

Deep Dive Report



Patient Experiences of the 999 Ambulance Service

July 2024

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Executive Summary

The ambulance service is the first port of call for members of the public when medical emergencies arise. They expect a 999 call to bring a timely response. They see on TV the great work that paramedics do day in day out but are increasingly concerned about reports in the media of lengthening ambulance delays with crews queuing outside Hospital Accident and Emergency Departments for long periods. This concern has been picked up by Staffordshire County Council Health and Care Overview and Scrutiny Committee who met with senior managers from West Midlands Ambulance Service to discuss their concerns on 13 November 2023.

The Staffordshire and Stoke on Trent Integrated Care Board made the reduction of Category 2, and 3 ambulance calls their key performance metric in their 2023/24 Operational Plan. It reflects their ambition to provide better and more compassionate care in the community and avoid hospital admissions where possible for elderly and frail people, especially at the end of life.

We received feedback from 359 members of the public on their experiences of calling the 999 service during January and February 2024 with the top three reasons being falls, shortness of breath and chest pain. The details are included in the report and have been shared with ambulance colleagues.

We have visited the emergency control centre in Stafford and have obtained the quarter 1 performance figures for Staffordshire.

Main Findings.

1. It was clear from patient feedback that the ambulance service is greatly valued and is assisting many during their hours of need. Some shared their experience of life saving treatment from the service for which they will ever be thankful.
2. Genuine concern was, however, expressed about response times and the availability of ambulances across the County. The perception of the public is that all 999 calls are urgent. People were particularly shocked about the wait times for lower category calls. We picked up a degree of fear amongst older people living alone, particularly those who had fallen and injured themselves.
3. The ambulance service is clearly aware of the issues that delays cause for patients and there are initiatives in place both to advise patients who are waiting and to divert to alternative support if appropriate.
4. It is reassuring to note that the percentage of patients being taken to hospital has reduced to 53% due to the efforts of both the ambulance service and community-based health and care interventions.

5. In spite of all this work, the handover delays at Royal Stoke Hospital and other hospitals continue to be of great concern and have a knock-on effect on ambulance availability. Additional capacity for same day assessment and treatment of frail patients is due to come on stream at Royal Stoke Hospital shortly and will hopefully ease some of this.
6. WMAS is investing in additional ambulances and front-line staff and has introduced a policy for urgent handovers to get crews back on the road.
7. Over the last quarter there has been an improvement in ambulance response times for the most urgent categories which is encouraging with average category 2 calls down to around 30 minutes as opposed to 43 at the turn of the year. it will be a challenge to sustain without continuing action by all partners in a climate of financial challenge.
8. WMAS welcomed this report on patient experience and will share with their senior team and Board.
9. Co-ordinating the most appropriate support for elderly frail people is complex and Healthwatch will now be turning its attention to looking at some of the Admission Avoidance Schemes that are running around the County.

Introduction

The ambulance service is the first port of call for members of the public when medical emergencies arise. They expect a 999 call to bring a timely response. They see on TV the great work that paramedics do day in day out but are increasingly concerned about reports in the media of lengthening ambulance delays with crews queuing outside Hospital Accident and Emergency Departments for long periods. This concern has been shared by senior managers from West Midlands Ambulance Service and Staffordshire County Council Health and Care Overview and Scrutiny Committee who met on 13 November 2023 to review the situation in Staffordshire.

The Staffordshire and Stoke on Trent Integrated Care Board made the reduction of Category 2, and 3 ambulance calls their key performance metric in their 2023/24 Operational Plan.

“It reflects our ambition to provide better and more compassionate care in the community and avoid hospital admissions where possible for elderly and frail people, especially at the end of life. This will also reduce ambulance wait times and hospital bed occupancy. We chose this as all parts of the system can contribute to reducing the number of people calling an ambulance, for example GPs, community NHS services, the voluntary sector, and acute trusts through the way they manage people whilst in hospital and avoid readmission.”

Healthwatch Staffordshire, as the local champion of user experience of Health and Care, have taken on board the concerns of the public and intend to conduct a series of Deep Dives over the period January 2024 to April 2025 to look at patient experiences of using the West Midlands Ambulance Service, Admission Avoidance Schemes and Hospital Discharge. These three linked pieces of work will be undertaken sequentially commencing with the Ambulance Service. It is our intention to publish three individual reports which we will share with the public, elected representatives, service providers and members of the Staffordshire and Stoke on Trent Integrated Care Board.

Aims of the Deep Dive

1. To describe patient experiences of using the service to feed back to NHS partners and elected members to help shape service changes.
2. To establish whether the ICB corporate target of reducing categories 2 and 3 ambulance calls had been achieved.
3. To identify local delivery performance against national standards.
4. To identify key barriers to delivering a consistent local service to the residents of Staffordshire.
5. To identify and describe local and national initiatives for service improvement.
6. To lead into our next deep dive looking at Admission Avoidance Schemes.

Methodology

Based on the concerns that have been raised about response times and delays handing over patients at Accident and Emergency Departments, our priority was to collect feedback from people in Staffordshire who had used the Ambulance Service.

We designed a survey questionnaire which we tested out on several users of the service prior to launching to the public. This was made available both online, in hard copy and in British Sign Language format for a period of eight weeks from late January 2024. The survey was promoted to over 1300 voluntary organisations, social media, patient participation groups, elected members and NHS networks. Our engagement staff raised the survey with carers groups across the county and at all meetings they attended during the survey period. They also spoke to shoppers outside Asda in Stafford, met with patients at Stafford and Stoke Hospitals and spoke on Churnet Sound Radio in Staffordshire Moorlands. In addition, they have spoken to a Community Responder, a Police Community Support Officer and senior staff at Staffordshire Fire and Rescue Service. An outline of our deep dive was also presented to Staffordshire Health and Wellbeing Board on 7 March.

To obtain a balanced picture, we engaged with four of WMAS Directors, securing relevant performance data and arranged to visit their Ambulance Control Room. We spoke with the NHS 111 service and to members of Staffordshire and Stoke Urgent and Emergency Care Network Board.

We reviewed local NHS Board Reports, the national and local Urgent and Emergency Care Recovery Plans as well as work by the Association of Ambulance Chief Executives (AACE).

Profile of West Midlands Ambulance Service University NHS Foundation Trust (WMAS)

West Midlands Ambulance Service University NHS Foundation Trust serves a population of around 5.6 million people. It operates in an area covering 5,000 square miles in the counties of Shropshire, **Staffordshire**, Herefordshire, Worcestershire, and Warwickshire. This includes Coventry, Birmingham, and the Black Country conurbation.

The service provides a 999-emergency ambulance response from 15 operational hubs across the region with a fleet of around 460 ambulances. In partnership with 2 local mental health trusts, the ambulance service operates mental health triage cars to help patients in crisis alongside 5 newly introduced mental health ambulances. The Trust has 2 emergency operations centres (EOCs) taking and managing around four thousand 999 calls each day. One EOC is at Brierley Hill, alongside trust headquarters, and the other at Tollgate in Stafford.

The Trust also provides patient non urgent transport services (PTS) and completes around a million trips each year for patients in Birmingham, the Black Country, Coventry and Warwickshire, Cheshire, and Wirral. The service operates around 350 PTS vehicles and coordinates activity from dedicated control rooms.

The Trust works with 5 air ambulances run by independent charitable trusts, operates a Hazardous Area Response Team (HART), works with voluntary organisations, such as BASICS doctors and has a network of Community First Responders with 108 in Staffordshire.

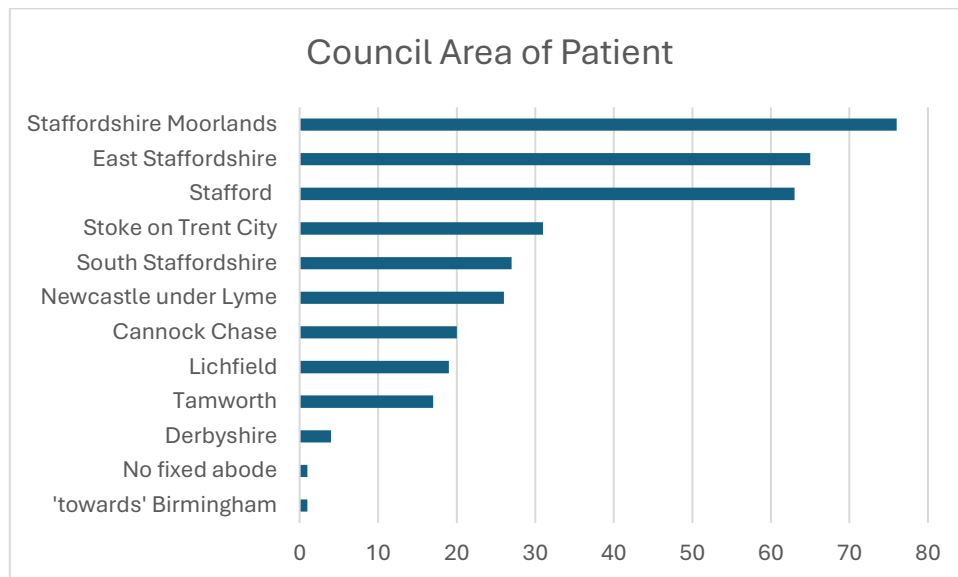
The service employs around 7,500 staff

The Trust was last inspected by the Care Quality Commission (CQC) in the autumn of 2023 with the report published on 24 February 2024. The CQC rating dropped from outstanding to good, largely because of the current difficulties meeting ambulance response times due to circumstances out of their control – primarily queuing outside hospital Accident and Emergency Departments to hand over patients. Their Emergency Call Operations Centres were rated as outstanding and the best in the country.

Patient Experiences

Who we spoke to

We received 359 completed surveys from the public. We spoke to people from all areas of Staffordshire and several from surrounding areas.



Age: basically, older people used ambulances more. The majority of patients (198) were 65 or over, 110 were aged between 25 and 64, and 30 were aged 24 and under (including 15 aged 12 and under).

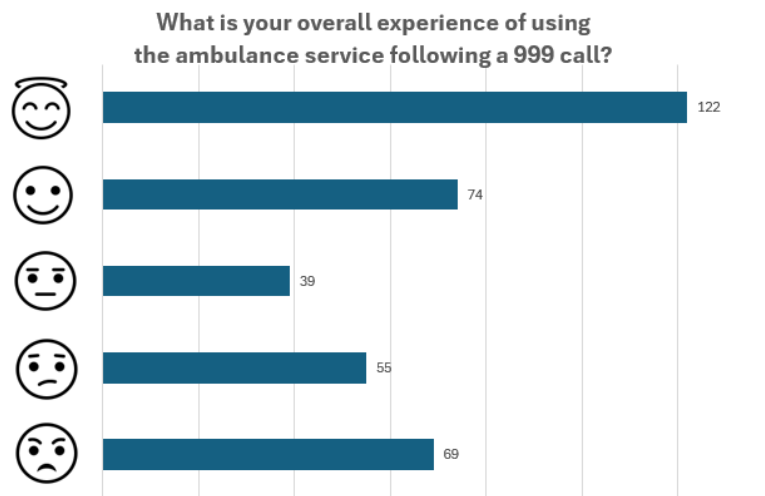
Gender: 172 were female, 166 male and 2 were non-binary.

Other groups: We heard from patients who were carers, had disabilities, sensory impairments and other long-term health conditions. There were 62 responses from patients who were neurodiverse.

All results, more detailed analysis and further graphs are available in Appendix 2.

