour wait just to speak to someone to say we think he’s having a heart attack”

In general, patients were appreciative of the care received, however, many respondents experienced lengthy ambulance waiting times, which many patients felt negatively affected the health of themselves and or their loved ones.

“Time it took 5 hours for the ambulance to arrive to a vulnerable child who was having multiple significant seizures... having had emergency meds.”

Even after considerable media coverage of A&E waiting times, several patients felt that it was longer than expected. Additionally, patients perceived that care at A&E was disorganised. Instead of the anxiety of waiting and not knowing what would happen next, respondents wished they had been better informed about waiting times and procedures.

“Once arriving at hospital by ambulance I was not seen for 3 hours. I had some bloods done and it was a further three hours before I was then seen again. I was there from 10pm until 3.30am.”

“Staff were overstretched, long waiting times. Spent 9 hours in A&E in total.”

Communication with Patients

Some respondents felt that call handlers were short and dismissive. When some respondents were worried about their own health or loved ones, call handlers refused to take questions, which created more confusion and distress.

“When calling 999 being spoken to in a harsh way, repeating the same questions time and time again when you are waiting for an ambulance and the needing the ambulance is in a very bad way, this needs to change, the essential information needed comes first, then keep the caller on the line making sure they are ok.”

Some respondents had similar experiences in A&E. Whilst being sympathetic of the pressures on NHS, patient did not feel that they had enough interaction with healthcare staff to for them to understand their problems and be heard

“More time with Dr so they can actually listen to what you’re saying rather than being rushed and dismissed”

“What could be improved? Medics need to listen”

4.10 What can LAS do to contribute more to life in London

What can LAS do to contribute more to life in London		
Category	%	n
Service Organisation, Delivery, Change And Closure	72.8%	83
Communication With Patients	20.2%	23
Staff Quality, Competence or Level	2.6%	3
Transport or Parking	1.8%	2
Building/Facilities/Environment	0.9%	1
Continuity of Care	0.9%	1
	Answered	114
	Skipped	122

Service Organisation, Delivery, Change and Closure

The majority of respondents cited improvements related to NHS England as a whole. Largely pointing to investment and funding in the NHS. Investment in more staff was highlighted as a major issue for most participants

“The staff on the Ambulance front line need to be funded better for training and development, as does the whole organisation. The front line Ambulance personnel are absolutely dedicated and are doing an extremely good job in very difficult circumstances”

“I think the LAS need more money to meet the demands of the Public”

“They can only provide the service that they are funded for, we need more trained operators, ambulance staff and paramedics. I believe the current staff are doing their best.”

Staffing issues were not just seen as a priority in the NHS but for the social care system. Respondents highlighted the importance of continuing care for elderly patients in order to enable them to leave A&E and free up beds for new patients

“It seems ridiculous that sick people cannot get into a hospital because well people have got nowhere to go after leaving hospital. That is where huge pay rises for carers need to take place.”

“LAS is only part of the picture. Lack of funding to move patients either home or to a care setting needs to be increased thereby being able to move patients out of acute settings”

“The Best thing would be to expand triage & waiting areas - one experienced person to 4 or 5 waiting patients would free up LAS to attend & help more people in emergencies - however, waiting areas would be the new bottleneck”

Communication with Patients

Respondents felt that public engagement may be helpful in highlighting when LAS services should be used and in gaining a better understanding of the performance of the services than media coverage alone.

“Clarity in terms of what can be delivered and by whom. If 999 can't respond or can only respond in certain situations, the public should be aware of that.”

“More education on how, exactly, people can access care without contacting ambulance services. When 111 take 14 hours to call someone back and yet the NHS app urges urgent care to be sought for a symptom, this leads those who are not requiring urgent care, to present for ambulances/ at A&E.”

Furthermore, some respondents felt that LAS staff visiting schools would be beneficial to communities as a whole.

