

Emergency Care in Brent:

Patient experience report



Contents

Contents.....	1
Introduction.....	1
Summary of feedback.....	2
Priorities for 2023–28	3
Key themes.....	4
Methodology.....	6
Demographics	7

Introduction

The London Ambulance Service (LAS) approached Healthwatch organisations across London for input to help shape a new organisational strategy for 2023–28. The aim was for local Healthwatch to support the LAS in understanding patients' views of how the service is performing – including what's going well, areas for improvement and opportunities for enhancing local care.

The LAS will pull together key themes from the results of this engagement, and ensure they are considered when the new strategy is being produced.

The information collected will also improve our own understanding of how emergency services are performing in Brent, providing us with an opportunity to identify barriers to access and improvements that are needed, and consider how Healthwatch Brent may play a further role in addressing some of these concerns.

To collect this feedback we set up an online survey which was shared with Brent residents through a number of channels, including direct contact with relevant community groups, email newsletters and social media. We also visited local community groups to collect feedback in person.

As well as speaking to patients, we wanted to collect feedback from professionals and carers who may have experience using emergency services on behalf of people they support. To achieve this, we reached out to local Dementia groups, Community Centres and Care Homes.

Summary of feedback

Overall, our research found that people had a positive experience using urgent and emergency care services in Brent.

The people we spoke to had used a number of different services including ambulances, A&E, 999, 111 and urgent treatment centres. We spoke to 47 patients, and collected 108 service ratings:

- 37 'very satisfied' service ratings
- 33 'satisfied' ratings
- 17 'neither satisfied or dissatisfied'
- 13 'dissatisfied'
- 8 'very dissatisfied'

Note that some people chose to give feedback on multiple services, causing the discrepancy between number of responses (47) and total number of service ratings (108).

Many people told us they were pleasantly surprised by how quickly an ambulance arrived after they requested one. There was also positive feedback about the ease with which ambulances could be arranged – including through 111 and, in one case, the use of a Careline Pendant.

Most of the feedback referring to the attitude of staff was also positive, and there was particular praise for the attitude of paramedics. The following quote was typical of experiences:



“Excellent care, very professional yet friendly manner from the ambulance team. Calmed my son down who was in extreme pain from dislocated knee. Popped in to see how he was when they dropped off another patient, genuinely lovely people.”



For those with a less positive experience, the main concerns were long waiting times, the continuity of care when being transferred between services, and the difficulty of accessing some services. The waiting times when being transferred from the ambulance to hospital were a particular area of concern, even for those who were otherwise satisfied with their experience. Some patients also described distress at being unable to access an ambulance when they felt they required one, and mixed levels of support from 999/111 call handlers. These themes are explored in more detail in the 'key themes' section, page 4.

Priorities for 2023–28

Priority one: Work with hospitals to improve the process of transferring patients from ambulance to hospital care.

- Long waiting times when being transferred from the ambulance to the hospital was the biggest area of concern identified in our research.
- Patients also noted that there were not always nurses/hospital staff available to receive them when they arrived at the hospital, which meant paramedics had to stay with the patients for longer.
- Improving the handover process would support a better patient experience, and allow paramedics to respond to more calls.

Priority two: Maintain high quality of care provided by ambulance staff when attending patients.

- The caring and professional attitude of ambulance staff was highlighted as a key area of success for the service.
- It will be important to maintain this high quality over the coming years, in the face of service pressures.

Priority three: Ensure that training is in place to provide appropriate levels of support from 999/111 call handlers, including providing information about where to seek alternative treatment.

- For some people, the support received from the call handler was an invaluable part of their experience accessing emergency care. However, others found that they were 'blunt' or unhelpful in suggesting alternative options if an ambulance was not available.
- Training and quality review processes could be used to ensure a more consistent service.
- When ambulances were not available or waiting times were prohibitively long, some respondents were left unsure of how to seek treatment. Better signposting from call handlers could help resolve this.

