



# London Ambulance Service

Experiences of Greenwich residents in 2022

**healthwatch**  
Greenwich

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# Summary

The London Ambulance Service NHS Trust (LAS) invited London based Healthwatch to support the development of the LAS strategy for 2023-28. Healthwatch Greenwich (HWG) were commissioned by LAS to conduct a mixed methods research project on Greenwich residents experience of the London Ambulance Service over the last 12 months.

## About

Healthwatch Greenwich is an independent, statutory organisation representing people who use NHS and publicly funded health and care services in Greenwich.

## Introduction

Through a combination of interviews and surveys, HWG spoke to Greenwich residents to understand their experience of LAS, specifically – what is working well, what could be improved, and how LAS could better contribute to life in London.

Data collection methods included in-depth interviews and surveys, with a focus on speaking with communities with protected characteristics. This included those living with a disability or long-term condition and those from an ethnic minority background.

## Methodology

Eight in-depth audio/video recorded interviews were carried out with service users that had used the London Ambulance Service within the last year. Interviews ranged between 30 minutes and 1

hour and participants received a Tesco shopping voucher as a thank you for taking part.

A total of 54 surveys were conducted through a mixture of in-person and remote engagement methods. This included visits to Queen Elizabeth Hospital, engagement at local libraries, and an online survey.

# Demographics

	In-depth Interview (8 total) <sup>1</sup>	Survey (54 total) <sup>2</sup>
Ethnic minority background	3	12
Living with a disability or long-term condition	6	27
Carers	1	16

Efforts were made to ensure that interview participants reflected the diversity of Greenwich’s population in terms of age, ethnicity, disability, and caring responsibilities.

As such, three of the eight interviews were conducted with people from an ethnic minority background (Black Caribbean and Asian British), while 22% of surveys participants were from an ethnic minority background.

75% (6 of 8) interviews were conducted with people living with a disability or long-term condition, while 50% of survey participants were living with a disability or long-term condition.

<sup>1</sup> Please note: this column does not add up to 8 (total number interviewed) as participants identified themselves across multiple categories – for example, from an ethnic minority background and a carer – as such we have counted them in both categories.

<sup>2</sup> Please note this column does not add up to 54 (total number of completed questionnaires collected) as one participant identified themselves in two categories. As such we have counted them in both groups.

Interview participants also included a parent of a child with special education needs and a d/Deaf service user. In speaking with these two participants, the project sought to address additional issues as they relate to access for those with language barriers and access for those with caring responsibilities. As such, 29% of survey participants were carers of those living with a disability or long-term condition.

# Findings

## What is LAS getting right?

### Overall care and confidence

In general, participants were satisfied with the overall level of care received from LAS. This was measured in terms of several factors, including the thoroughness of the assessment received, the friendliness and compassion of staff, the feeling of being listened to, information received explaining stages of care, and satisfaction with treatment or advice.

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*Everybody that I have come into contact with is always really nice, really positive, friendly and doing the best that they can at their job, and I think that for me is the most important thing. These people are doing jobs and they're doing it to the best of their ability, and they really care and they're passionate. And I think that's what stands out.*

*Participant 6*

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Amongst survey participants, 40 of 54 (74%) were satisfied or very satisfied with the care they received from LAS. Similarly, two-thirds of survey participants stated that the call they had with LAS was good or very good.

Survey participants from an ethnic minority background (12 of 54), who received a mixture of urgent and emergency responses, similarly had positive experiences with LAS. For instance, 11 of 12 stated that they were 'satisfied' or 'very satisfied' with the care they received from LAS and were largely confident that the service could meet their health and care needs.

Where participants were unhappy with the service, this was largely due to long or longer than expected response times from medical staff, waiting times for an ambulance or a shortage of available staff. These issues will be discussed in 'How can LAS improve emergency care?' and 'How can LAS enhance urgent care?'

## Staff attitudes

All interview participants spoke of the kindness and compassion of LAS staff. Participants felt they were treated with respect, that their healthcare concerns were listened to and that this manner of treatment enabled them to feel reassured about their health condition. These factors helped participants feel involved in decisions about their healthcare and influenced levels of satisfaction with the quality of treatment received. Amongst survey participants, when asked "what went well with your experience of LAS?", over half of respondents highlighted the attitudes of staff, with descriptions such as 'kind, attentive, polite, very caring, informative and reassuring'.

