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Croydon, CR0 1PB

Roger Davidson  
Director of Strategy and Transformation,  
London Ambulance Service  
Strategy and Transformation Department  
Headquarters  
220 Waterloo Road  
London  
SE1 8SD

31 January 2023

Dear Roger,

In November 2022, the London Ambulance Service (LAS) commissioned Healthwatch Croydon to undertake patient insight in Croydon to include:

- A description of key priorities for LAS over the period 2023-26, highlighting any key evidence such as patient feedback or data on people's experiences.
- The steps you have taken to understand the priorities of communities, including any events or surveys and including any demographic information.
- Any additional points that you would like LAS to consider that you have not had an opportunity to raise as part of the above.

Thank you for the opportunity of working with you to share insight from Croydon residents and service users about LAS.

### **About Healthwatch Croydon**

Healthwatch Croydon is the local health and social care champion. We engage patients about their experience of services and ensure their voices are heard by NHS leaders, service providers and decision makers in order to improve services.

## About the project

The brief allowed us an opportunity to bring together data on the London Ambulance Service and we provided this in the following ways. LAS was keen to gain views on the following five questions:

1. What is LAS getting right?
2. How can LAS improve emergency care?
3. How can LAS enhance urgent care?
4. How should LAS work with other parts of the healthcare system to improve care?
5. How can LAS do more to contribute to life in London?

We ran one in-person focus group on 17 January 2023 where four people shared their views over two hours. We also ran a survey through December 2022 and January 2023 to help gain insight to answer these questions and gained 26 responses.

In response to the questions asked by LAS, we also drew from other insight we had already gathered: Healthwatch Croydon's [Urgent and Emergency Care journey and experience report](#), published in December 2022 where 66 responses related to 999 or ambulance services. The demographics for all these sources, are shown in Appendix A. We have also incorporated some additional insight from our information line related to the Ambulance Services and other sourced – three responses.

## Insight

Each section begins by summarising the key themes that come from the collation of the various pieces of insight. Then each source and its key findings are shown separately.

Recommendations are made at the end of the letter. We understand that some of these are beyond the exclusive remit of the LAS and recognise that wider partnership is needed with other parts of the NHS, local authorities and community and voluntary sector organisations to achieve these actions.

Feedback sometimes moves between themes. We have aimed to reduce any repetition but to keep to the spirit of what was discussed. Where there is repetition, this reflects the additional emphasis on the priorities that LAS needs to consider.

## 1. What is LAS getting right?

LAS is providing a good service which is highly respected and regarded. There are many examples of appreciation for the expertise, care, and professionalism of staff. Many service users feel that LAS has the resources to do what it needs to do. Service users understand that some of the challenges are due to demand, and issues with transferring patients into hospital caused by discharge challenges at other locations.

### From the survey:

- **Caring staff:** Caring staff were mentioned frequently with many service users commending a great service and excellent patient care. Patients feel that staff are highly trained, able to provide lifesaving skills with a reassuring manner and warm nature. They show expertise, and compassion.
- **Work well with all ages:** It was noted that LAS staff dealt well with a range of ages from young to old, respecting patient wishes.
- **Sensitive and tolerant:** It was felt ambulance staff show sensitivity and tolerance. They were particularly helpful with patients with mental health issues and alcohol addictions.
- **Good reputation:** For many service users, LAS has a good reputation and shows professionalism, and is well-loved and respected by patients.
- **Right priorities and good resources:** LAS staff prioritise urgency. It was noted that vehicles were of a high quality, whether a fully resourced ambulance or a paramedic car.

### From the focus group:

- **Service delivery:** LAS are delivering a great service; it is how the public use the service which is the challenge.
- **Training:** Ambulance crew are very well trained.
- **Meeting the needs:** The staff are meeting the needs of those who genuinely need help.
- **Patient centred choice respected:** The choice of hospital was respected.
- **Pioneer services:** The LAS has the right priorities but could put more focus on supporting those with mental health issues to avoid A&E attendances.
- **Challenges for LAS:** Patients know that hospital discharge issues affect the ability of LAS to deliver patients to hospital.