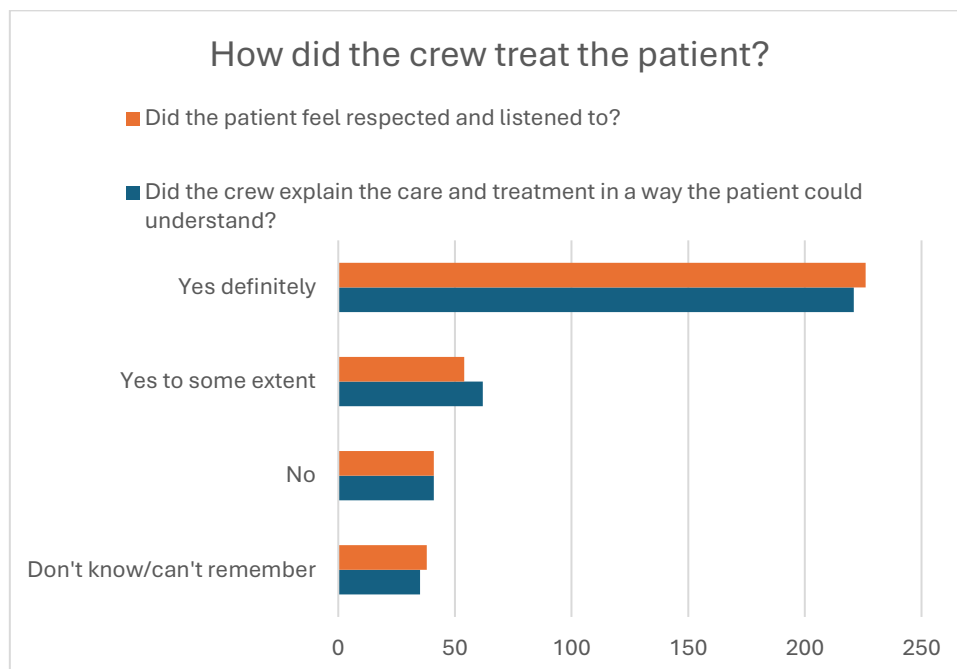
Overall impressions

The overall view of the ambulance service found 196 positive, 124 negative and 39 neutral responses.



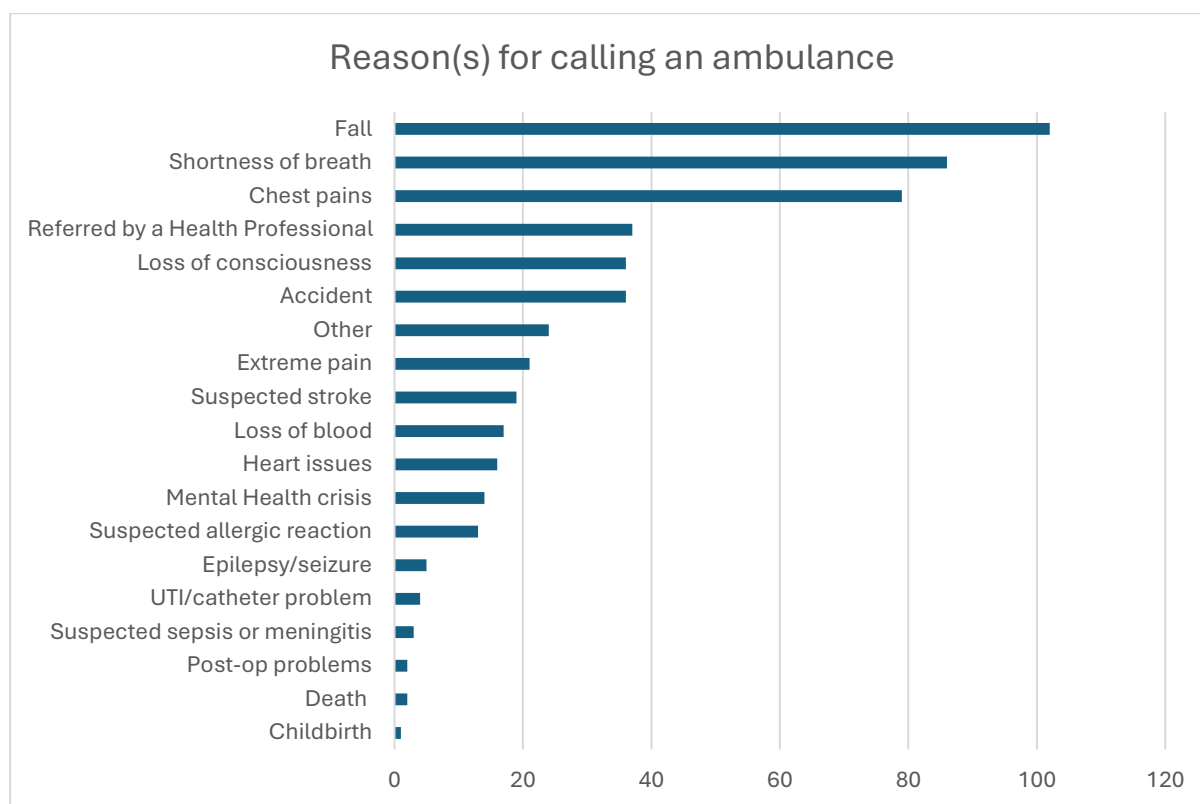
“Three times within two weeks my wife dialled 999 and the ambulance came within no more than 8 minutes in all three times. Absolutely outstanding service also lovely caring paramedics.” (Resident from Newcastle-under-Lyme)

A large proportion of patients felt respected and listened to and understood how their care was explained to them.



Calling an ambulance

Reason: The most common reason for calling an ambulance was because of a fall.



In two cases the caller believed the patient had died and the call handler insisted on CPR which the callers found very distressing.

Place: Most patients were at home when an ambulance was called (including care homes and supported living). Others were in a public place, at a medical appointment or at a friend or relative's home.

Who called 999? Ambulances were mainly called by relatives (171) or the patient (115), some were called by paid or unpaid carers, neighbours or friends. Those who responded as part of their job roles were a Police Community Officer, a call handler for a telecare service and a store first aider. There were 5 responses from Care Home Managers.

Who contacted others? 198 respondents dialled 999 straight away. 144 contacted someone else first and 17 thought about it but decided against it. Of those who contacted someone else, the majority called NHS 111, followed by a GP practice or a relative or carer. Others called a community nurse, the mental health team, another health professional or a specific hospital department directly. Wardens and telecare systems were also contacted as well as the police. People also considered calling friends or family with medical roles, a pharmacy or the CRIS team (Community Rapid Intervention Service).

DD/WMAS/21/08/24

Why did they go back to 999? they decided the situation was more serious, other services were closed (GPs), family were not local, or it took too long (or was not possible) to get through to other sources of help like NHS 111.

Who spoke to the call handler? In most cases (236) the control room spoke to a patient's representative compared to 112 who spoke directly with the patient.

Outcomes

999 calls: for most callers (298) an ambulance was sent out. Of the 60 who did not get an ambulance 54 disagreed with this decision. Some people making 999 calls were advised to transport themselves to A&E and some decided to make their own way there after hearing the estimated wait time for an ambulance or that no ambulances were available. Some of the patients classed this as "no ambulance was sent".

"Very high demand and no ambulances were available. We were told it could be several hours."

"No ambulance could attend. I was asked to take my husband who was having a stroke to hospital by car."

"Had a nightmare journey to hospital in rush hour believing my father was having a heart attack had been told to watch for him losing consciousness as been told he may need CPR"

There were also reports of more than one vehicle arriving:

"Finally got 3 ambulances. Only 1 had crew and chair suitable to move patient."

Others were reassessed but the advice given did not take account of the full circumstances:

"Initially they said they would get an ambulance out. After 6 hours waiting, they asked for photos of the injuries. Another 2 hour wait, and they called to say they were cancelling the ambulance, and I should get the patient to hospital myself. 82 years old, not able to walk and living in a first floor flat would mean I would have to get him down the stairs."

We asked whether the ambulance control room operator passed the call on to a telephone advisor (to assess the situation or give advice over the phone). A lot of respondents were unsure about this (99); of the rest, just over half (137) were passed on to an advisor (compared to 123 who were not).

NHS 111 calls: arranged ambulances for many, advised others to make a 999 call or to go directly to A&E. In other cases, they arranged a call back from a medical practitioner which had lengthy wait times. Two people were unable to get through to 111 at all, one had no response and the other had an automated message advising them to call 999 in an emergency. Some reported giving up and calling 999 due to too many options/taking too long to get through. In one case an ambulance was promised but never arrived.

GP Practice calls: arranged some ambulances and advised others to call 999 directly.

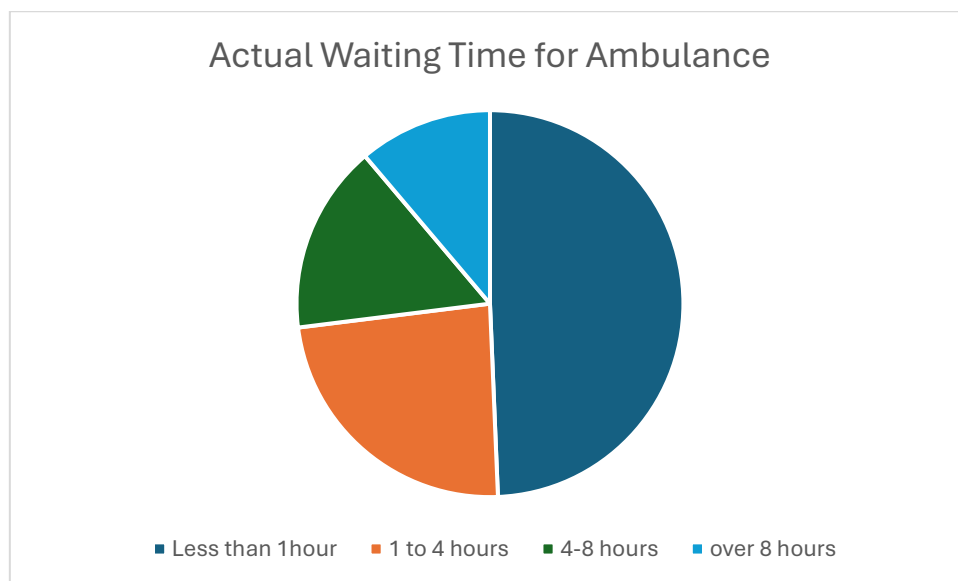
Hospital department calls: mostly advised calling 111 or 999 depending on the circumstances.

Telecare/falls alarm calls: operators can call neighbours or family to help, if no help is available (often when family do not live locally) they must then call 999 direct.

Ambulance Waiting Times: we asked for estimated and actual wait times for the ambulance service to arrive. The shortest wait time was 8 minutes and the longest was 24 hours.

A relative reported this case of an elderly widowed man from the Staffordshire Moorlands who had a fall. NHS 111 were called and booked an ambulance. However, it seems that the ambulance service was not alerted. Someone later called 999 back.

The ambulance was diverted from Royal Stoke to Macclesfield. There was a further wait (under an hour) to leave the ambulance. The patient died a week later.



In 38 cases the actual waiting time was less than estimated, in 111 cases the estimate was accurate and in 48 cases the ambulance took longer to get there.

Waiting Time Satisfaction: When asked about satisfaction with the waiting time, 159 responses said the ambulance arrived as soon as it was needed, 52 said it should have arrived a bit sooner, 82 said it should have arrived a lot sooner and 52 decided to make their own transport arrangements.

Calling back: 126 respondents said they called the ambulance service back for various reasons – 66 commented on these, including:

- 22 called back to chase up the ambulance /check status – several were told there were no ambulances available yet, one said:
“I felt guilty calling 999 to enquire on the whereabouts of the ambulance”.
- 19 called due to the deteriorating condition of the patient (2 were health professionals confirming an ambulance was required).
- 11 called to cancel the ambulance, although one patient still needed checking
- two called for a defibrillator code, another to change the contact details when relieved by a relative, one to inform 999 that patient had regained consciousness, and first responders had arrived.

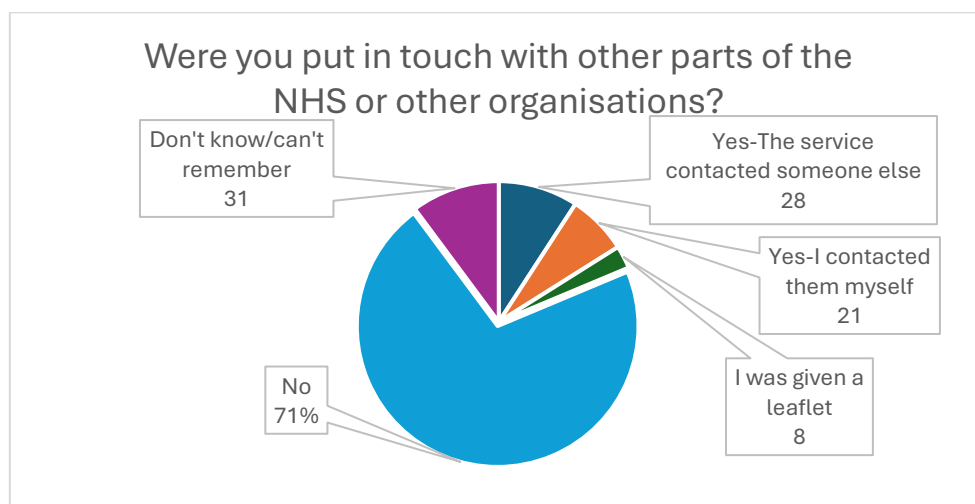
In 4 responses, the ambulance service stayed on the call (“they stayed on the phone to support the situation”); in 2 cases the service called them back and 1 person’s initial call was disconnected. After an ambulance failed to find them, one patient had to undergo a second telephone assessment.