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*Their tone of the voice, they listened to what I had to say. They didn't question me too much about what I had to say. The person answering the phone was very good...*

*Participant 4*

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The kindness and warm manner of LAS staff was particularly important to one interview participant who told us her experience calling 999 for her daughter who has Down Syndrome and is nonverbal. The participant felt that LAS staff were compassionate and clearly experienced in looking after children with complex special education needs. This was particularly important given her child wasn't able explain what was wrong or causing her pain. She

described the level of attention staff gave to make sure they had all the relevant information about her child. Each stage of the process was clearly communicated, and they ensured a smooth handover to the hospital. These factors demonstrated a high level of concern which helped to reassure the mother during a stressful situation.

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*We had an amazing service from the ambulance service. You know, they were just, they were just so caring, the empathy towards myself and (name of daughter), they were really caring. And you know, they just had a great sense of humour as well that really put you at ease.*

*Participant 7*

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## Clarity of communication and information about care

The attitude and behaviour of LAS staff members was linked to clarity of communication. Most participants felt informed about decisions being made and understood what the next steps of their care would be. Again, this involvement impacted on their satisfaction with the service overall and their confidence in the treatment provided.

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*I think the system of being able to call 111 is working well and the procedure of, you speak to someone, you're triaged and then you're told what the next step will be. So, I think it's a clear system and the process works well. The person at 111 makes sure the person calling is clear and understands what's happening and why and the next step.*

*Participant 3*

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## Support from NHS 111

Most interview participants felt the NHS111 service provided appropriate support for their health and care needs. In particular, participants were satisfied with the service from call handlers, describing them as helpful and understanding, that communication was 'excellent' and calls were answered quickly. Participants understood the role and purpose of NHS111, in providing urgent but non-emergency care; moreover, in times where an emergency response was needed, participants were largely satisfied that NHS111 would re-direct them to the support and practitioner required.

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*NHS111 is a really good system. I think that's been excellent. It's really good at being able to not only prioritise need and provide assistance and help, but also to utilise the different services in different areas.*

*Participant 6*

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Positive experiences of NHS111 were similarly reflected amongst survey participants. Of the 54 survey respondents, 20 of those had contacted the LAS through NHS111. 65% of these participants stated they felt quite confident or very confident that LAS could meet their health and care needs.

# How can LAS improve emergency care?

## Accessibility and communication

Amongst survey participants that identified as having a disability or long-term condition (27 of 54), the majority were 'satisfied' or 'very satisfied' with the care they received from LAS (66%) while a quarter were 'very dissatisfied' or 'dissatisfied' with the care they received from LAS. An interview with a d/Deaf service user highlighted the need to explore barriers and accessibility issues that emerge for



those living with a disability or long-term condition, particularly clarity of communication from LAS staff members.

Participant 6 used LAS on three different occasions; the first using Relay UK<sup>3</sup>. She called using Minicom (a textphone device), but the call was not answered, requiring her son to then try to call on his mobile; second, when she used the Emergency Bed Service to transfer between hospitals; lastly, when she used the Non-Emergency Transport Service to return home after a 2-week hospital stay. On each occasion, despite her request, there was no BSL or SSE interpreter to support with communication. She relied on her son and sibling to communicate for her or had to write down her needs and responses to questions on paper. English is a second language for most d/Deaf people. Communication methods provided by LAS were poor and inconsistent. For instance, the participant described being brought home after her hospital stay, quite late at night, and having three nurses administer support for her on arrival. However, none of the nurses had been informed that she was d/Deaf.

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*Everyone treated me with care but not having a BSL interpreter impacted on how involved I could be with my care.*

*It seems like sometimes hearing people are nervous about speaking with d/Deaf people.*

*Participant 6*

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## Waiting times and lack of communication

A common theme amongst interview and survey participants was uncertainty around emergency response times and a sense of frustration at not knowing how long it would take to receive an ambulance. Amongst survey participants, 28 of 54 called LAS and received an ambulance or emergency response. Of these, 39% felt that the response was 'a bit too long' or 'way too long', with waiting

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<sup>3</sup> Relay UK provides relay services through an app or textphone for deaf, hard-of-hearing, and speech-impaired people. Relay UK can help people who cannot hear on the phone or have difficulties with their speech by providing a text-to-speech and speech-to-text translation service.