**A majority (56%) of our urgent and emergency care survey respondents were very positive or positive about LAS services<sup>1</sup>:**

- **Excellent staff:** Staff are described as caring, kind, helpful, efficient, attentive and polite with paramedics described as amazing and fantastic.
- **Professionalism:** This was mentioned many times.
- **Effective response:** Many service users mentioned that the ambulance arrived on time and response was quick and effective.

**Our other feedback:** One service user said that the ambulances had been great in responding within minutes to their sick baby. Others also recognised their quick response in dealing with an unexpected additional patient who approached the vehicle needing emergency assistance due to a stabbing. It was noted how considerate staff were in responding to the needs of both this new patient and another patient who was already inside the ambulance.

## 2. How can LAS improve emergency care?

Patients are aware of the challenges that LAS have in dealing with Emergency Care. The overall concern for some is that ambulances do not arrive on time with some service users having waited 5 to 6 hours. It was felt that LAS needed to better manage expectations around this. The other key issue is that patients felt there were not enough staff to meet demand and that the recent strikes exacerbated this problem.

There was a definite need for more information to improve understanding of what is meant by Emergency Care and what the difference between a major injury and a minor injury means in helping the patient decide on who to call. There was a lack of knowledge of NHS 111 services, particularly among young people and international students and refugees. There is a need for an effective and focused advertising campaign to educate and inform the general public, which signposts to one website containing *all* further information. Other service users felt that patients with alcohol addiction could have been dealt with better; also better appreciation of the needs of carers and those who have dementia.

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<sup>1</sup> 56% of the 66 responses that related to ambulance or 999 services.

### From the focus group:

- **Waiting times:** Some service users had experienced long waiting times or knew other people who had to wait a long time.
- **Managing expectations:** Service users felt that more could be done to set realistic expectations of waiting times. While patients would still be unhappy to wait longer than 45 minutes, knowing this could be the case, would help reduce anxiety when waiting.
- **Communications about the positioning of ambulances in Croydon:** Service users felt delays were caused by LAS not being based in Croydon and ambulances having to come from other parts of London. In fact, Croydon has an ambulance station in Primrose Lane. Better communication on the positioning of ambulances could be explored, and better analysis of the response data could help with this.
- **Communicating terminology:** Service users asked for better clarification around the differences between "urgent" and "emergency care" in order to make an informed decision on what service they required.
- **Better promotion in schools, colleges and universities:** College-age service users reflected that information about emergency services, urgent care and the difference between 999 and NHS 111 is not taught or shared in schools or colleges.
- **Advertising:** Service users suggested an innovative campaign to raise awareness about which services to use and when. For example, something similar to the British Heart Foundation CPR campaign involving Vinnie Jones:  
<https://www.youtube.com/watch?v=O92KL1mw77c>.
- **One reliable source for information:** Service users requested one place (website) where all information could be collated, to help advice on what service they need to call.

### From the survey:

- **Arriving on time:** For some people, the ambulance took many hours and this was too long.
- **Managing expectations of arrival times:** People are waiting longer than they were advised and this causes additional stress.
- **Have more staff:** There was a sense that the problems of delivery were due to reduced staff capacity.
- **Stop the strikes:** While many service users sympathised with the reasons, staff strikes affected some people's confidence in the service.
- **Prioritise emergency care:** Service users felt LAS should focus on life-threatening emergencies.
- **Better information about emergency care to improve knowledge:** Service users requested better advice when calling, about their options to match their requirements.

- **Understanding needs and knowledge of relatives and carers:** Some relatives and carers felt they needed extra support as well as the patient. Carers requested that their knowledge and experience should be respected.
- **More sensitive to people and helping those with addictions:** Some service users felt the LAS could do more to support patients including making sure they are delivered at hospitals who could support them effectively and were empathetic in dealing with addictive behaviour.
- **Provide better quality training for people with addiction:** Some service users suggested that staff should receive specific training for dealing with addiction.