Advice While Waiting - Eating and Medication: Fewer than half (103) of those who responded to this question (289) were given any advice. Some were given advice specific to their medical issue for example: to take aspirin; to use a GTN spray for angina; to use a nebuliser; energy drinks or sweets for low blood sugars.

Others were told no eating or drinking (suspected heart attack) or to drink but not eat (suspected broken pelvis) or to stop taking medication.

“Sometimes told to not to eat anything in case a procedure has to be done ... if a diabetic that can be dangerous ...”

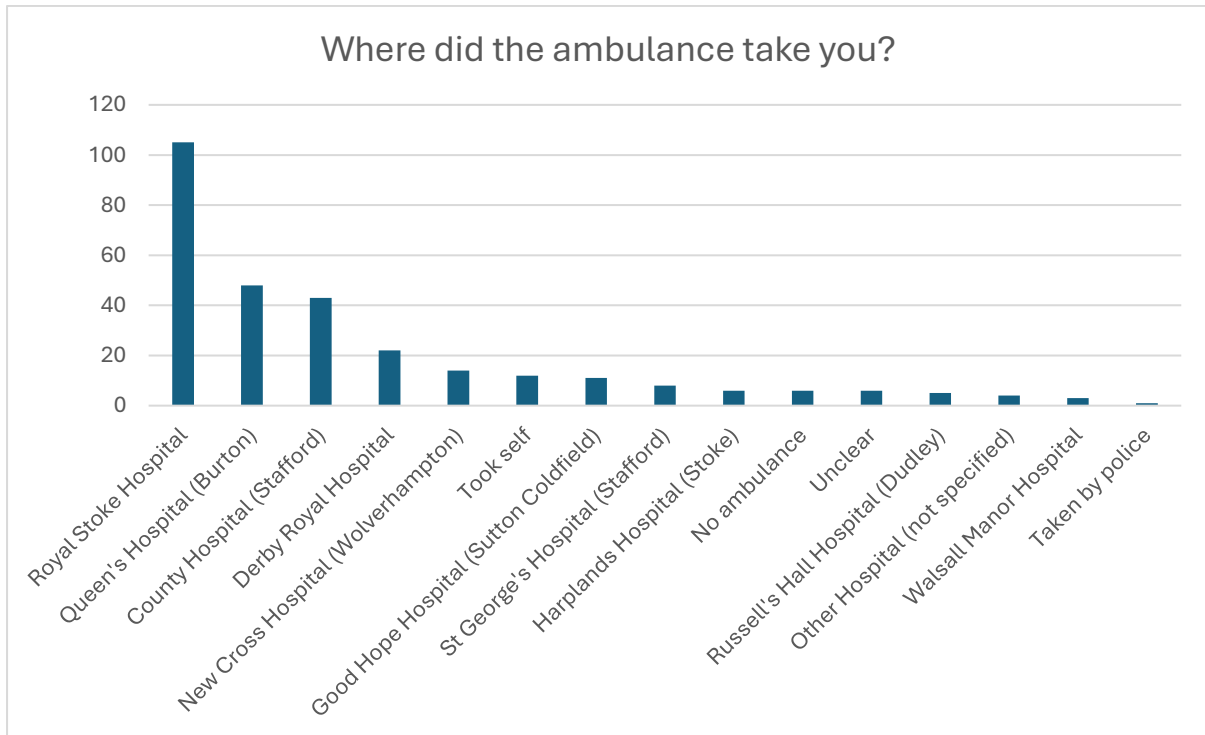
In other cases, patients could not swallow or were incapable of eating/drinking – one was recovering from a seizure. A couple of respondents were told that food and medication could be taken. One was told to cover the patient up and another to sit upright.



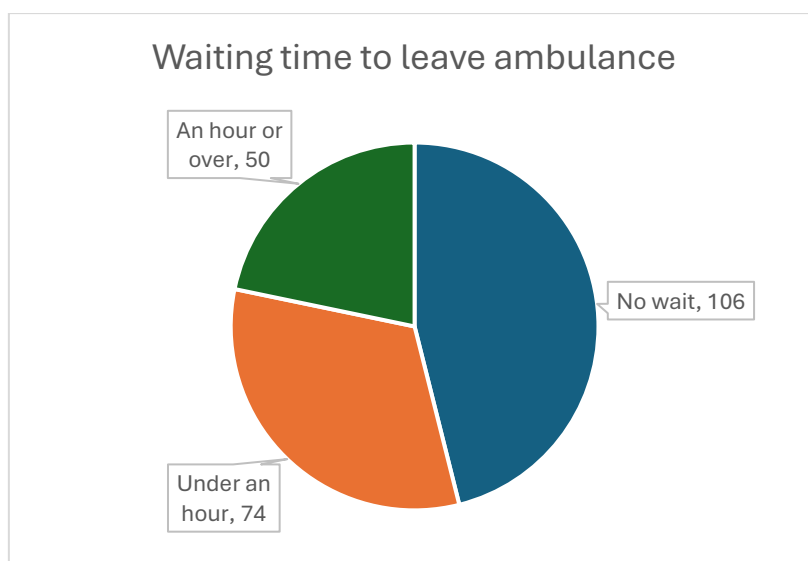
The following are some of the services that were contacted: out-of-hours, safeguarding team, GP, CRIS team, A & E, Mental Health, social services, and hospital departments.

Going to Hospital

In 286 responses the patient was taken to hospital, whether by ambulance or using alternative travel arrangements.



We asked for the time waiting to be taken off the ambulance once it reached the hospital. Not everybody remembered, some respondents weren't in the ambulance, and some were confused at the time.



The hospitals with multiple patients waiting over an hour to be taken off the ambulance are Royal Stoke (14), Queen's Hospital (5) and New Cross Hospital (3).

The longest waits to leave the ambulance were reported as 7 hours (Royal Stoke), 6 hours (Royal Stoke and New Cross) and 5.5 hours (Queen's).



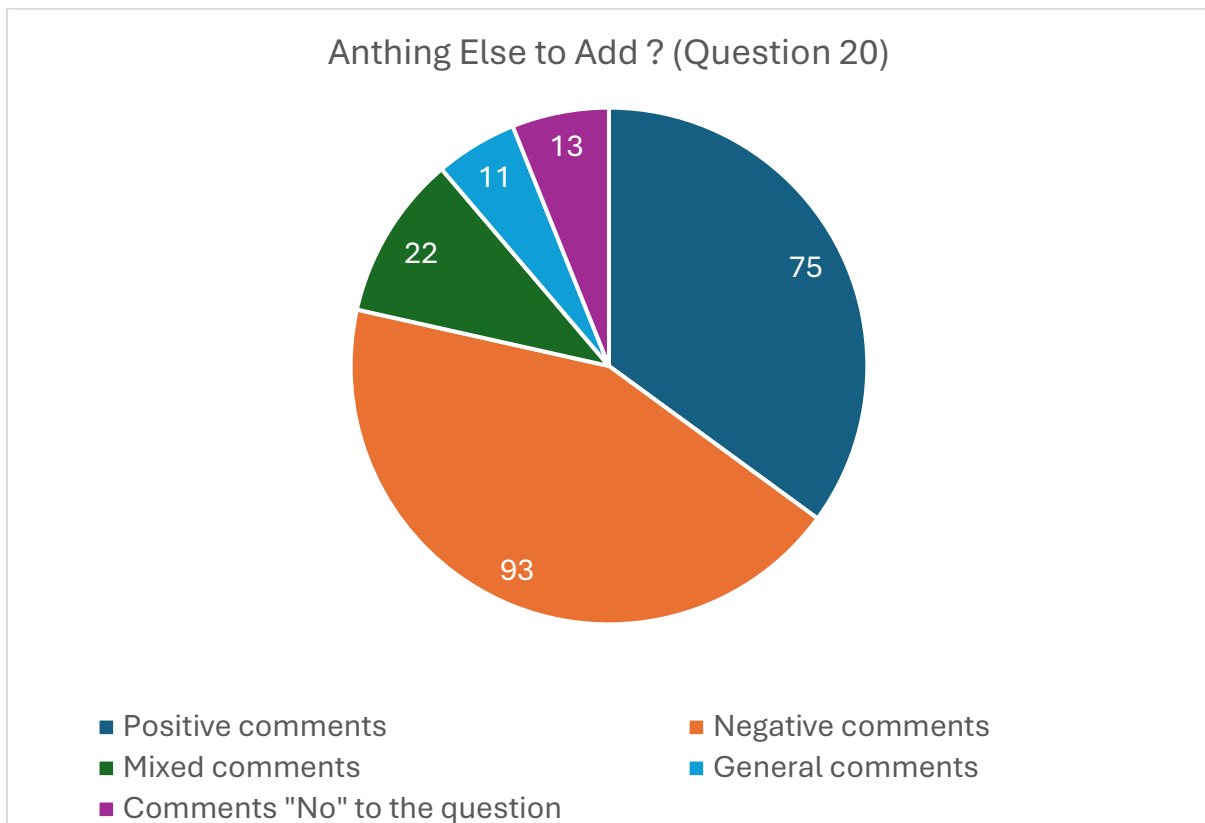
We were also told:

- One patient had to move ambulance due to shift changes (Stoke)
- One mentions an ambulance 'holding' area (New Cross) – for offloaded patients to be monitored.
- One was left in the A&E waiting area despite protests from paramedics that there was no-one to observe the patient.
- 26 ambulances can be 'stacked up' outside the Royal Stoke Hospital at any one time.

Additional Comments & Themes

At the end of the survey, people were given the chance to tell us about anything else. Out of the 359 people who took part in the survey, 214 added comments. Several people made multiple comments.

This chart represents the findings:



Examples from the 75 positive comments:

“The crew were very thorough and gave me a full examination and helped me to bed”

“The service was excellent in all respects. The ambulance staff were very diligent and explained everything they were doing at all stages. The waiting time at A&E was short. A little later, I assume, when they came in with another patient, they came in to see how I was. First class service all around including my hospital care, discharge and follow-up treatment.”

There were 93 Negative comments, including:

“I took my husband to hospital in a taxi as we couldn’t wait 17 hours for the ambulance service, the taxi driver had to help me get my husband up and put him in the car. My husband was having septic shock due to untreated endocarditis. If I had waited the 17 hours for the ambulance my husband would have died at home”

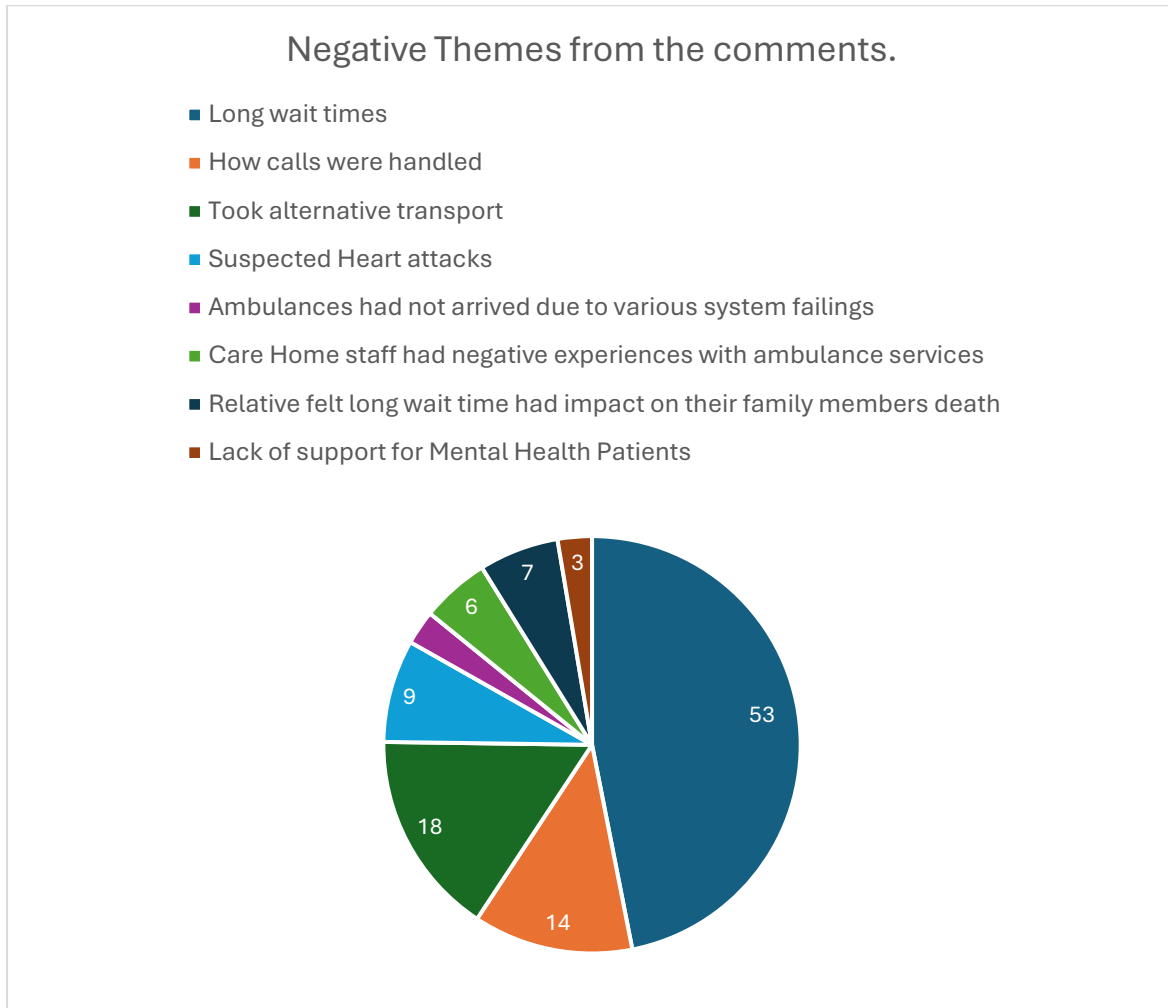
“90-year-old fell outside and hit her head. She had to lay on the concrete floor for 12 hours as no one could move her due to pain before the ambulance arrived.”

