



RESIDENTS EXPERIENCE USING THE LONDON AMBULANCE SERVICE

January 2023



Background

Healthwatch within London were invited to shape the 2023 – 28 organisation strategy for the London Ambulance Service (LAS) in November 2022. By engaging with a diverse pool of residents across Newham, Healthwatch Newham aimed to understand their experiences accessing emergency services and suggest priorities for the LAS particularly to improve the experience of residents.

Newham

Newham is London's third most populous borough with a rapidly growing population; 2021 mid-year estimates suggest a population size of approximately 373,400 – a 5% increase since 2020¹. Newham is a borough with significant health inequality and a large proportion of residents living in poverty and deprivation. Here, 50% of children are known to live in poverty and 30% of local jobs are not paying residents the London Living Wage². Furthermore, Newham is one of the most ethnically diverse places to live in the UK with over 70% residents identifying with Global Majority ethnicities. Approximately, 46.4% of the population are from an Asian or mixed background, 19.9% are from Black African/Caribbean or mixed background and 5.9% of residents are from another Global Majority ethnic group¹.

Newham Hospital is the largest hospital in the region catering to residents it is managed by the Barts Health NHS Trust. Most residents who call for an ambulance will be sent to Newham Hospital unless triaged to an alternative hospital as best practice suggests such as Royal London and Whipps Cross Hospital.

Healthwatch Newham

Healthwatch Newham (as all other local Healthwatch organisations) became a statutory service commissioned by local councils following the introduction of the Health and Social Care Act 2012. Healthwatch are independent organisations that bring forward consumer led issues within the health and social care sector. As part of this, we want to ensure everyone using health services, including ambulance services, gets the best possible care.

We partnered with the Healthwatch North East London (HW NEL) working together partnership to co-design a survey which was deployed across each borough. This meant that we were able to collect NEL and borough specific data to guide analysis and recommendations. Healthwatches that participated were City of London, Hackney, Havering, Redbridge & Waltham Forest.

Through our engagement, Healthwatch Newham aimed to understand the experiences of residents using LAS services in the last 12 months to suggest improvements to emergency care and future priorities for the LAS.

Our approach

The co-designed survey was developed over December 2022 by the HW NEL working together partnership and shared for dissemination over December 2022 – January 2023. Each borough was tasked with sharing the survey with residents in their respective boroughs.

Over Newham, we shared the survey on our website, social media, newsletter and in various community forums and groups. We partnered with Newham Hospital to co-ordinate three face-to-face engagement sessions where 2-3 Engagement Officers were given permission to

¹ [Newham's population profile, 2021](#)

² [Deprivation in Newham, 2021](#)

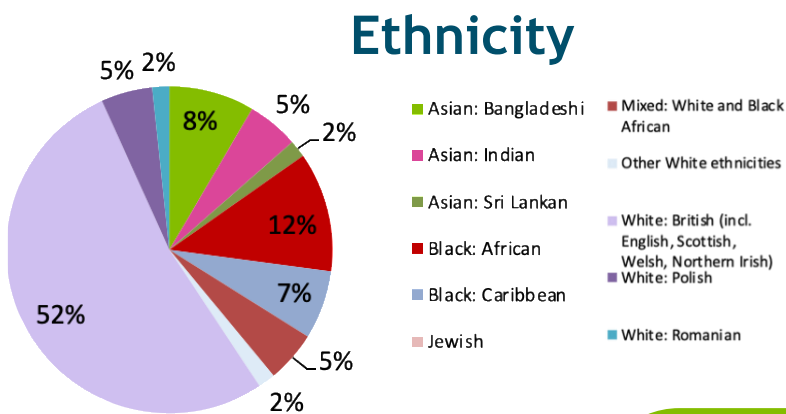
directly engage with patients who were waiting to be triaged in A&E. At these sessions, the Officers shared printed and digital copies of the survey, they developed a rapport with patients and were able to use a human-centred engagement style to capture their attention involve them in the project. As the LAS wished to understand the experiences of residents from various socio-economic backgrounds, Officers engaged with residents at a local food Bank – Sphere Support which caters to women and girls who are survivors of domestic violence.