#### From the urgent and emergency care survey:

- **Waiting times:** Many service users reported waiting a long time for an ambulance - up to 5 or 6 hours.
- **Refused help:** Some people feel they should have had an ambulance and did not get one.
- **Inexperienced staff:** Some people reported that staff were not experienced.
- **Long wait for mental health patients:** Service users felt that patients with mental health issues should be prioritised and supported effectively.
- **Dementia patients:** Service users felt that dementia patients required tailored information and communication about emergency services.
- **Ensure national medical records can be accessed:** This would help patient experience in the ambulance rather than having to recall their own history.

### 3. How can LAS enhance urgent care?

Service users requested better public understanding about what is meant by urgent care and how it can they can access services. This would enable patients to make an informed choice about their need, including specific condition and situation. Patients would also like better public awareness around LAS and also better advice around self-care.

Public confidence in the NHS 111 service is crucial to delivering the urgent care pathway. While many service users found it useful, some found they were referred to another service only to return to NHS 111 later. This was particularly the case for out- of-hours primary care services.

Service users would like patient history to be available to NHS 111 call handlers, so that the call handler has a better understanding of the patient.

### From the focus group:

- **Definitions:** Service users would like to better understand what urgent care means. Any public information should include the differences between 'life threatening'; 'life-changing'; and 'minor injuries' and what these mean for service users.
- **Patient judgement:** Service users felt that patient history should be more available to staff so that they can support the patient in making a judgement on what service to call, for example if they are diabetic.
- **Defining urgency:** Is this all in the eye of the beholder? It can change over time and in consequence. Some people have waited a few days and their condition has got worse and therefore it has become more urgent. How and when they decide to call can affect their experience and outcome.
- **Integrating patient history into NHS 111 calls:** Service users suggested that NHS 111 call handlers should have access to patient history, so they can see whether the caller needs treatment and where from.
- **Communications and education:** There is a gap in knowledge about the LAS and what they do and their limited role in the wider health system.
- **NHS 111 knowledge can give good outcomes:** For those who used it, NHS 111 worked well and avoided an A&E visit.
- **Self-care:** Service users felt better information about self-care would build up patient confidence and knowledge.

### From the survey:

- **NHS 111:** Service users felt this service was good at identifying needs for an ambulance and others felt the service was excellent. However, there is still the perception by some that the call handlers are not well informed, that the response to calls is slow and that the service is understaffed. Some callers waited over 50 minutes to get through. One patient called NHS 111 and waited three hours for a locked knee. The next day, they went to A&E and were referred to a clinic.
- **Role of NHS 111 working with other services:** Call handlers referred some patients to the wrong service. Service users felt that emergency dental services did not have enough NHS capacity, resulting in patients using emergency dental service, but once discharged the same patient must return to NHS 111 again. Similarly, patients who require prescriptions outside the GP surgery are referred to a Pharmacy Plus service. Often, the pharmacist did not have time to carry out an assessment and so referred the patient back to NHS 111 or were left to wait for the GP to reopen – so the patient goes round in circles calling services many times without receiving the right care.
- **Mental health referral from NHS 111:** These can vary. While there is a process from the call handler, with referral to the ambulance service in a serious case and then

referral to crisis helpline, the helpline is sometimes not willing or unable to take patients – service users asked where they go from here?

- **Work with Primary Care:** If people can get to see a GP, they are less likely to use other urgent care services. Service users would like to see more availability of GPs during evenings and at weekends. Improving capacity here would help urgent care need.
- **Use of smaller paramedic cars:** Service users thought demand for less serious issues could be met with paramedic cars.

#### **From the urgent and emergency care survey:**

- **NHS 111:** Service users requested speedier responses, as someone had to wait 5 hours for an ambulance from a call to this service.
- **Mental health:** Service users felt there was a need for better understanding of patient history; The knowledge and experience of partners and families of unwell individuals should be taken into consideration when providing care.

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

Service users understood that the LAS role is part of a wider complex system of providers. It was felt that LAS should work closer with primary care providers to support greater access between services, as well as within the Integrated Care Board. Integrating patient records would also help improve patient experience.

Service users felt that working with local authorities and the voluntary and community sector to provide community support services would help reduce unnecessary ambulance call outs, with the suggestion of information being provided at the call.

There was some confusion about the role of Air Ambulance and FALCK ambulances and how they work with LAS.