The 22 mixed views included:

“Ambulance staff were amazing but think the operators lack a bit of compassion”.

“The crew were excellent when they eventually arrived”.

Negative themes emerging: Healthwatch has generalised the additional comments into the following negative themes.



Positive Themes emerging - out of the 75 individuals who provided positive feedback, the recurring themes were that the ambulance service provided excellent care, the staff were kind, efficient, and reassuring, and they do an outstanding job.

Mixed Review Themes - Additionally, out of the 22 individuals who had mixed reviews, they also acknowledged that the paramedics were great. However, the negative part of their experience was the waiting times, which had an adverse impact.

National Ambulance Response and Handover Standards

Ambulance response times are set nationally for four categories of need, with life threatening emergencies taking priority. The response time is measured from the point at which a call is received to the point where the ambulance arrives on scene. In Staffordshire all 999 calls are answered within 2 seconds. The categories are as follows:

<u>Category</u>	<u>Description</u>	<u>National Standard</u>	<u>Staffordshire Actual April to June 2024</u>
One	For people with immediate life-threatening conditions	7 minutes with 90% within 15 minutes	Average 8:56 90% in 15:37
Two	Emergency calls for issues like stroke & trauma	18 minutes with 90% within 40minutes	Average 31:26 90% in 68:11
Three	Urgent calls such as labour, burns and non-life threatening injuries	60 Minutes 90% responded to within 120 minutes	Average 129:08 90% in 329:35
Four	Less urgent calls	90% responded to within 180 minutes	Average 192:55 90% 518:18

We were surveying patients in the height of the winter period when average category 2 response times were running at 43 minutes. The average response has since improved to 31:26 minutes and the aim is to get below 30 minutes as the year goes on.

The national standard for handing over patients to A&E departments from ambulances is 15 minutes with no patients waiting over 30 minutes. It is reported that over the year 2023 to 2024, 255,000 staff hours were lost due to handover delays in the West Midlands. We were told that crews are averaging between three and four calls per shift, whereas three years ago they were doing between seven and eight. Immense pressure is being placed on everyone working in the service who are having to manage significant risks for patients every day.

The target of reducing Category 2 and 3 ambulance calls was reviewed at the end of March 2024, and it was reported by the Staffordshire and Stoke Integrated Care Board as a 4.8% growth in Category 2 calls and a reduction in Category 3 calls of 8.1% compared with March 2023.

DD/WMAS/21/08/24

During the quarter April to June 2024 WMAS reports it dealt with 45,781 patient incidents in Staffordshire (including Stoke on Trent) of which 21,154 patients were treated without being taken to hospital while 24,627 were conveyed to hospital. Of the 18,366 who went to Staffordshire hospitals, 66% went to Royal Stoke where the majority of handover delays occurred. Feedback suggests that these were primarily medical patients who were category 3 or 4 ambulance calls. It is likely, therefore, that they are the patients that have already waited longest for an ambulance before being taken to hospital.

Snapshot of ambulance handover times and lost hours at Staffordshire hospitals April to June 2024												
Hospital	Patients Conveyed	Under 30 mins		30 – 60 min		60 – 120 mins		Over 120 mins		Average handover	Max handover	Lost hours due to delays
		Total	% age	Total	% age	Total	% age	Total	% age			
Royal Stoke	12,177	5,938	48.81	2,316	19	1,624	13.3	2,298	18.9	01:05:58	9:23:33	10,511
Stafford County	2,744	2245	81.8	260	9.5	158	5.8	80	2.9	00:26:02	05:56:51	577
Queens Burton	3,445	2,342	68	580	16.8	357	10.4	166	4.8	00:35:56	06:07:35	1,235

A further 6,621 were taken to other sites including Good Hope, Sandwell, Walsall Manor, New Cross and Russell’s Hall. The table below gives the main highlights of their handover times

Ambulance handover highlights for out of county hospitals April to June 2024					
Hospital	GoodHope Sutton Coldfield	Sandwell	Walsall	New Cross Wolverhampton	Russells Hall Dudley
Under 30 mins	46.8%	57.1%	92.2%	84%	63.6%
Average handover time	1:15:49	46.02	18.19	22.31	45.02

We visited the Stafford emergency operations centre on a day when many GP surgeries had serious computer issues which was causing some additional pressure in the system. We were told that there were 62 ambulance crews covering Staffordshire, all with a qualified paramedic on board. At that moment in time there were 27 patients awaiting the allocation of an ambulance. Another 15 patients had been referred on to the Staffordshire Community Rapid Intervention Team for assessment and management in the community.

Mitigating Developments by WMAS

Increasing role of the Clinical Validation Team

Response to the pressures from growing demand and overloaded capacity in the system included the trust reducing its rate of conveyance to hospital from around 63% in 2015/16 to around 53% in 2023/24. This was done through a mixture of enhanced training for clinical staff and the establishment of the clinical validation team in the emergency operations centre. This team of qualified paramedics, mental health professionals, nurses, and doctors on call are able to support both dispatch teams and call assessors to provide the right resource for the patient. This might mean amending the automatic results of the clinical triage system, which has recognised limited scope in some cases, and applying more detailed clinical knowledge.

Alongside the reduction in conveyance to hospital, the 'hear and treat' rates have also exponentially increased with the intervention of the expanding clinical validation team. This service provided by clinicians in the emergency operation centre supported non-dispatch of an ambulance when determined as not needed; diverting to an appropriate service; and/or giving clinical advice the patient could follow at home.

WMAS piloted the NHS clinical validation trial for ambulance services in order to determine the safety and effectiveness of remote triage and decision-making by clinical staff talking with patients calling the service for help. The clinical validation team has grown considerably and includes clinicians with advanced practitioner skills such as independent prescribing. This development had led to the "hear and treat" rate having risen around 18% on average in 2023. This is generally around 5 to 8% above the England average for NHS ambulance services.

With rising demand for both category 1 and 2 responses (the highest level of need) the trust had become an early adopter of the NHS England 'category 2 segmentation'. This involves a rapid clinical review by trained senior clinicians of patients categorised by the triage system as requiring a category 2 urgent response. The clinicians were then able to analyse the information in more detail to determine if an emergency ambulance being dispatched was the right response. This was for category 2 incidents in a pre-determined and agreed code set which might mean the patient could receive an alternative response, or equally be upgraded to a category 1 response.

A Paramedic on every Emergency Ambulance

We were asked by patients in some of the rural areas of the county why rapid response cars were phased out. There is research evidence that a fully equipped emergency ambulance with a qualified paramedic on board delivers the most effective and efficient clinical response and in Staffordshire all ambulances are crewed with a qualified paramedic.

DD/WMAS/21/08/24

Improved Response to Mental Health Calls

Mental health clinicians in the emergency operations centres and recently introduced mental health response vehicles are providing a more individualised response to patients. This is particularly so where it was recognised that conveyance to an emergency department would likely have a poor outcome for the patient. Linking with other health and social care providers, a wider range of options can be explored.

Increasing the Ambulance Fleet and Staffing

The Trust is taking robust action, at some financial risk, to increase its ambulance fleet by an additional twenty fully crewed ambulances as well as maximising the availability of front-line staff to go some way towards improving response times. Category 2 average response times have improved by over 9 minutes since the turn of the year. The challenge will be to maintain this when winter pressures hit.

Use of Community First Responders

There are 108 volunteer community first responders who have been trained by the Ambulance service to respond to emergencies in their local communities. Working under clear clinical governance, they can make a difference by offering emergency first aid and report back to ambulance control while a crew is being mobilised. We talked to one community responder who told us they had attended 15 cardiac arrests over a three-month period and had been able to offer immediate treatment until a full crew arrived on scene.

Use of Immediate Handover Policy to shorten delays and free up ambulances

Following the development of a memorandum of agreement with West Midlands Health Providers the ambulance service has increasingly been requesting immediate handover of patients to enable them to respond more effectively to category 1 and 2 emergency calls. It is also enabling crews to have their breaks and to finish their shifts on time. Handover delays at Royal Stoke Hospital are still of great concern.

Mitigating Developments by Staffordshire and Stoke Integrated Care System

Community Rapid Intervention Service

Rapid response community intervention services have been developed across the county to offer an integrated approach to admission avoidance.

CRIS for example provides rapid assessment, monitoring and treatment in the north of the county. The aim is to provide, through a single point of access (Unscheduled Care Coordination Centre), a rapid response within 2 hours to patients with an escalating

sub-acute healthcare need in their usual place of residency. Patients will be assessed, monitored and treated without the need to attend ED or be admitted to hospital. All patients will be reviewed before being discharged back to the care of their GP

- All referrals from Care Homes
- Falls with no apparent injury
- Short term sub-acute illness e.g. infections.
- Elderly frail patients at risk of unnecessary hospital admission
- Patients at End of Life

This service operates daily from 8.00am to 8.00pm

There are alternative arrangements in place covering the south of the county. These will be looked at in more detail as part of our next deep dive focussing on Admission Avoidance.

Development of Additional Facilities at Royal Stoke

Planned opening in the autumn of additional Same Day Emergency Care beds at Royal Stoke Hospital offering same day assessment treatment and discharge aimed at patients with Frailty will contribute to reducing hand over times and hospital inpatient admissions. In addition, Royal Stoke have planned to further increase bed capacity by 30.

Development of Urgent Treatment Centres

Subject to current public consultation, proposals are being developed to upgrade some minor injuries units to urgent treatment centres around the county with a view to releasing pressure on emergency departments and offering clearer routes for patients to access treatment . This will see the recently changed NHS111 provider taking on a stronger patient signposting role.

Development of Mental Health Crisis Centre

A new crisis mental health centre is due for completion at St Georges Hospital in Stafford in October 2024. This will contribute to less mental health emergencies going to accident and emergency.

Summary Findings

1. It was clear from patient feedback that the ambulance service is greatly valued and is assisting many during their hours of need. Some shared their experience of life saving treatment from the service for which they will ever be thankful.
2. Genuine concern was, however, expressed about response times and the availability of ambulances across the County. The perception of the public is that all 999 calls are urgent. People were particularly shocked about the wait times for lower category calls. We picked up a degree of fear amongst older people living alone, particularly those who had fallen and injured themselves.
3. The ambulance service is clearly aware of the issues that delays cause for patients and there are initiatives in place both to advise patients who are waiting and to divert to alternative support if appropriate.
4. It is reassuring to note that the percentage of patients being taken to hospital has reduced to 53% due to the efforts of both the ambulance service and community-based health and care interventions.
5. Despite all this work the handover delays at Royal Stoke Hospital and other hospitals continue to be of great concern and have a knock-on effect on ambulance availability. Additional capacity for same day assessment and treatment of frail patients due to come on stream will hopefully ease some of this.
6. WMAS is investing in additional ambulances and front-line staff and has introduced a policy for urgent handovers to get crews back on the road.
7. Over the last quarter there has been an improvement in ambulance response times for the most urgent categories which is encouraging with average category 2 calls down to around 30 minutes as opposed to 43 at the turn of the year. it will be a challenge to sustain without continuing action by all partners in a climate of financial challenge.
8. WMAS welcomed this report on patient experience and will share with their senior team and Board.
9. Co-ordinating the most appropriate support for elderly frail people is complex and Healthwatch will now be turning its attention to looking at some of the Admission Avoidance Schemes that are running around the County.