4.11 Anything else that might improve ambulance, emergency or urgent care

Tell us anything else you would like to feed into improvement to ambulance, emergency or urgent care		
Category	%	n
Service Organisation, Delivery, Change And Closure	50%	59
Communication With Patients	9.3%	11
Staff Quality, Competence or Level	8.5%	10
Continuity of Care	7.6%	9
Transport or Parking	0.8%	1
	Answered	118
	Skipped	148

Service Organisation, Delivery, Change and Closure

There was wide consensus among respondents that more investment was necessary to improve healthcare services. However, most people were very satisfied with the care they received from each individual in the LAS system, but they expressed concerns about the sustainability of the current situation.

"I am concerned to see that the service is stretched to the limit"

"It would appear from the news the ambulance service needs more vehicles and staff. They should be able to leave patients in A&E so they can have a quick turnaround. It could be that part of the team stay at hospital with a patient until hospital staff take over. Either way more crew or A&E staff are needed."

"Proper government funding and adequate wages for front line staff would lead to improvements."

Communication with Patients

There was some feedback that people could benefit from receiving clearer direction and information at the A&E department, such as estimated wait times to manage expectations. Other respondents discussed not being given adequate information regarding follow-up consultations and post-discharge care plans.

"My wife was discharged from hospital at short notice after four days of treatment with antibiotics. It would have been very helpful to have had a briefing from a doctor about the

situation and what to expect. She did not seem to be very well when we got home and we had to see her GP for reassurance that all was well."

Staff Quality, Competence or Level

During their interaction with the LAS staff, some respondents reported that they were not treated with respect by the staff or given adequate support by staff.

"I can't understand how the UCC were so uncaring, to just send me off on my own. I told them several times that I didn't know how I could get to A&E & I was in tears as I left, I was in shock & didn't know what to do next."

Conclusions

This report provides a snapshot of patient experiences of LAS services. Whilst collected during a limited timeframe, it represents valuable qualitative and quantitative data about patient experience from a substantial number of residents who had recently used urgent and emergency services. The responses from this cohort were all relatively closely grouped which gives us considerable confidence that the findings of this would not be changed if the sample were larger or the survey were run for longer.

The findings of this report paint a picture of people receiving kind, compassionate and professional care from a service and a system under substantial pressure. Many people have experienced delays in their care, witnessed pressures or heard about the experiences of those close to them, that are reflected in the recurring themes of concerns about the sustainability of current services, the need for additional funding and staff and the realities of current demand and capacity.

The variation in quantitative satisfaction shown in section 4.5 is also evident throughout the qualitative data with positive sentiments for Minor Injuries units, Ambulance services, Urgent Treatment Centres, and NHS out of hours' services but low levels of satisfaction for 999, NHS 111, and A&E units. Taking the narrative into account, it appears that these are the areas where people are most experiencing the pressures they describe.