Our findings

We engaged with 75 Newham residents over December 2022 – January 2023 who has used the LAS in the last 12 months. Of this 56% were women and 43% were men and 1% were another gender identity. Across participants, 25% were parents and of this 26% were single parents. When asked about digital exclusion, 29% reported that they were digitally excluded.

Participant profile

- **Age:** Age varied across participants with 4% aged 18 – 24, 22% aged 25- 34, 22% 35 – 29, 28% 50 – 64, 17% 65 to 79 and 7% 80+
- **Sexuality:** 93% identified as heterosexual and 7% identified as LGBT+



- **Religion:** 54% did not follow a religion, 28% were Muslim, 8% were Jewish, 6% were Christian and 4% were part of another religious group

- **Ethnicity:** 59% were white (52% white British, 5% Polish, 2% Romanian), 19% Black and mixed ethnicities (12% Black African, 7% Black Caribbean & 5% Mixed Black African and white), 15% Asian (8% Bangladeshi, 5% Indian, 2% Sri Lankan)

Level of English



88% of participants had fluent – native speaker proficiency in English whilst 12% had basic – conversational proficiency in English.

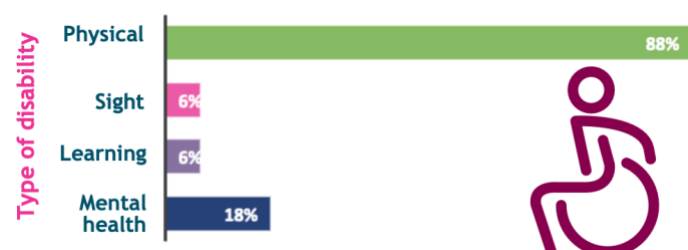
When asked about long-term conditions and disabilities: 46% of respondents mentioned that they had a long-term condition and 23% were disabled. Of this 88% had a physical disability, 18% had a mental health disability, 6% sight and 6% hearing disabilities.