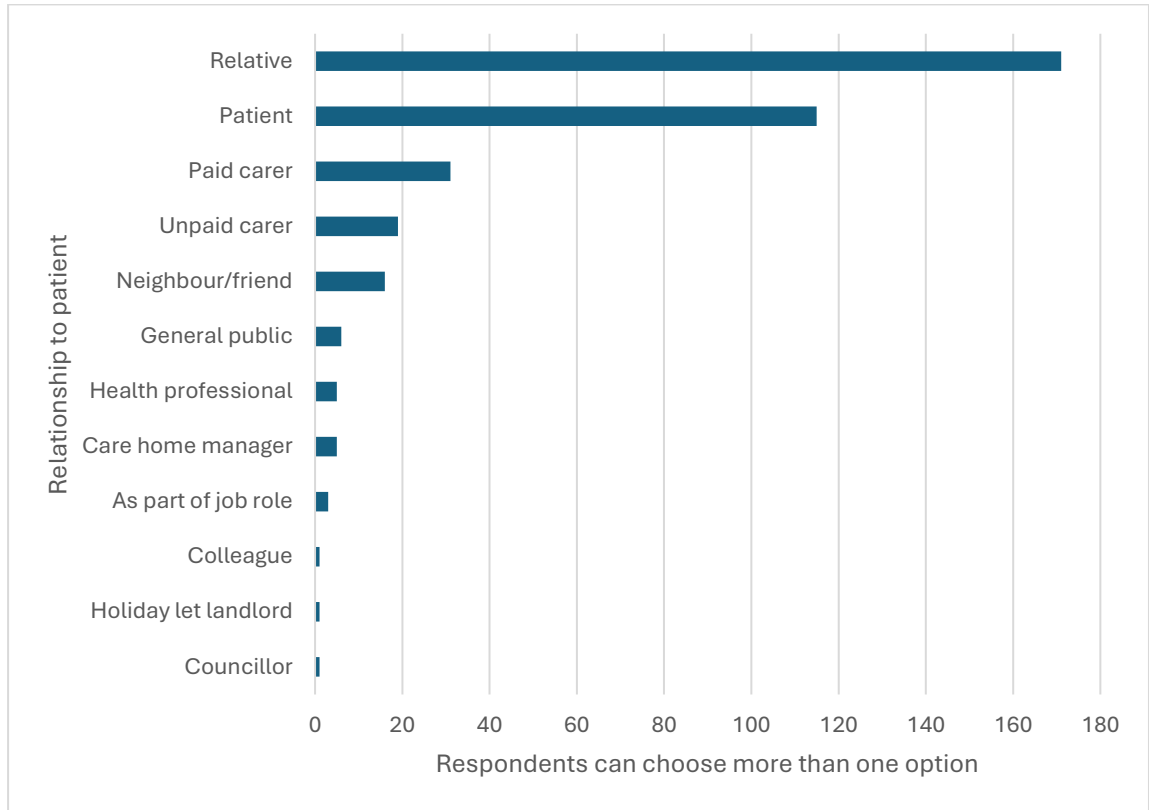
Appendix 1 - Main References

1. National Urgent and Emergency Care Recovery Plan (NHS England). January 2023.
2. Staffordshire and Stoke Integrated Care System 22/23 Draft Winter Plan.
3. Staffordshire and Stoke Integrated Care System Operational Plan 2023/24 (Urgent and Emergency Care Section) linked to Staffs/Stoke Emergency Care Network Board.
4. Staffordshire County Council Health and Care Overview and Scrutiny Minutes 13/11/23.
5. West Midlands Ambulance Service Trust Board Reports.
6. Staffordshire and Stoke Integrated Care Board Minutes 21/12/23.
7. University Hospital of North Midlands Foundation Trust Board Minutes 6/12/23.
8. West Midlands Ambulance Service Monthly Briefings.
9. Care Quality Commission Inspection of West Midlands Ambulance Service 24/02/24.
- 10 Association of Ambulance Chief Executives (AACE) A Vision for the NHS Ambulance Sector in Co-producing Urgent and Emergency Care Provision. November 2023.

Appendix 2 – Detailed Survey Results

1. Please specify who you are: (select all that apply)

(359 responded/359)

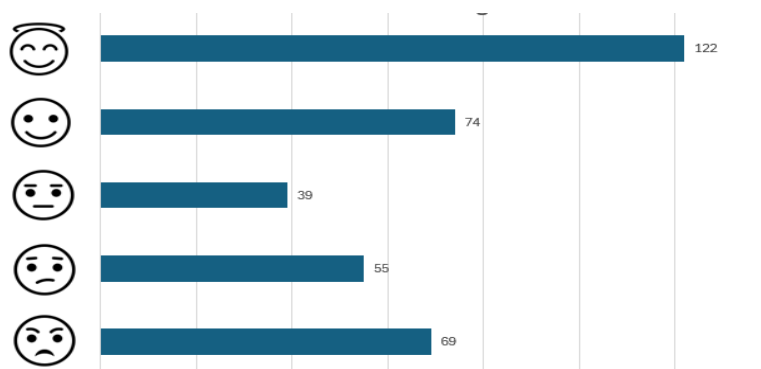


Total of 374 answers selected (can choose more than one).

It was mostly relatives and patients who called. Relatives included 34 who specified they were parents. 7 relatives described themselves further as partner/spouse/wife, 4 as daughters, 1 as a granddaughter.

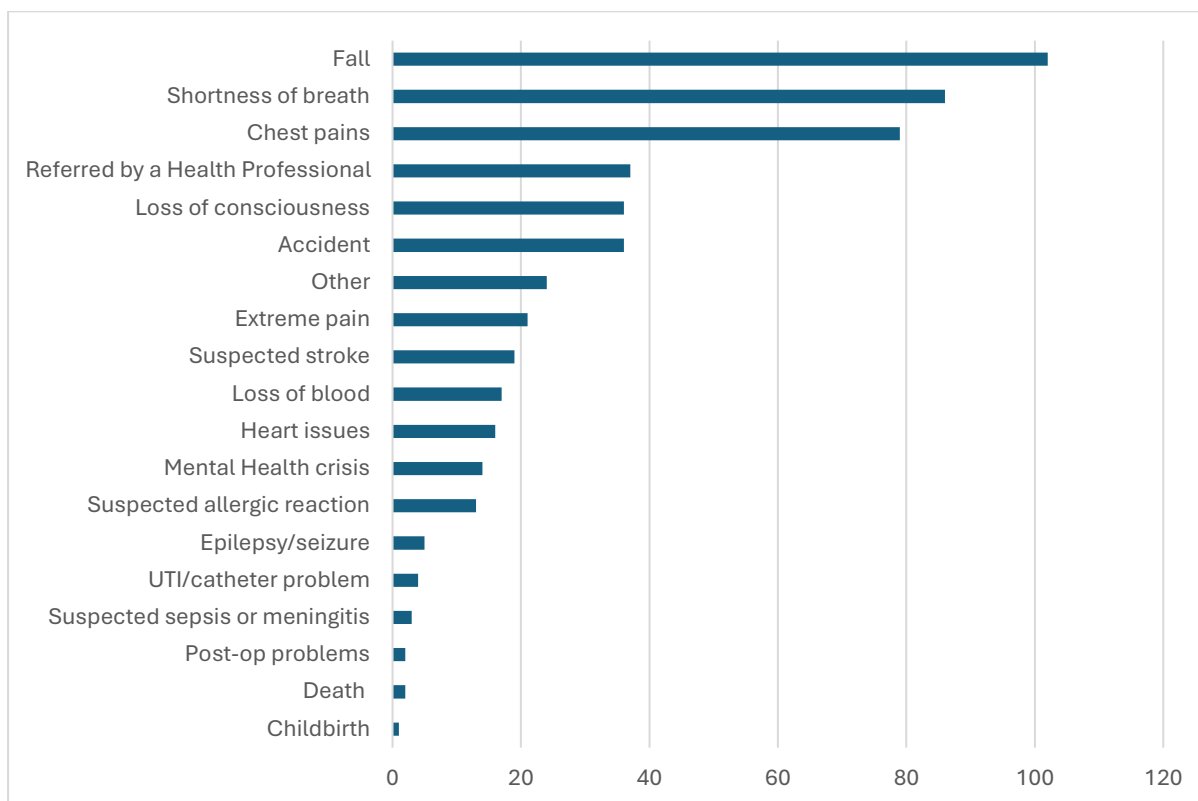
2. What is your overall experience of using the ambulance service following a 999 call?

(359 responded/359)



3. Why was an ambulance called? (select all that apply)

(359 responded/359, 95 comments)



Of those who fell one was found lying in their own faeces and one had a head injury. Loss of consciousness included a diabetic hypo while others mentioned “slipping in and out of consciousness” or “not responding”. Shortness of breath included asthma and choking. One person was referred to hospital following blood test results.

Of the twenty-one who cited extreme pain, including in the abdomen/stomach, back or groin, four of these had difficulty moving, one was confused, one had sickness, one had a possible strangulated hernia, one had a kidney stone, one had possible appendicitis, one had a herniated disc, and another a dislocated hip.

Sixteen mentioned ‘heart issues’ including atrial fibrillation/fast heart rate, (suspected) heart attack, angina, cardiac arrest. Problems with defibrillator codes were given.

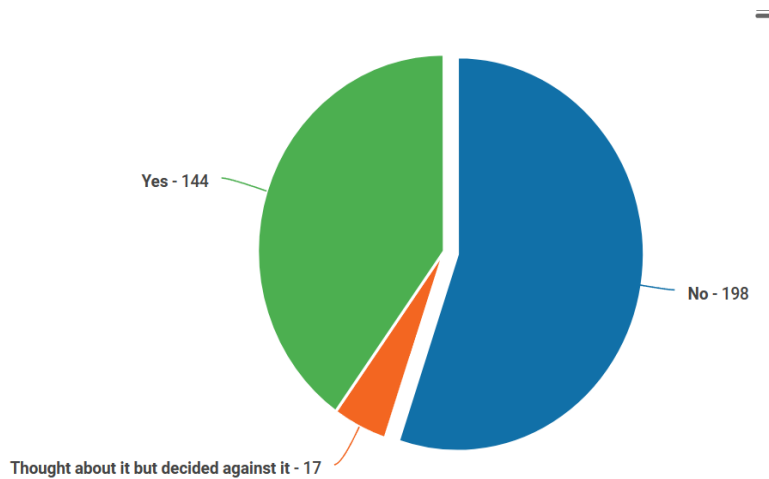
Two patients had post-operative problems following colonoscopies. Four had suspected UTIs or catheter problems, one with delirium, one pulled out a suprapubic catheter – one turned out to be renal cancer.

Another twenty-four people quoted: burn, foot infection, bowel blockage, numb legs, PEG feed concern, pneumonia, suspected spiking, coffee ground vomit in a child, hypoxia, possible measles, severe sickness, brain injury, adrenal crisis, swollen leg, blood clot in lung, sickness/diarrhoea, low temperature/blood pressure, failed discharge, unwell, homeless/visually impaired/lost.

In two cases the caller believed the patient had died and the call handler insisted on CPR which the callers found very distressing.

4. Was anyone else contacted before calling an ambulance?

(359 responded/359)



Of those who contacted someone else, the majority called 111, followed by a GP practice or a relative/carer.

5. **Who did you consider calling and why did you decide against it?** (go to question 7 next). (44 comments) The responses to this question are included with the comments for question 6.

6. Please specify who you called and the results.

(174 responded/359, 90 comments)

A relative or carer		21.26%	37
NHS 111		47.70%	83
A mental health team/contact		4.02%	7
Minor injuries department		1.15%	2
Community/District Nurses		6.32%	11
GP Practice		23.56%	41
Housing Warden		2.87%	5
Social Care		0.57%	1
Other - please state below		12.07%	21

The 111 service arranged ambulances for many, advised others to make a 999 call or to go directly to A&E. In other cases, they arranged a call back which had lengthy wait times. Two people were unable to get through to 111, one had no response and the other had an automated message advising them to call 999 in an emergency. Some reported giving up and calling 999 due to too many options/taking too long to get through. In one case an ambulance was promised but never arrived. GPs also arranged some ambulances and advised others to call 999.