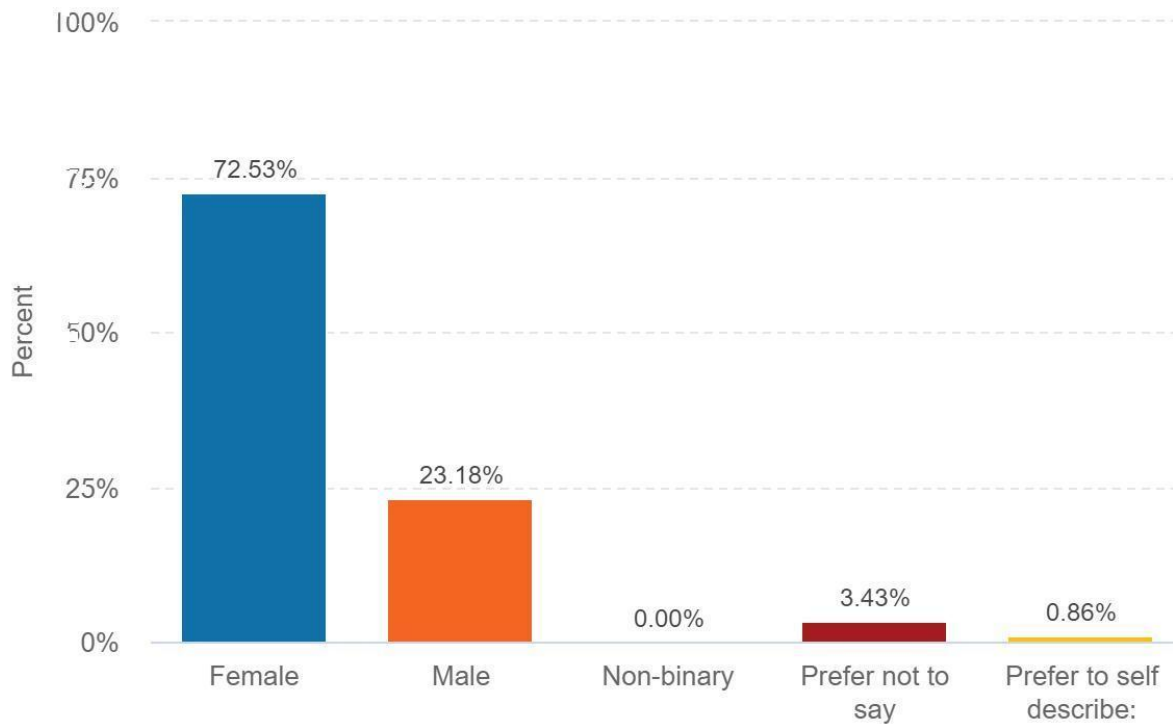
The data collection for this report occurred during a period of substantial media coverage of urgent and emergency services, and 34.5% of people said that these had impacted on their views. However, this report, with particular reference to sections 4.7 and 4.9, provides strong evidence that patient and public satisfaction with, and views of, urgent and emergency services are heavily influenced by personal experiences (47.7%).

Appendix 1 Demographics of Respondents

Gender:

72.5% Female, 23.2% Male, 3.3% prefer not to say or prefer to self-describe. We usually see a majority of responses from women however this is more pronounced in this survey.

Please tell us your gender



96.5% were the same gender as assigned at birth, 0.4% were a different gender from that recorded at birth, 3.2% preferred not to say. This is broadly aligned with the demographics of our community.

Age

Age	Sample	Richmond
Under 13	0%	15.7%
13 to 17	0.9%	6.2%
18 to 24	2.20%	6.0%
25 to 49	13.3%	36.0%
50 to 64	23.6%	20.5%
65 to 80	46.8%	12.1%
80+ years	11.2%	3.4%

Respondents to this survey were typically older than the population. We are unclear how this relates to the age distribution of users of urgent and emergency care as we do not have access to this information at the time of writing.

Disability and health status

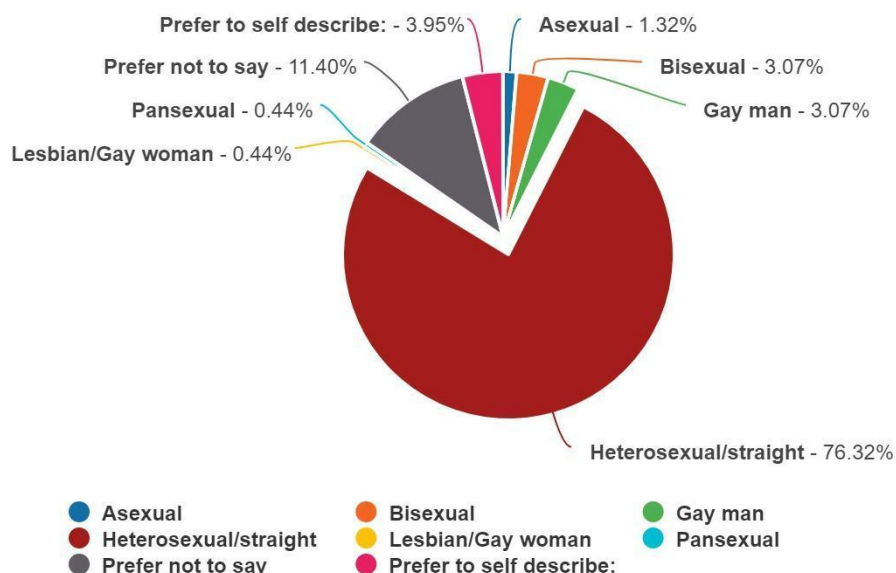
51.5% had a disability or health condition, 41.6% did not and 7.0% declined to respond.