46% had a long-term condition

8% had a mental health condition

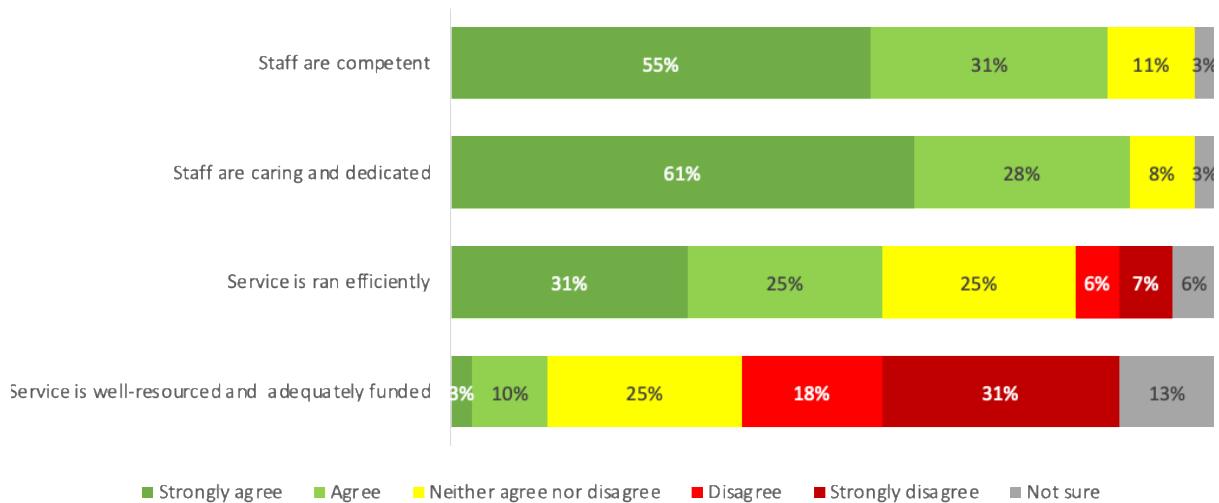
3% were neurodivergent

23% were disabled



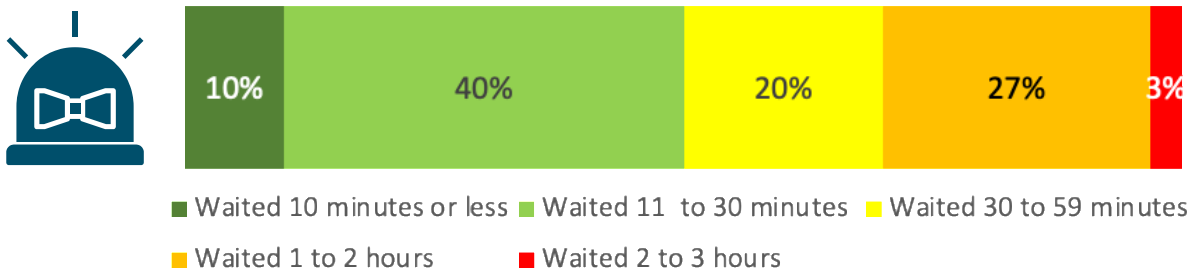
Perception of the LAS

Most residents (86%) felt as though LAS staff were competent and caring and dedicated to their role and patients (89%). Whilst 56% of residents felt as though the service ran effectively, 49% did not feel as though the LAS was well resourced and adequately funded.



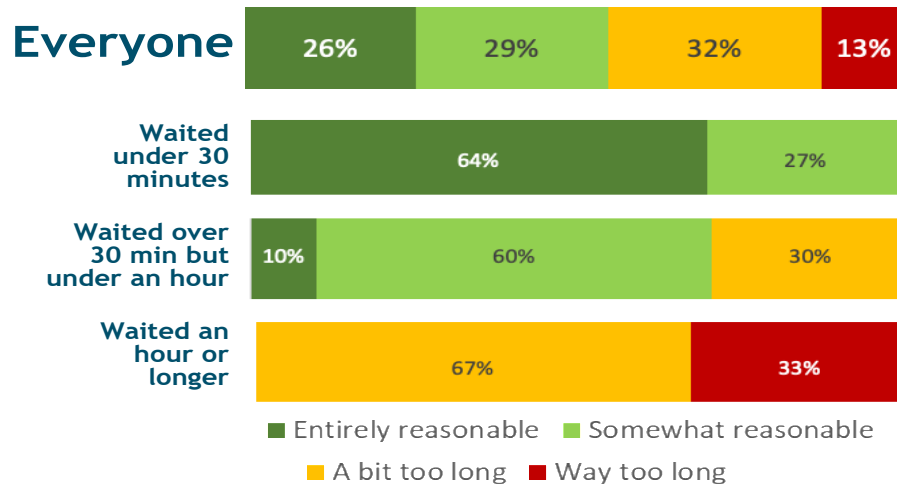
Accessing the ambulance

Most participants (77%) had good experiences calling emergency services. Residents noted that they waited approximately 40 mins for an ambulance to arrive with 50% waiting anywhere between 30 mins – 3 hours.



Sentiments towards waiting times for an ambulance varied. 45% of residents felt like they too long whilst 55% felt as though the waiting time was reasonable with those that waited over an hour found that the waiting times too long.