[Relay UK - homepage | Relay UK \(bt.com\)](https://www.bt.com/relay-uk)

times ranging between 15 minutes to 7 hours. Improving communication on wait times could help alleviate service users' frustration and better manage expectations, for instance, receiving regular updates about when their ambulance will arrive. When service users don't know when or if an emergency response will arrive, other problems may arise; their condition may worsen requiring a more urgent response or they may seek out alternative forms of care, running the risk of wasting resources by sending an ambulance that's no longer needed. The example from the interview participant below highlights these issues.

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*I think I phoned them (LAS) at about 2 o'clock in the afternoon. So over 5 hours I was just waiting, and I was not informed of any updates or whether they would definitely be coming. I mean I got to the point where I wasn't expecting them and then they just turned up out of the blue.*

*Participant 1*

*The staff are very friendly, and the staff are very helpful. I think they're being let down by the hospitals because they can't unload the patients to go and get another patient. Because when we got to A&E there was about 12 ambulances at A&E waiting to offload patients.*

*Participant 4*

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## **Improving communication and offering more choice**

Although many participants felt that LAS staff were good at communicating decisions related to their care, there was uncertainty amongst some participants about their treatment plan, particularly if they were taken to A&E. This highlighted a breakdown in communication for some, who were unclear about the decisions being made about their care, as well as a lack of clarity about the treatment needed to resolve their health issues.

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*Well, I think I could have been treated at home. Because the painkillers I had at home weren't good enough for the pain I was in, but if they just sent someone to me, to give me stronger painkillers at home.*

*Participant 4*

*We didn't know he would be taken into triage, and I wouldn't be allowed in, so I didn't get a chance to give him his phone or glasses.*

*Survey respondent*

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Other participants felt that they could have been offered more choice in terms of next steps in their care, for instance being treated at home or making their own way to A&E rather than waiting for a taxi provided by LAS.

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*I would have preferred to be treated at home, you know, not in A&E for hours on end. [And] I think they were too quick to offer me a taxi. I think they should have said to me, can I make my own way there and if I said no, then offer a taxi. They offered the taxi as the first choice.*

*Participant 4*

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## **How can LAS enhance urgent care?**

### **Consistency of clinical assessments**

Amongst survey respondents, 20 of 54 received urgent care from LAS, with over a quarter of these stating that they were 'dissatisfied or very dissatisfied' with the care they received. Amongst interview

participants, there were mixed views, particularly in relation to levels of satisfaction with their clinical assessment. Some reported that they received a thorough and comprehensive clinical assessment from LAS which offered reassurance, as the example from the interview participant below suggests.

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*They went through absolutely everything that you could think of to make sure that I wasn't suffering anything life threatening or severe and that really made me feel at ease and that I could honestly and openly talk about the symptoms that I was experiencing, which I think is quite important over the phone.*

*Participant 6*

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However, for others there was a sense of frustration that their needs were not being listened to and that they weren't being involved in the decisions on their care.

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*They [LAS staff] weren't very talkative. They were more talking to each other or to themselves, which I thought was quite rude. And I thought, hey, hang on a minute, I'm the patient, I'm the one being poorly here, you know. And they were talking among themselves rather than to me as a patient. And I didn't really like that.*

*Participant 1*

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For participants that had used LAS multiple times within the last year, this sense of not being listened to was made more frustrating, as they were able to compare the treatment they received on different occasions. As the example from Participant 1 makes clear, lack of consistency in terms of staff attitudes affects expectations of service and levels of confidence in the support received.

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*I have had crew in the last year turn up and they were absolutely fantastic. They were fantastic. I felt very involved in my care. They were talking to me, they were involving me. They were taking my mind off the panic attack. And they were absolutely, I really can't raise them high enough, they were absolutely brilliant.*

*Participant 1*

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## **How should LAS work with other parts of the healthcare system to improve care?**

### **Better integration with GP services**

All interview participants felt that LAS could improve how it worked with local GPs practices. This was in multiple ways, such as directing callers to out of hours GP services, sharing information with GP surgeries following the provision of support, or booking appointments for callers at urgent care centres. Participants felt that this integration could better suit their needs while also alleviating pressure on emergency services.