Some called a community nurse, mental health team or other health professional – there were even some who called a specific hospital department directly, including oncology, neurology, maternity and an immunotherapy hotline. The hospital departments mostly advised calling 111 or 999 depending on the circumstances.

Wardens were contacted by five respondents and some people used falls alarm, pull cords, telecare or other lifeline systems to call for help. Some telecare system operators can call neighbours or family to help, if no help is available (often when family do not live locally) they must call 999 direct. There have previously been local services who could come out and help such as First Responders and some areas still have Community First Responders who are unpaid volunteers.

There were two cases where the police were called (suspected spiking and a mental health crisis) and two cases where a neighbour was called to help, one person called a Community First Responder who was also a friend.

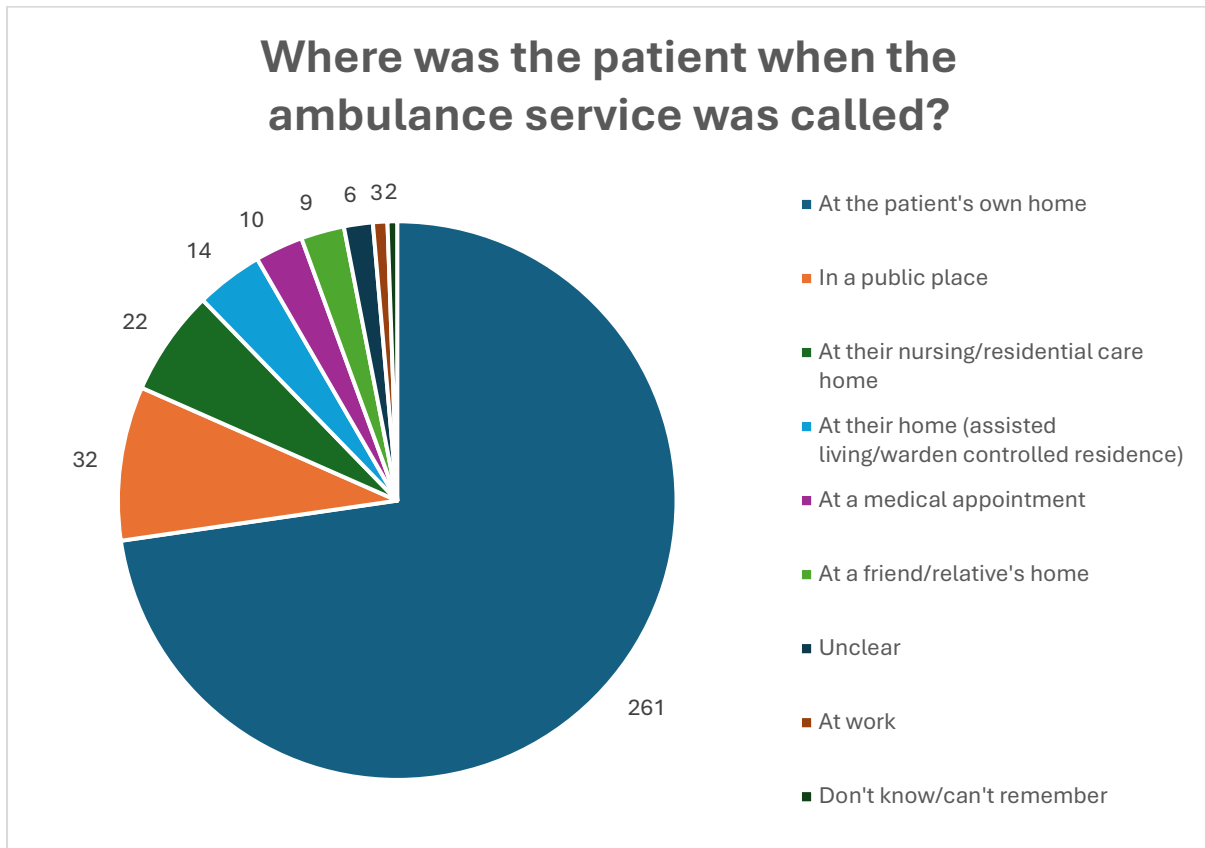
Some people making 999 calls were advised to transport themselves to A&E and some decided to make their own way there after hearing the estimated wait time for an ambulance.

People also considered calling friends or family with medical roles, a pharmacy or the CRIS team. The person who knew about the CRIS team was a paid carer in a care home who called Community Nurses instead.

Those who initially tried to get help elsewhere called 999 because: they decided the situation was more serious, other services were closed (GPs), family were not local, or it took too long to get through to other sources of help.

7. Where was the patient when the ambulance service was called?

(359 responded/359, 25 comments)



8. When the call was put through to the ambulance service control room, did the patient speak to the operator?

(359 responded/359)

In 236 cases the control room spoke to the patient’s representative compared to 112 who spoke directly with the patient.

9. Did the ambulance control room operator pass the call on to a telephone advisor to assess the situation or give advice over the phone?

(359 responded/359)

A lot of respondents were unsure about this (99); of the rest just over half (137) were passed on to an advisor (compared to 123 who were not).

10. Was the ambulance service sent out to help the patient?

(359 responded/359 – 89 comments)

For the majority of callers (298) an ambulance was sent out. Of the 60 who did not get an ambulance 54 disagreed with this decision.

“Three times within two weeks my wife dialled 999 and the ambulance came within no more than 8 minutes in all three times. Absolutely outstanding service also lovely caring paramedics.” (Resident from Newcastle-under-Lyme)

In the comments we heard that in some cases where no ambulances were available, people were advised (or even instructed) to make their own way to A&E. In other cases, when advised how long the wait would be, people chose to make their own way there. Some of these classed this as “no ambulance was sent”.

“Very high demand and no ambulances were available. We were told it could be several hours.”

“No ambulance could attend. I was asked to take my husband who was having a stroke to hospital by car.”

“Had a nightmare journey to hospital in rush hour believing my father was having a heart attack had been told to watch for him losing consciousness as been told he may need CPR”

There were some cases where more than one vehicle or professional arrived. Two responses mentioned first responders coming first; in another case a paramedic and an ambulance both arrived. In one case 2 ambulance attended and in another 3 came.

“Finally got 3 ambulances. Only 1 had crew and chair suitable to move patient.”

“My husband had passed away by the time they arrived.”

“Initially they said they would get an ambulance out. After 6 hours waiting, they asked for photos of the injuries. Another 2 hour wait, and they called to say they were cancelling the ambulance, and I should get the patient to hospital myself. 82 years old, not able to walk and living in a first floor flat would mean I would have to get him down the stairs.”

“The fire service attended as part of the Staffordshire Falls trial.”

11. a) Please give the estimated wait time (if given) and the actual wait time
 (359 responded/359 – 113 comments)

Estimated wait time

Answer Choices	Responses		
Not given		28.69%	103
Less than an hour		23.68%	85
1-2 hours		12.53%	45
2-4 hours		10.86%	39
4-6 hours		8.91%	32
6-8 hours		5.29%	19
8-10 hours		2.23%	8
More than 10 hours		2.51%	9
Don't remember		5.29%	19

Actual wait time

Answer Choices	Responses		
Not given		12.81%	46
Less than an hour		41.78%	150
1-2 hours		10.86%	39
2-4 hours		9.19%	33
4-6 hours		8.91%	32
6-8 hours		4.46%	16
8-10 hours		3.06%	11
More than 10 hours		6.41%	23
Don't remember		2.51%	9

In Summary:

ACTUAL WAIT TIME (where specified)

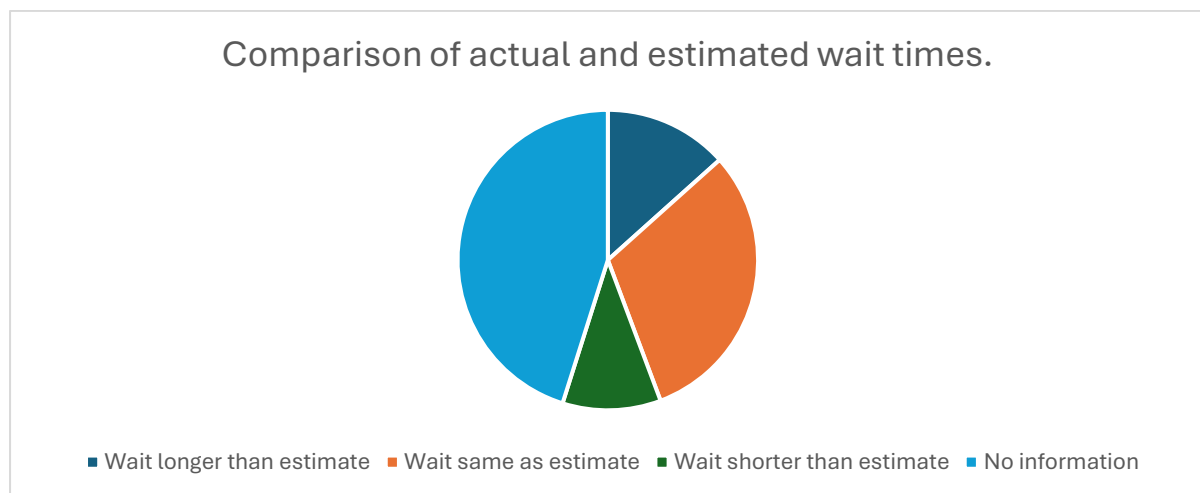
150	less than one hour wait
72	1-4 hours wait
48	4-8 hours wait
34	over 8 hours wait

Longer waiting times ranged from 13 to 24 hours.

SHORTEST WAIT - 8 MINUTES

LONGEST WAIT - 24 HOURS

In 27 cases, the respondents were either advised to, or decided to, make their own way to hospital because of the waiting times or lack of ambulances.





For the patients whose **actual wait time was 8h or more (34):**

- 30 had a negative experience
- 19 had falls; 9 were health referrals; 6 had shortness of breath
- 19 called someone else: 10 called NHS 111, 5 called their GP, 4 called a relative
- 27 had someone else speak on their behalf of which 13 were referred to a call advisor
- 28 had ambulances, 24 called 999 back in the meantime
- 22 thought they should have arrived a lot sooner
- 21 thought care and treatment was well explained and 20 felt listened to /respected
- 27 were taken to hospital, 13 to Royal Stoke, 11 waited over an hour to be taken off the ambulance (on top of a long wait to be collected).
- 4 were directed to other services

DD/WMAS/21/08/24

11 b) Did you call the ambulance service back at any point ?

(126/359 respondents called 999 back, 69 left comments)

Yes		35.10%	126
No		64.90%	233

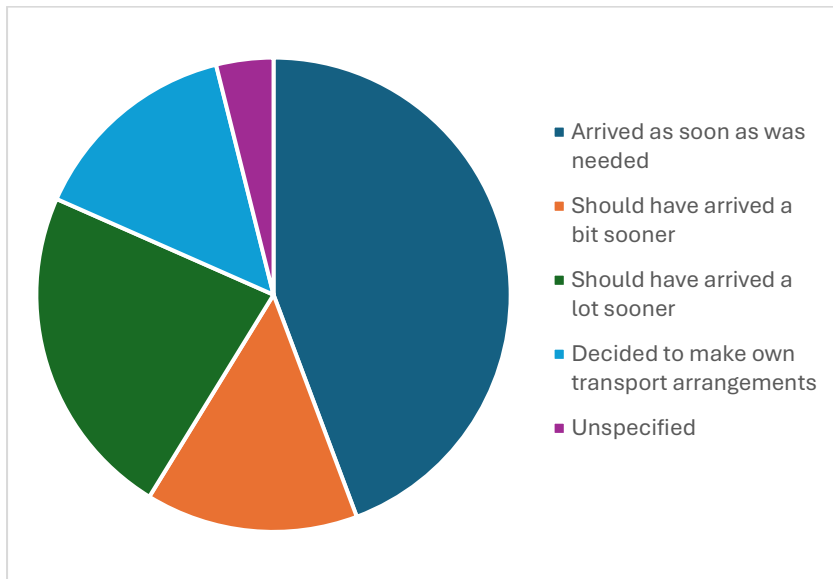
Comments left by 66 of those who called back showed:

- 22 called back to chase up the ambulance /check status – several were told there were no ambulances available yet
- 19 called due to the deteriorating condition of the patient (2 were health professional confirming an ambulance was required).
- 11 called to cancel the ambulance, although one patient still needed checking
- 2 called for a defibrillator code, 1 to change the contact details when relieved by a relative, 1 to inform 999 that patient had regained consciousness, and first responders had arrived.
- In 4 responses, the ambulance service stayed on the call, in 2 cases the service called them back and 1 person’s initial call was disconnected.
- Of those who stated, 5 people called 4 times, 7 people called 3 times and 4 people called twice.
- People had concerns about patients not eating.
- After an ambulance failed to find them, one patient had to undergo a second telephone assessment.