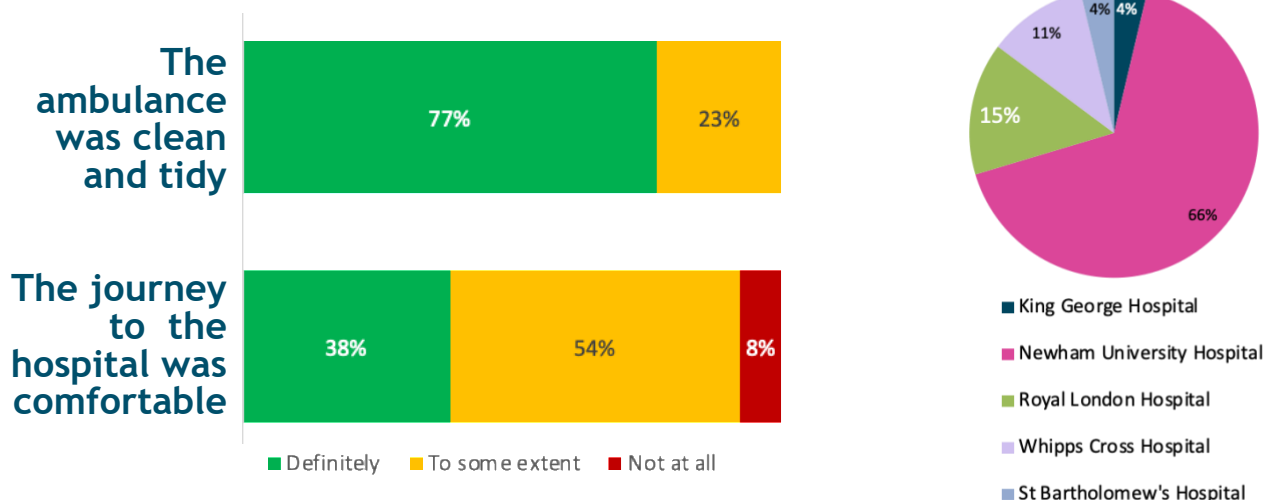
Opinion of ambulance waiting times



Journey to hospital

Residents mentioned it that it took approximately 14 mins to arrive at the hospital. Most of the residents (87%) seen by paramedics once they were called out were subsequently taken to hospital. The majority (77%) 'definitely' agreed that it was clean and tidy whilst 62% mentioned that the journey was to some extent – very uncomfortable.

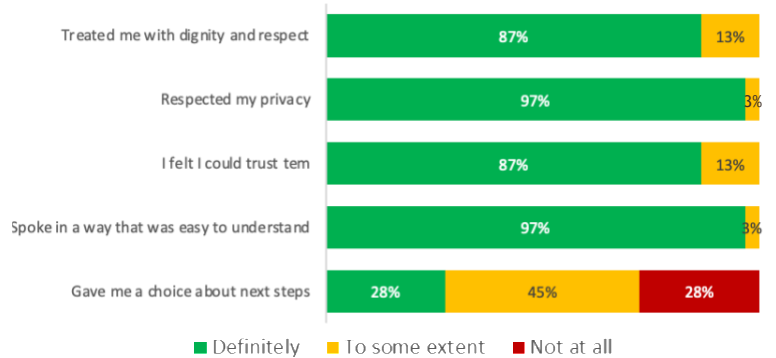
Most participants (62%) were taken to Newham Hospital whilst 38% went to other hospitals in NEL.



Experience of paramedics

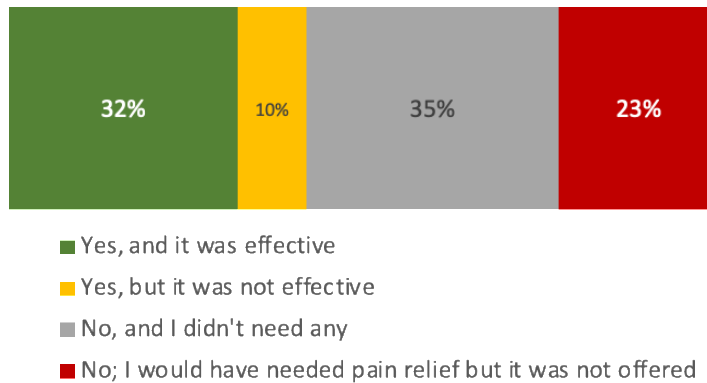
Most residents had a good experience with paramedics (90%) with 73% recalling that the paramedic introduced themselves upon arrival and residents were treated with dignity and respect. Most felt as though they could trust paramedics and they were spoken to in a way that they could easily understand.