#### **From the focus group:**

- **Complexity:** Service users realised the immense complexity of the healthcare system with so many people and so many skills working together to improve people's health.
- **Understanding that LAS responsibility ends when the patient arrives at A&E.** There are challenges outside of LAS responsibility for example, problems with hospital discharge affecting ambulance delivery. It was noted that the role of the recently-appointed Hospital Ambulance Liaison Officer (HALO) referenced recently in the Croydon Health and Care Board will help handover.



- **Role of Primary Care:** If patients have better access to a GP they are less likely to use other urgent care services. Encouraging more GP accessibility at evenings and weekends would help. The use and promotion of reliable and accessible GP hubs would be good as well – ensuring these have a block of diagnostic tools including blood tests and scanning so people do not need to go to A&E.
- **Role of Integrated Care Board (ICB):** Service users would like more clarity on how the ICB works with LAS and how it influences decisions with others to allocate enough resource to Croydon.
- **Integrated patient care records:** Integrating databases can save time to all and improve patient experience.
- **Communication:** Define more clearly what LAS does and doesn't do and how it interacts. For example, how does the London Air Ambulance and FALCK ambulances relate to LAS?
- **Better information:** Service users want to be better informed to be able to judge **where** they should call. The FAST for stroke is an easy way of remembering, could a similar mnemonic be used for Emergency and Urgent Care?
- **Whole system approach:** The wider system needs to work more effectively with LAS to communicate more information about how it can help people through the different pathways taking a whole system approach. This can be combined with the work LAS needs to do to define itself within the wider healthcare system,
- **Focus on the many unnecessary calls:** Link more closely with local authority and voluntary sector to log details of unnecessary calls to ambulances and provide information about social prescribing and other support networks to be given at the end of these calls to reduce future call outs.
- **Better conversations about health in schools, colleges, and youth clubs across the borough:** Improve awareness, selfcare and wellbeing through these. St John Ambulance may have a role in helping here.

#### From the survey:

- **Communicate better with A&E/ Hospital about planned arrivals:** Managing hospital processes to allow swifter handover to hospital.
- **Communicate range of community-based support services:** This could include detox groups and wider support groups and social prescribing services.
- **Access health records** to speed up response times.
- **Role of GPs and non-urgent care services:** Develop more accessible GP services and better non-urgent trained nurses to help reduce workload of LAS and enable them to focus on the delivery of emergency and urgent care.
- **Integrate NHS 111 more closely with A&E** so they can support each other effectively.
- **Direct reference capability to local authority social care:** work as a team.

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

Some service users felt that getting the core service right first was the priority before looking at contributing further. However, there was clear interest in supporting the current staff with their own health and wellbeing and focus on recruiting new staff through local campaigns and initiatives. There is a need to develop local provision of courses within colleges and universities.

Education about first aid and other matters within schools and colleges would be welcomed. Widening the profile of the LAS within the community was also seen as a good idea, by attending or organising community events and opening up buildings in a similar way that the fire service does would help raise the profile of the LAS and what it does for London. There was also the suggestion that LAS options were limited unless the rest of the NHS system contributed to enable LAS to deliver its services effectively.

### From the focus group:

- **Look after the staff – some are battle hardened from stress:** The staff need empathy to do their job well and support from LAS to help them with their mental health to ensure they do not lose their empathy with patients.
- **Promote urgent and emergency care services as a career path:** Work with local schools, colleges, and universities to provide local courses by which people can train.
- **Run a campaign like the police and army recruitment campaigns:** This has to sound appealing rather than forced.
- **Paramedic services:** Sharing what LAS do with the community in a similar way to firemen, attending community events and visiting schools.
- **Open days of buildings:** Allow the public to see more about what is going on and how LAS contributes to life in London. Service users might then appreciate better how the central call centre works and how the ambulances respond.

### From the survey:

- **Fix the main services** that LAS provide first.
- **Educational talks:** in schools for awareness about LAS and parent workshops about wellbeing and what to do in an emergency.
- **First Aid:** Support schools to teach this.
- **Recruitment:** Focus on putting resources into building the staff capacity and training them.
- **Training:** More training around alcoholism.
- **Informing and inviting the public** to know more about the LAS.