Priority four: Ensure appropriate training or support is in place for responding to mental health related calls.

- Training on mental health was identified by respondents as a potential area in which the LAS could contribute to life in London.
- From our findings, respondents accessing emergency care due to a mental health crisis were more likely to have a negative experience, suggesting better training or support from specialist services is needed.

Key themes

A number of themes emerged from the data, with many patients addressing the same areas of interest or concern.

Waiting times

The length of time spent waiting for care was one of the primary factors influencing whether a patient felt satisfied or dissatisfied with the service. In particular, the amount of time spent waiting for an ambulance to arrive was considered an important indicator of the quality of care provided. Overall:

- Ten people were pleased with how quickly they were able to access services.
- Seven people described long waiting times while waiting for an ambulance.
- Ten people described long waiting times once arriving at the hospital.

Many patients spoke about the length of time spent waiting at the hospital if taken there by ambulance. This would either be inside the ambulance or within the corridor, or in many cases both. A particular concern was the fact that since paramedics had to stay with patients while waiting, they were then unable to attend other calls.

“When you arrive at the hospital it takes a long time to be admitted. Last time, we had to wait in the ambulance for an hour and then for another hour in the corridor. There is always a long queue.”

Although a smaller number of patients had reported long waiting times for the ambulance, it's important to note the distress this could cause for those who did experience it:

“When I ran 999, it took 12 minutes to speak to an operator. This is a very long time when dealing with somebody who is unconscious, freezing cold and vomiting at the same time. We were then told that the eta would be 40 mins - 1 hour. The patient had been outside for several hours and the temperature was minus 4 degrees. I managed to get some help to transport him inside our building, had he stayed outside he could very well have died from hyperthermia. the ambulance crew were very surprised at his low body temperature.”

Care and support from staff

Overall, there were 26 responses about the quality of care and the attitudes of staff. The care provided by paramedics was highlighted as a particular area of praise. In many cases, even those who were dissatisfied with their overall experience felt the standard of care was good. Paramedics were praised for their kindness, professionalism and support of patients.

"I couldn't fault them. They were very helpful and arrived very quickly. Paramedics are incredible."

There was mixed feedback about the quality of care provided by call handlers for 999 and 111. Some of the people we spoke to had called 999 or 111 on behalf of a loved one, and needed advice or reassurance while waiting for services to arrive. When this was received it left a very positive impression and greatly added to overall satisfaction. However, in other cases the attitude of the call handlers left callers feeling that their needs weren't being listened to.

"I told the call operator about the emergency and [was] bluntly told that there are no ambulances available. [I was] told to look after the patient, an acutely psychotic patient with suicidal ideation, myself."

"They told me at long as I was breathing, they will not come."

Availability of services

In nine cases, the people we spoke to recounted the experience of having called 999 but being told that either their case was not serious enough to require an ambulance, that there were no ambulances available and the wait time would be prohibitively long, or that they would not be taken to hospital after the ambulance arrived.

This was found to be very distressing, and respondents described having to struggle with finding alternative transport to hospital or attempting to look after the patient themselves. Where it was not appropriate to send an ambulance or take the patient to hospital, people would have benefited from better signposting to other services.

"There was once occasion when the ambulance never came for my husband - despite the fact that he is a cancer patient and urgently needed care. When we followed it up the ambulance did come, but we had waited 8 hours."

Mental health

When asked how the London Ambulance Service could better contribute to life in London, several people suggested more training on mental health, or working with support workers who have experience with mental health services.

We also noted that, from our survey responses, those who had accessed emergency services because of a mental health crisis were more likely to have had a negative experience.

“Nothing went well on the first visit because they wouldn't believe me. The only reason the outcome of the second visit was better for [my husband] (and probably meant that my husband did not die at that time) is that the psychotherapist was also an NHS consultant.”