Behavior of paramedics:



42% of patients received pain relief however, 23% of patients needed pain relief but were not offered, further insights are needed as to why as racial biases are known to exist in pain management³

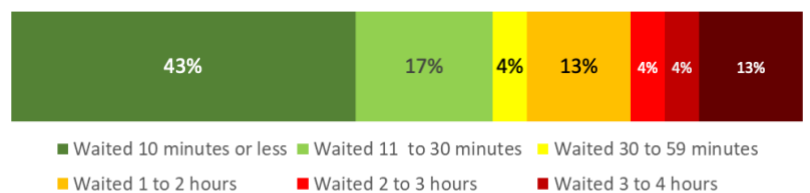
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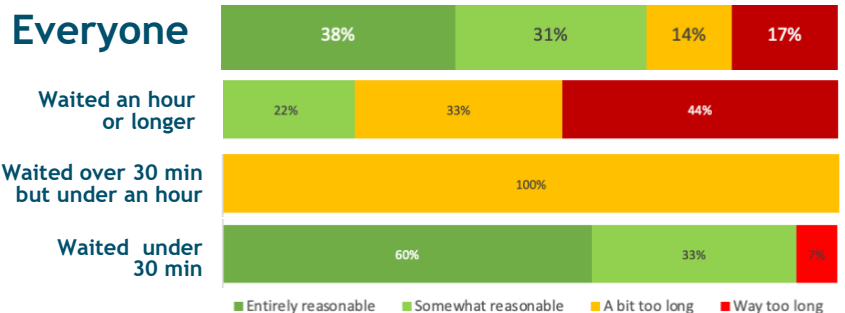
Experience at A&E

Average waiting in A&E to be seen by a health care professional was 1 hour 17 mins, with 38% of residents waiting anywhere between 30 mins – 4 hours. Most residents that waited over 30 mins felt as though they waited 'too long' to be seen.

Most residents (59%) felt as though all services worked well together.



Opinion of A&E waiting times



³ [Racial bias and discrimination in healthcare within the UK, 2022](#)

Suggested priorities for LAS

Healthwatch Newham suggest the following priorities for LAS over 2023 – 26 based on our consultation with residents in Newham.

- *Waiting times & communication:* we understand that the LAS is under significant pressure particularly considering NHS winter pressures and the current post-Covid climate. This has had a knock-on effect on the availability of ambulances. During our consultation we noted that residents who waited over 30 mins for an ambulance were more likely to express that felt as though waiting times were 'too long'. We suggest that emergency services staff operate 999 hotlines communicate clear timelines to residents to manage expectations, further we suggest that staff share text message/phone call updates reminding residents with updates to arrival to ensure residents are adequately informed.
- *Paramedic communication with residents:* we noted that 90% of residents had a positive experience with paramedics in Newham. In regions across London were this might not be the case; we suggest using engagement case studies with paramedics from Newham to signpost best practice. This could be supplemented with peer-to-peer learning sessions.
- *Pain relief:* we found that 23% of residents felt pain relief would have been helpful but were not offered. As racial biases exist in pain management strategies, we believe additional research into understanding pain management attitudes of ambulance staff could be useful. Subsequent effort should be placed into reducing the impact of racial biases on pain management as necessary.
- *Additional funding and resourcing to bolster services:* we understand that these actions will best be achieved with adequate funding and staffing to supplement the effectiveness of these actions.