“I felt guilty calling 999 to enquire on the whereabouts of the ambulance”.

“They stayed on the phone to support the situation”.

12. How did the patient feel about the length of time they were actually waiting before someone from the ambulance service arrived? (359 responded/359)



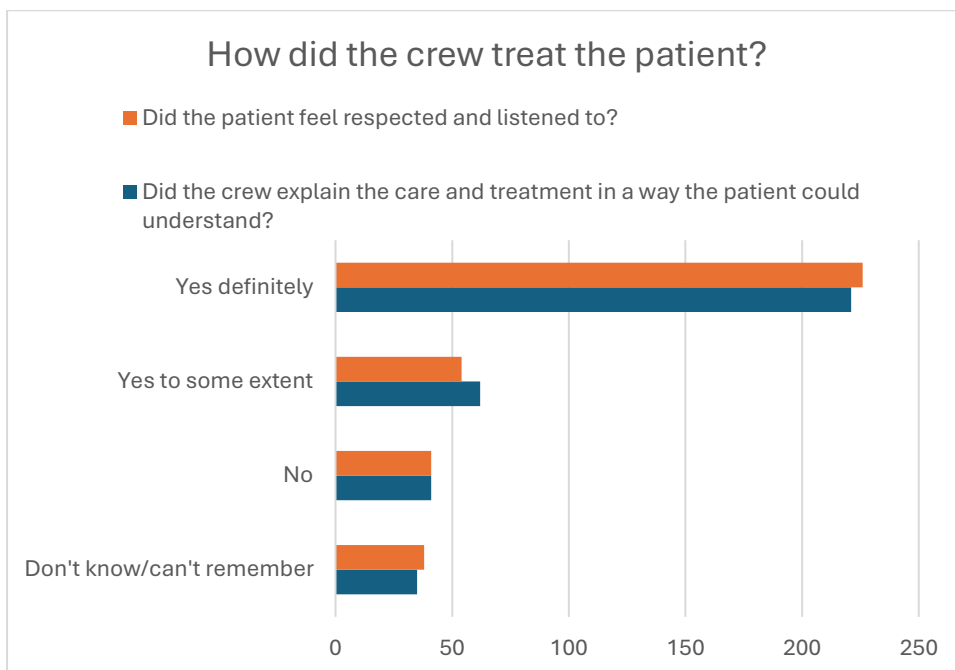
13. Did the crew explain the care and treatment in a way the patient could understand?

(359 responded/359)

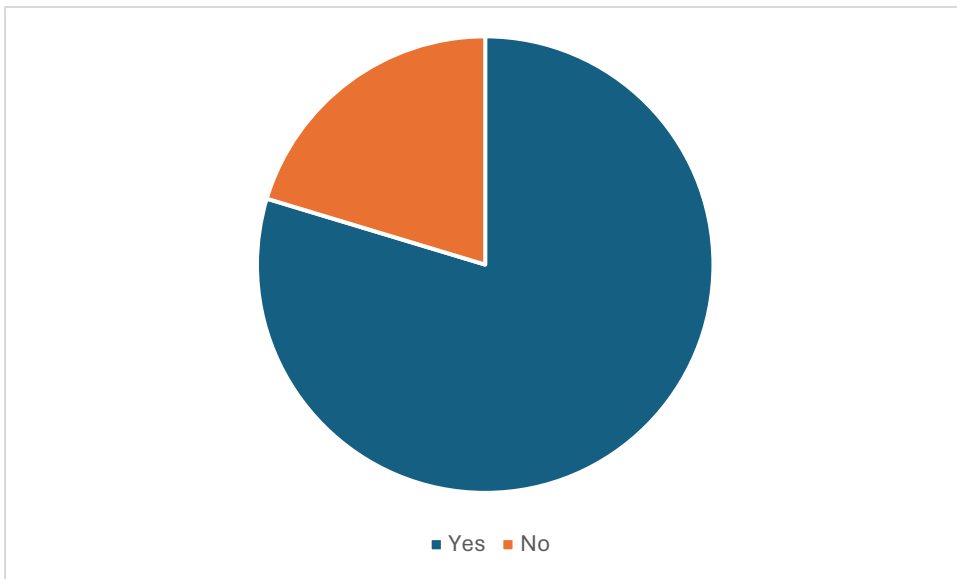
The graph of responses is combined with results for 14 below.

14. Did the patient feel respected and listened to?

(359 responded/359)



15. Was the patient taken to hospital? (359 responded/359)

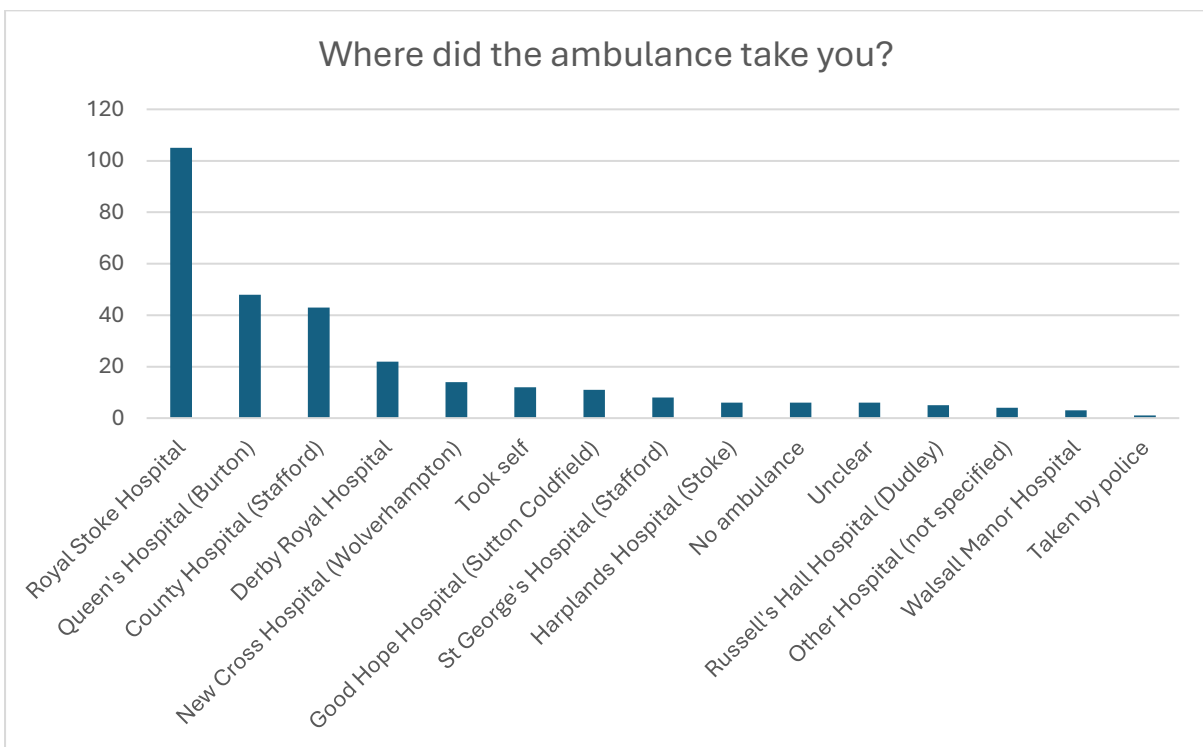


On reflection, this question should have asked whether the patient was taken to hospital by ambulance. Those taken to hospital will include some who were taken by relatives or friends.

16. Where did the ambulance take you?

(293 responded/359 with 31 comments)

In 286 responses the patient was taken to hospital, whether by ambulance or using alternative travel arrangements.



17. Were you given any advice about eating or taking medication while waiting for the Ambulance? (289 responded/359 with 51 comments)

Fewer than half (103) of those who responded to this question (289) were given any advice. Some were given advice specific to their medical issue for example: to take aspirin; to use a GTN spray for angina; to use a nebuliser; energy drinks or sweets for low blood sugars.

Others were told no eating or drinking (suspected heart attack) or to drink but not eat (suspected broken pelvis) or to stop taking medication. [“Sometimes told to not to eat anything in case a procedure has to be done ... if a diabetic that can be dangerous ...”](#)

In other cases, patients could not swallow or were incapable of eating/drinking – one was recovering from a seizure. A couple of respondents were told that food and medication could be taken. One was told to cover the patient up and another to sit upright.

One patient was asked [“questions about when taken”](#) and another was advised to take a list of their medication with them.

18. How long did you wait to be taken off the ambulance? (go to question 20 next) (270 responded/359 with 82 comments)

Not everybody remembered, some respondents weren't in the ambulance, and some were confused at the time.

- 106 had no wait
- 74 waited under an hour
- 50 waited an hour or over

The longest waits to be taken off the ambulance were

- 7h (Royal Stoke)
- 6h (Royal Stoke, New Cross)
- 5.5h (Queen's)

The number who waited an hour or over, by Hospital:

- Stoke 14
- Queens 5
- New Cross 3
- Good Hope 1
- Royal Telford 1

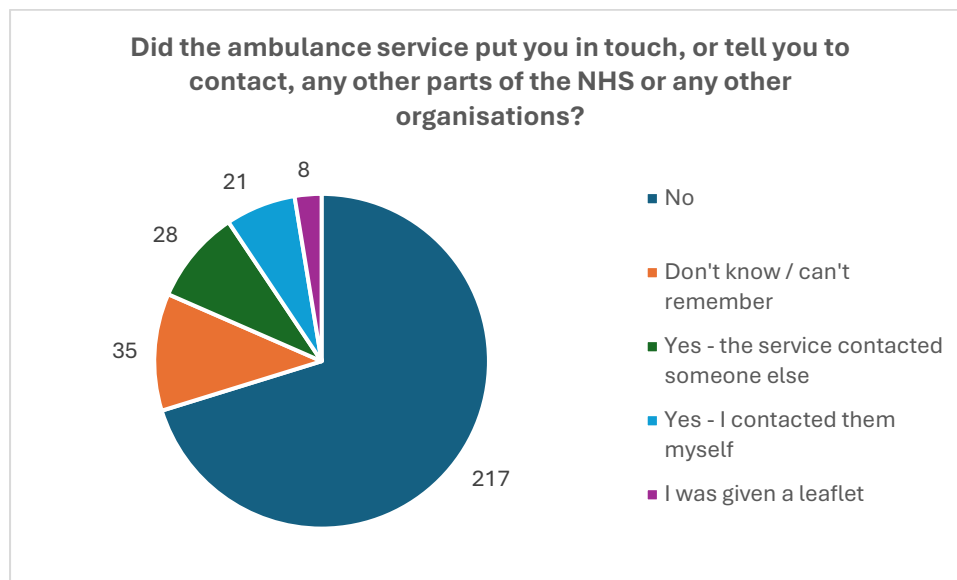
Other Comments

- One had to move ambulance due to shift changes (Royal Stoke)
- One mentions ambulance 'holding' area (New Cross) – for offloaded patients (ending this sort of thing, so paramedics are back on road)
- One went into A&E waiting area – paramedics were unhappy as there were no observations made here, paramedics were overruled (Royal Stoke).

19. Did the ambulance service put you in touch, or tell you to contact, any other parts of the NHS or any other organisations?

(309 responded/359 with 31 comments)

The pie chart demonstrates the responses we received from the 309 individuals.



Healthwatch received 309 responses to this question, with 31 of those people leaving additional comments, and 50 people skipping the question altogether.

In the additional comments, only 9 stated that the service contacted someone else. The following are some of the services that were contacted: out-of-hours, safeguarding team, GP, CRIS team, A & E, Mental Health, social services, and hospital departments.

Eight respondents of these additional comments to the survey contacted other services directly themselves.

Two respondents to these additional comments were given leaflets,

While one respondent to these additional comments stated that they could not remember due to a third party handing them over to the paramedics.