Methodology

Preparation

Before beginning this project, we met with other London Healthwatch teams to discuss approaches to collecting feedback and types of information that should be gathered. The survey we used focussed on understanding which types of emergency care people had accessed, how satisfied they were with the service provided, and comments that they had on what went well and what could be improved. We also asked people for any thoughts they had on how emergency care fits into the wider health and social care system, and how the London Ambulance Service can better contribute to the wider community.

We decided to use an online survey that would be accessible to a wide range of groups across the borough. However, as online surveys are not accessible for all groups, we also arranged two visits to local community groups to collect feedback face-to-face.

Online feedback

27 people completed the survey online. These responses came from a variety of sources including social media, our regular email newsletter, and direct content with community partners. A diverse range of people contributed to our online survey, with results coming from people of many different ages, ethnicities and backgrounds. We also received a small number of responses from people who had contacted emergency services in a professional capacity, on behalf of people they work with.

In order to ensure our survey was accessible, we also shared it in an Easy Read format, with the option for people to speak with us directly if they wanted additional support completing the survey.

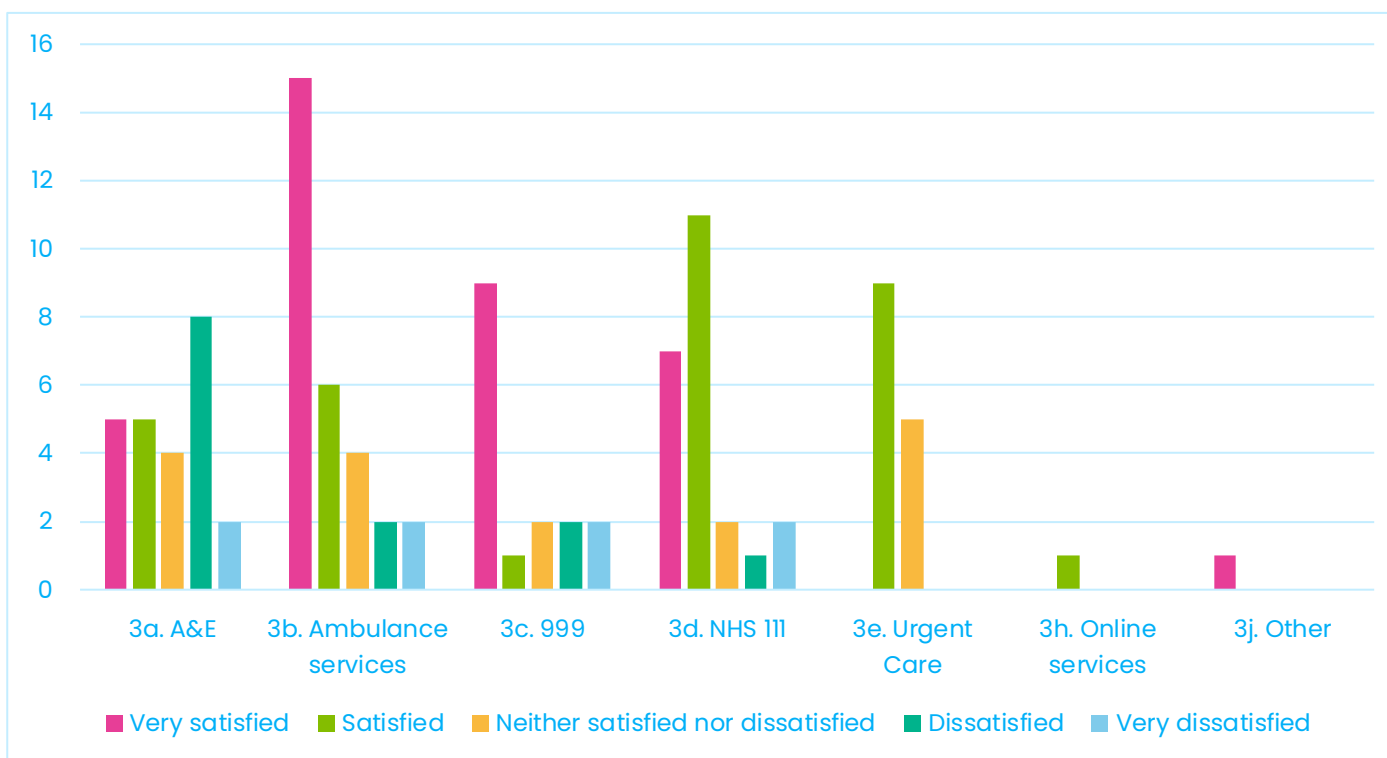
Visits to community groups

In line with our decision to focus on the experiences of unpaid carers, we made two visits to 'memory cafés', groups which serve people with dementia, their carers and their wider social circle. The community visits gave us the opportunity to collect more detailed feedback, as we were able to ask additional questions and discuss individuals' experiences in more depth. This also provided an opportunity for us to build links with dementia support groups across the local area.

Demographics

Below we have outlined the in-depth satisfaction ratings and demographics of respondents. We prioritised targeting carers and those with long-term health conditions, and 27 respondents – just under 60% – identified with one of these two categories.

Satisfaction ratings across different services:



A&E (24 ratings received): 5 very satisfied, 5 satisfied, 4 neutral, 8 dissatisfied, 2 very dissatisfied.

Ambulance services (29 ratings): 15 very satisfied, 6 satisfied, 4 neutral, 2 dissatisfied, 2 very dissatisfied.

999 (16 ratings): 9 very satisfied, 1 satisfied, 2 neutral, 2 dissatisfied, 2 very dissatisfied

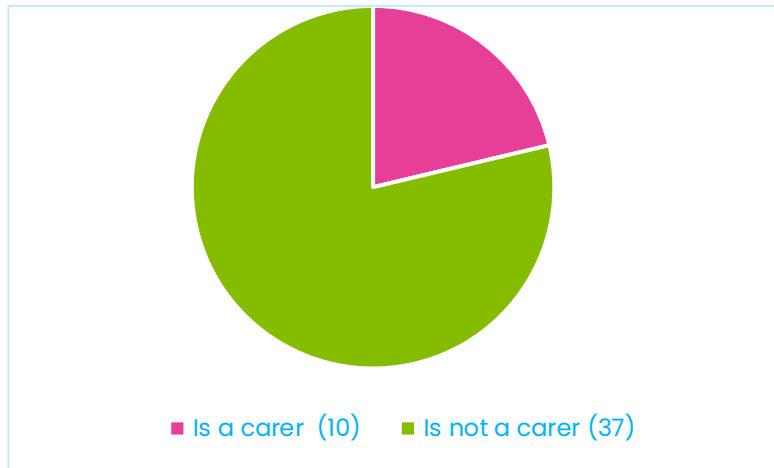
111 (23 ratings): 7 very satisfied, 11 satisfied, 2 neutral, 1 dissatisfied, 2 very dissatisfied