- **Influence the wider system provider to make changes:** LAS is seen by service users as being hampered by other outside factors. It was suggested that LAS should try to resolve these issues by working with other providers.

## Overall conclusions and recommendations

LAS is providing a good service to service users and is highly regarded. However, there are a number of challenges in delivering services, as a first-response provider. Reliance on many other factors to succeed such as patient knowledge and perception as well as pressures from other parts of the urgent and emergency care pathway.

Our recommendations are laid out below; the number in brackets indicates which section above it relates to:

- **Managing expectations and information around arrival times:** Communicate realistic times with service users, so that people are aware of how long they are likely to wait. This would help reduce concern and anxiety (2).
- **Better communication on the range of services available including NHS 111:** Present these in a way that is understandable and resonates with the public including working with schools, colleges, and universities to ensure young people are aware as well. It was suggested that a catchy campaign could help make people aware of which service to use and when (2).
- **Better education and information on what urgent care is:** “Urgent care” and the different terminology used around emergency care services, needs better explanation for patients to be better informed about choices for their care. (3).
- **A more integrated NHS 111 service:** NHS 111 call handlers should be better informed to refer people to the correct service to avoid unnecessary returns to NHS 111 (3).
- **Integrated information so that patient histories can be accessed within NHS 111 calls.** This would save time and effort for all (3).
- **Work with Primary Care to integrate services** and provide more GP access and GP Hubs (4).
- **Work with local authorities and local voluntary and community sector** to ensure enough capacity of community and social prescribing services which could be shared with those currently using LAS services unnecessarily (4).
- **Work with local ICB** to ensure enough capacity of services for Croydon are commissioned at their level including NHS 111 (4).
- **Support the current LAS staff** with their health and wellbeing (5).
- **A focus on recruiting new staff from local communities** working with local colleges and universities to provide courses (5).
- **Take part in community events and occasions** to raise profile (5).
- **Present buildings and locations** for open days (5).
- **Influence the rest of the NHS system** to play their part to support the LAS (5).

We hope you find our insights useful. We would welcome feedback on what we have said, and it would be good to hear more about how this insight will help you develop your strategy for 2023 to 2026.

Please feel free to contact me if you wish to discuss any of the findings or recommendations above. We thank you again for the opportunity of working with the LAS and look forward to working with you in improving services for Croydon's and London's patients, service users and residents.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Gordon Kay'. The signature is written in a cursive style. To the right of the signature, there are two small, faint icons: a square with a plus sign and a square with a cross.

Gordon Kay

Healthwatch Croydon Manager

## Appendix A – Demographic data

### One focus group – four people

Respondent	Gender	Age	Ethnicity
1	Male	16-18	White British
2	Female	31-40	Pakistani
3	Male	71-80	White British
4	Female	61-70	White British

### Survey – 26 responses

Gender	Male	Female						
26	11	15						
Age	16-17	25-49	50-64	65-79	80+			
26	1	1	11	12	1			
Ethnicity	Chinese	Indian	Asian/ Asian British	Black African	Black Caribbean	White	Gypsy Traveller	White Any other
26	2	1	1	1	1	16	2	1
Disability	Yes	No	Prefer not to say					
26	5	19	2					

### 999 or ambulance responses from our Urgent and Emergency Care report

Gender	Male	Female				
66	17	48				
Age	20-30	30-40	40-50	50-60	60-70	75+
66	4	8	10	17	19	8

Ethnicity	
African	2
Any other Asian	2
Any other Ethnic group	2
Any other Mixed group	1
Any other White	1
Asian and Asian British	1
Black, African, Caribbean	5
Caribbean	1
English, Welsh, Scottish and NI	8
Gypsy/ Traveller	1
Indian	3
Irish	3
Mixed or multiple groups	1
White	34
White and Black Caribbean	1
	66

<b>Experience</b>	66
<b>Very Positive</b>	25
<b>Positive</b>	12
<b>Mixed</b>	17
<b>Negative</b>	4
<b>Very Negative</b>	8