(N.B. Those who did not have a disability or health condition could either select “None” or skip the question).

Sexual orientation

The sample was diverse in sexuality with 76.3% of respondents describing themselves as Straight/heterosexual, 15.4% declining to respond and 8.3% reporting another sexuality (Gay man 3.2%, Bisexual 3.1%, Asexual 1.3%, Lesbian/Gay woman 0.4% Pansexual 0.4%)

Please tell us which sexual orientation you identify with



Ethnicity

The sample was over represented in White British people and underrepresented in people identifying as being from Other minorities, White other, Asian, and Black ethnicities. This may to some extent reflect the age profile of respondents.:

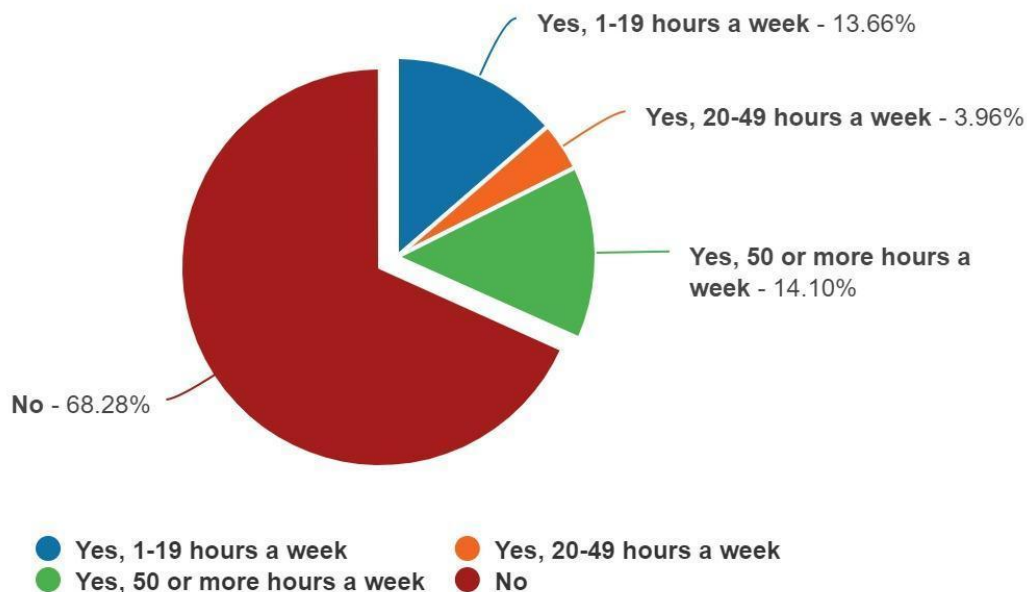
Ethnicity	Sample	Richmond
White: British	75.4%	66.3%
White: Any other White background	6.4%	14.8%
White: Irish	3.0%	2.9%
Other Minority ethnic groups	7.4%	16.0%
Asian: all groups	2.6%	3.9%
Black: all groups	0.9%	1.5%
Mixed ethnic groups	4.3%	3.6%

The majority of respondents had accessed services within the last 12 months (72.2%) with lower numbers of people having accessed care 12–24 months ago (20.6%) and >24 months ago (7.2%). Whilst all professionals used services in the past 12 months, there was no material difference in when people used services for themselves or others.

Carers

Just under a third of respondents had a caring role (31.7%). This is a higher proportion than our previous work has identified.

Do you look after, or give any help or support to, anyone because they have any long-term physical or mental health conditions or illnesses, or problems related to old age?



When did you or someone you know use any urgent and emergency care services?			
Answer Choice		Response Percent	Response Total
1	In the last 12 months	72.2%	130
2	12-24 months ago	20.6%	37
3	more than 24 months ago	7.2%	13
answered			180
skipped			57