Urgent care (14 ratings): 9 satisfied, 5 neutral

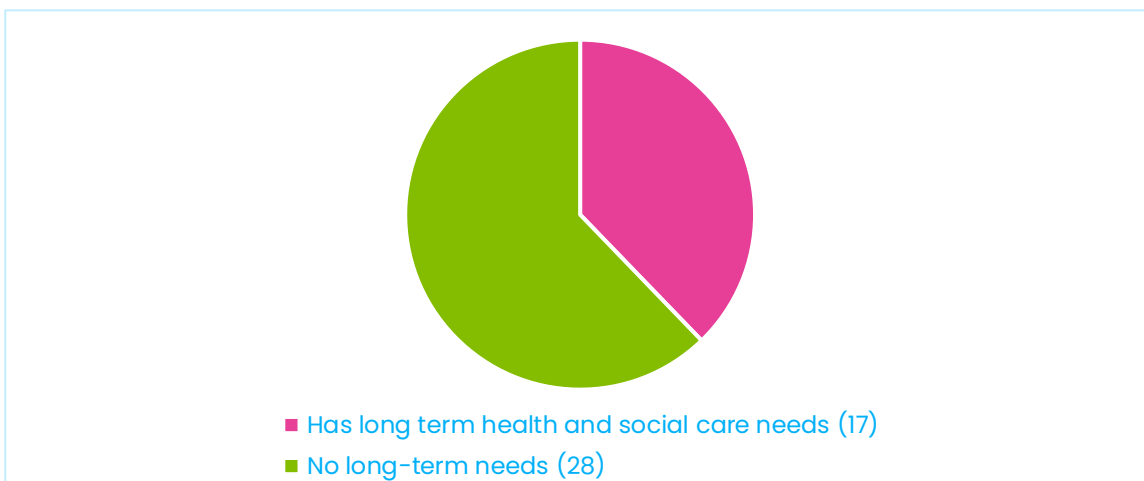
Online services: 1 satisfied

Other: 1 very satisfied

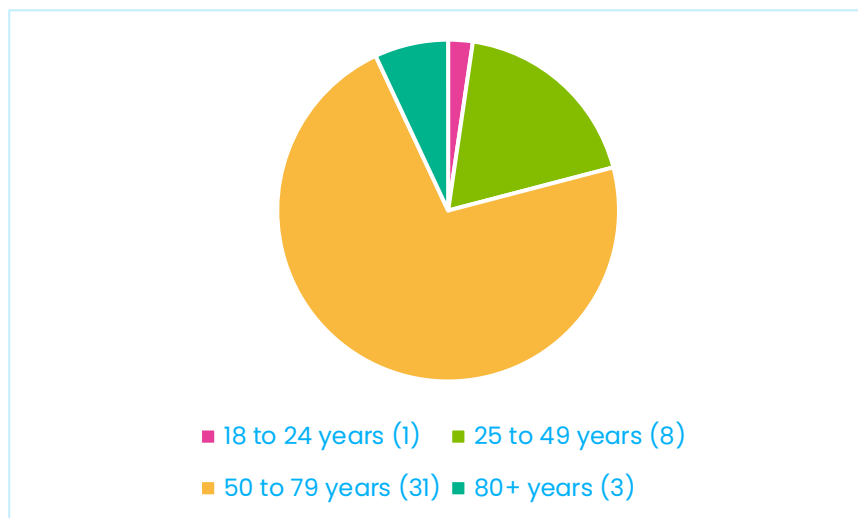
Carer status



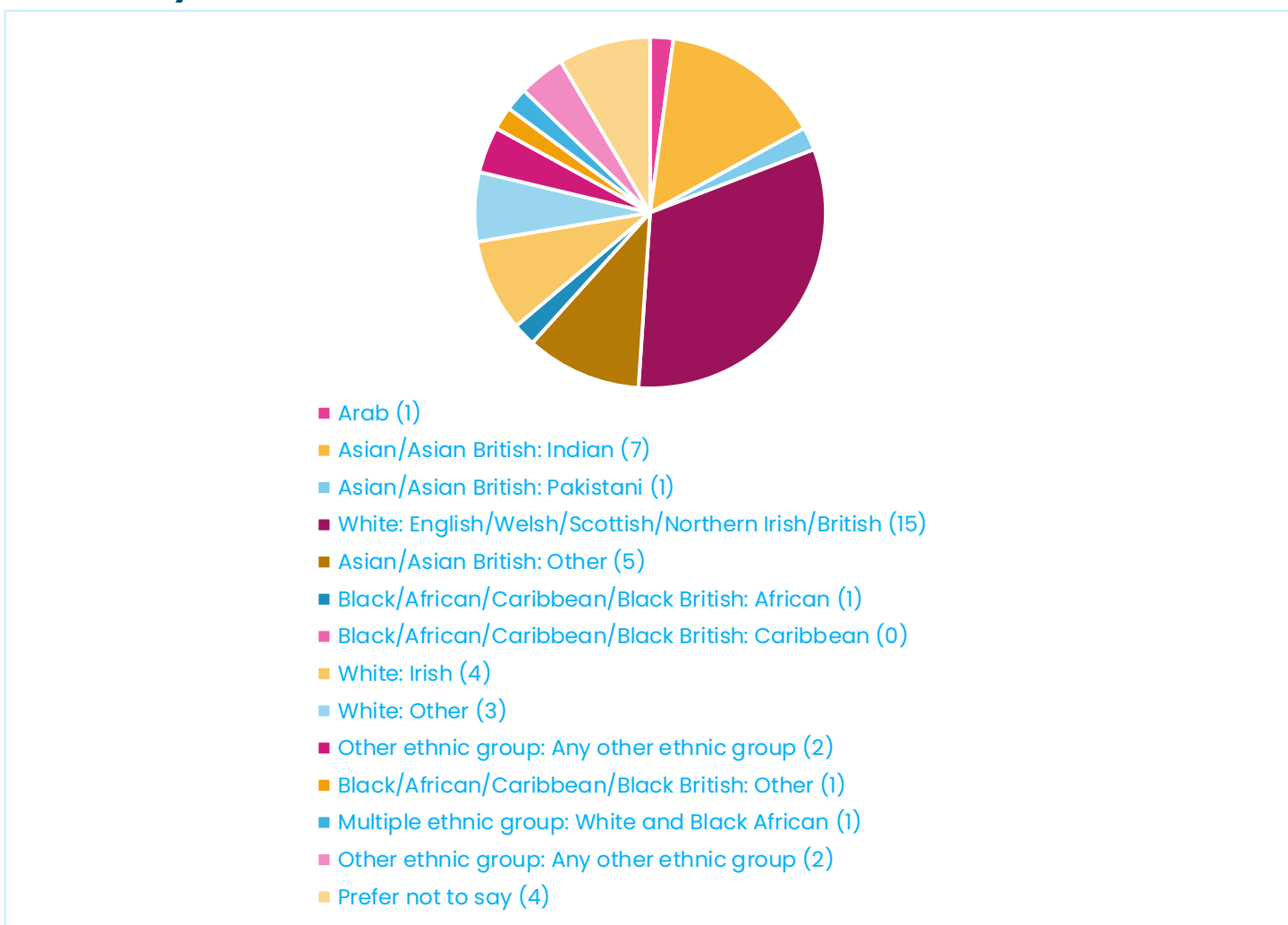
Long-term health needs



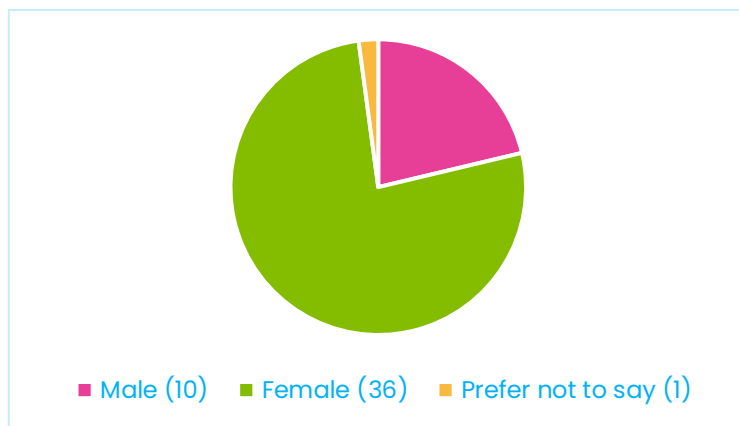
Age



Ethnicity



Gender





healthwatch
Brent

Healthwatch Brent
SEIDs Social Innovation and Enterprise Hub
Empire Way
Wembley
HA9 0RJ

www.healthwatchbrent.co.uk

t: 020 3869 9730

e: info@healthwatchbrent.co.uk

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

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