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*When ambulance services do an ECG, that should be sent to your GP. It shouldn't be down to you to do it. That should automatically be sent, so your GP is aware of what is going on.*

*Participant 1*

*They should have out of hours GPs that they can send people to. Because my GB surgery closes, so I've got nothing once my*

*GB surgery is closed. I've got no option but to call 111 or 999. So, I think the ambulance service should be able to direct me to an out of hours GP service.*

*Participant 4*

*It would be quite useful to be able to go to urgent care to see a doctor, and it would be really good to be able to maybe get a booked appointment for instance.*

*Participant 6*

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## **Better awareness of local health and care services**

Alongside working more closely with GP practices, participants felt that LAS could be communicating more, and sharing information, with other health and care services within the local area, such as pharmacies and health centres. Such an approach could better signpost the public to services, ensuring that needs are met in different ways, while also ensuring that people don't have to repeat information to different services multiple times.

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*So long as everyone's communicating with each other as they as should be, then that's all they can do, just communicating with the different services where they can...make sure that nothing's missed or someone's not told to go somewhere when they actually could go somewhere else.*

*Participant 3*

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# How can LAS do more to contribute to life in London?

## Community engagement

Engaging with local people generates greater confidence in LAS. Several participants suggested that LAS could be more visible in the community outside of times of emergency. This could include working more closely with Healthwatch, visiting schools and community centres, or targeting engagement with groups known to have high use of LAS. For instance, one participant who had called LAS for her daughter suggested visits to her daughters SEN school could help children become more familiar with the service and this could help to alleviate future nervousness or anxiety in interactions with LAS.

## Communication and System Integration

Provision of BSL interpreters is inconsistent and often lacking. Crucial aspects of health and care needs can be missed without appropriate communication. LAS should consider the provision of d/Deaf awareness training to its staff, recognising that English is not the first language for d/Deaf service users. LAS could review how it works with other system partners, such as GP practices and pharmacies, to ensure that BSL provision is consistently available across services.

## Signposting to non-emergency services

Increased awareness of both formal and informal local health and care services could improve LAS signposting functions for non-urgent care. This could be particularly relevant to NHS111 service users, who (in the case of this research), felt that trips to A&E weren't always suitable for their health and care needs.

# Conclusion

Most Greenwich residents who took part in this project were happy with the care provided by LAS and are confident that the service

can meet their health and care needs. In particular, the professional attitude of LAS staff, their compassion and kindness, ensured that people felt they were being listened to and involved in decisions about their healthcare.

For those who reported a less than satisfactory experience, poor communication was often the main driver. Poor communication from LAS to service users with regards to waiting times, a lack of effective signposting to alternative services, and poor sharing of information between LAS and other parts of the health and care system, created frustration. A lack of provision for service users with additional communication needs, despite the NHS Accessible Information Standard<sup>4</sup>, can exacerbate existing health inequalities for those living with a disability or long-term conditions.

## Recommendations

- LAS to offer appropriate communication support for d/Deaf service users, through the provision of BSL/SSE interpreters and increased deaf awareness training for LAS staff members.
- LAS to Increase its visibility in the local community, through outreach events and targeted community engagement.
- LAS to have greater awareness of local health and care service provision, including out-of-hours GPs, pharmacies, urgent care, health centres and informal voluntary sector support.

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<sup>4</sup> <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/>





**healthwatch**  
Greenwich

Gunnery House  
9-11 Gunnery Terrace  
Woolwich Arsenal  
SE19 6SW

[www.healthwatchgreenwich.co.uk](http://www.healthwatchgreenwich.co.uk)

t: 0208 301 8340

e: [info@healthwatchgreenwich.co.uk](mailto:info@healthwatchgreenwich.co.uk)

 [@HWGreenwich](https://twitter.com/HWGreenwich)

 [Facebook.com/Healthwatchgreenwich](https://www.facebook.com/Healthwatchgreenwich)