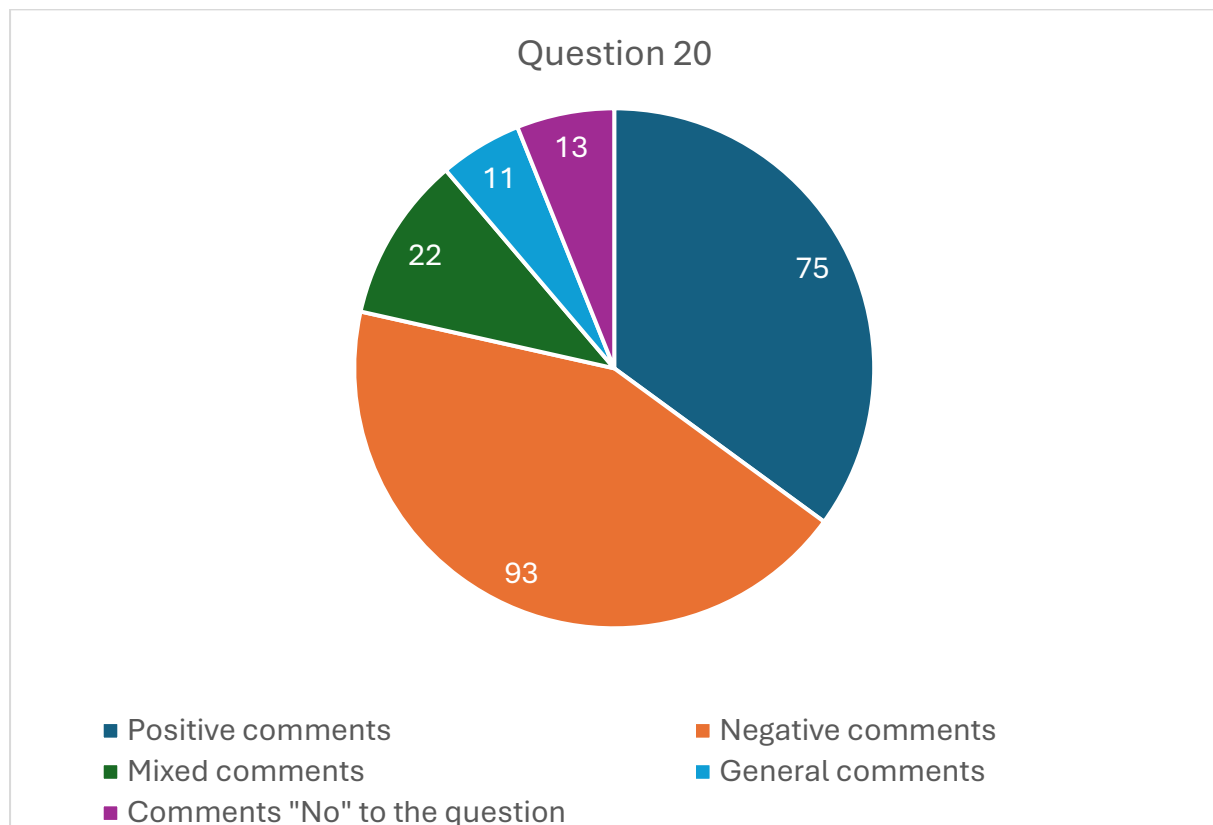
Eleven of the additional comments did not apply to the question, but these comments have been noted.

20. Is there anything else you would like to tell us?

(214 comments)

Out of the 359 people who took part in the survey, 214 people answered question 20.

This chart represents the findings:



There were 75 positive comments. Below are a couple of the comments made –

“The crew were very thorough and gave me a full examination and helped me to bed”

“The service was excellent in all respects. The ambulance staff were very diligent and explained everything they were doing at all stages. The waiting time at A&E was short. A little later, I assume, when they came in with another patient, they came in to see how I was. First class service all around including my hospital care, discharge and follow-up treatment.”

There were 93 Negative comments -

“I took my husband to hospital in a taxi as we couldn’t wait 17 hours for the ambulance service, the taxi driver had to help me get my husband up and put him in the car. My

husband was having septic shock due to untreated endocarditis. If I had waited the 17 hours for the ambulance my husband would have died at home”

“90-year-old fell outside and hit her head. She had to lay on the concrete floor for 12 hours as no one could move her due to pain before the ambulance arrived.”

There were 22 mixed views -

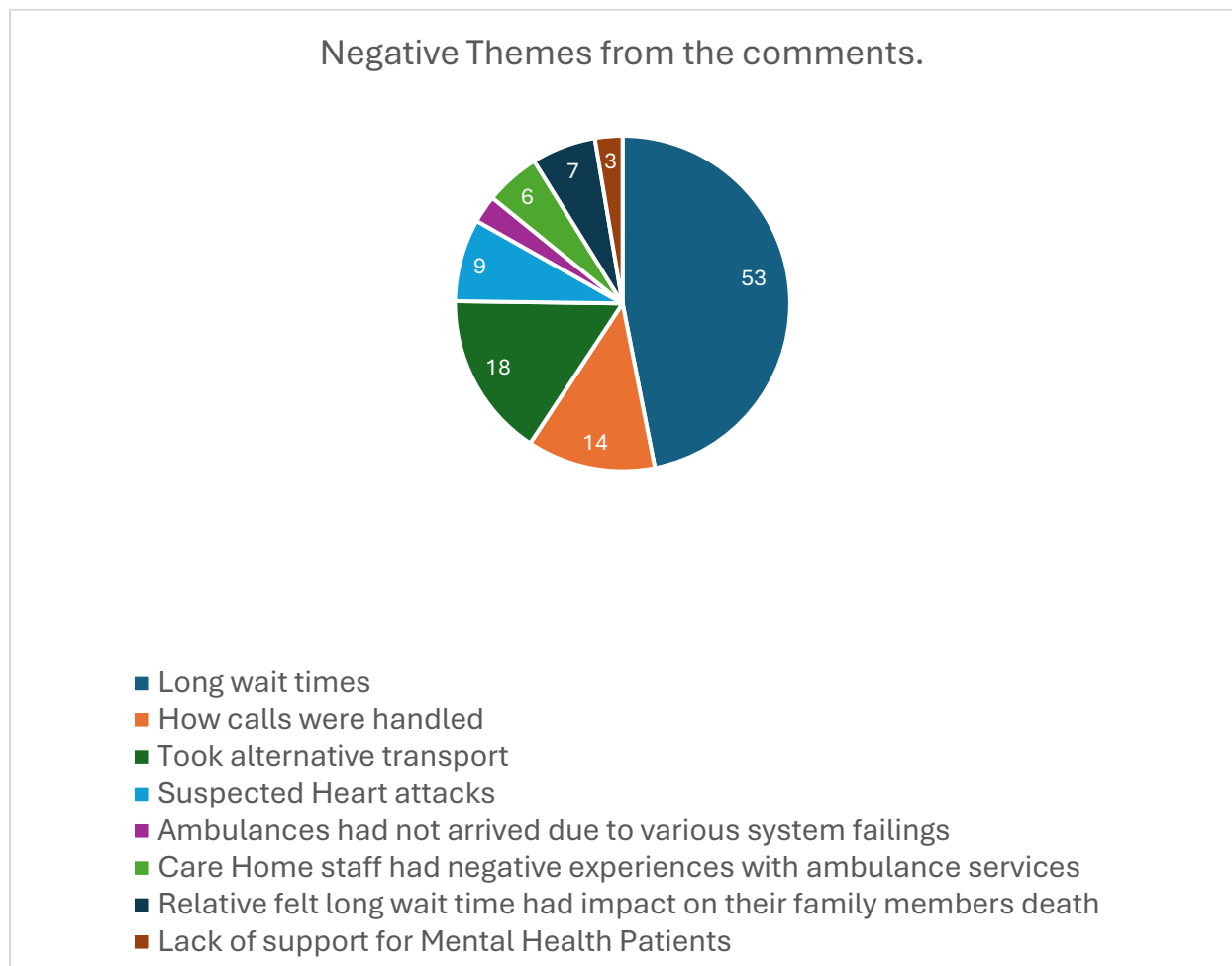
“Ambulance staff were amazing but think the operators lack a bit of compassion”.

“The crew were excellent when they eventually arrived”.

11 people made general comments and 13 people answered no to the question.

Out of the comments made in question 20, Healthwatch has generalised these into the following (negative) themes.

Several people made multiple comments.



Based on the comments received a positive theme emerged. Out of the 75 individuals who provided positive feedback, the recurring themes were that the ambulance service provided excellent care, the staff were kind, efficient, and reassuring, and they do an outstanding job. Additionally, out of the 22 individuals who had mixed reviews, they also

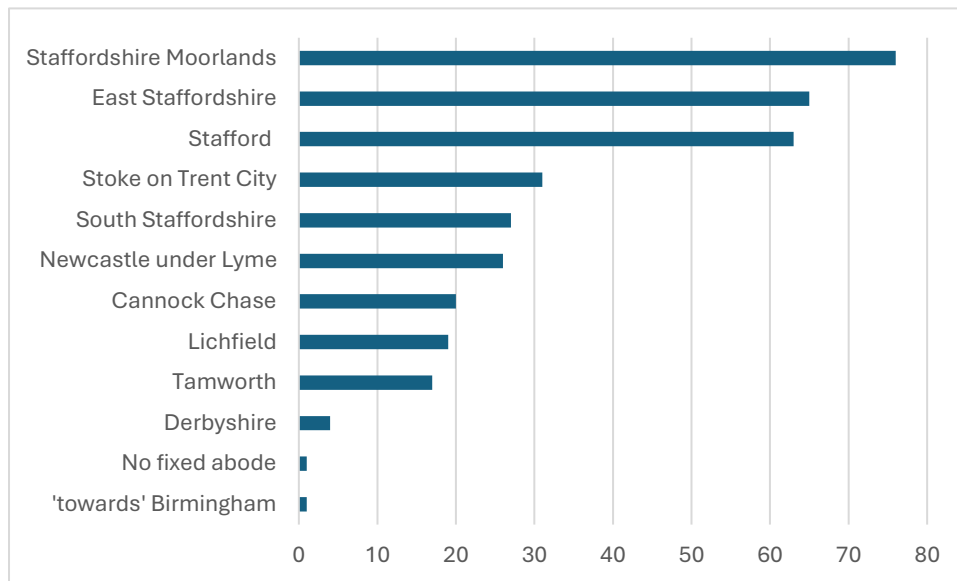
acknowledged that the paramedics were great. However, the negative part of their experience was the waiting times, which had an adverse impact.

Demographics

NOTE Some respondents had experience of multiple patients, making answering these questions tricky.

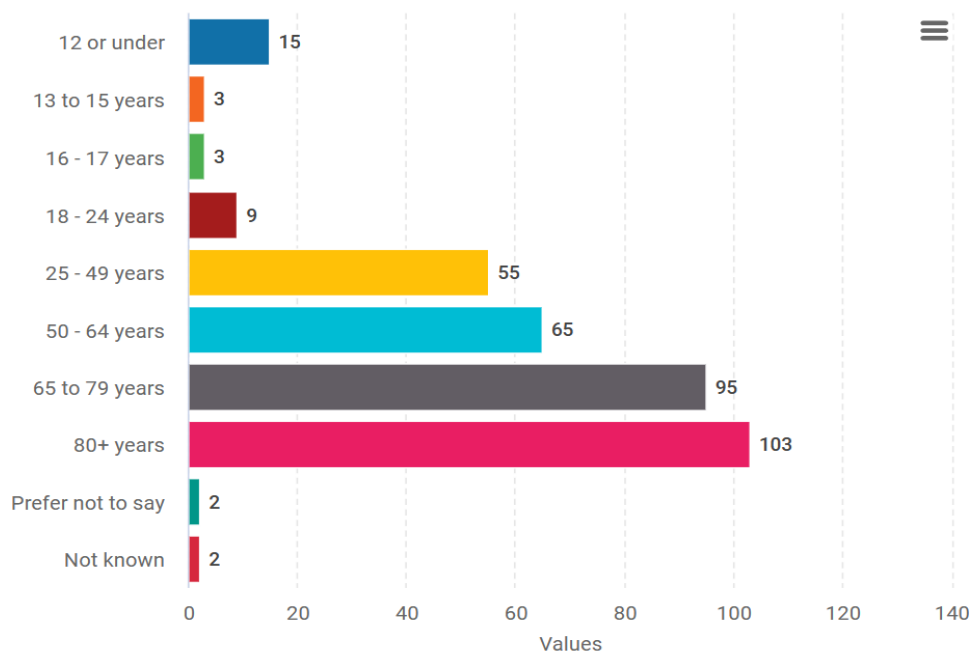
21. In which Council area does the patient live?

(342 responses/359)



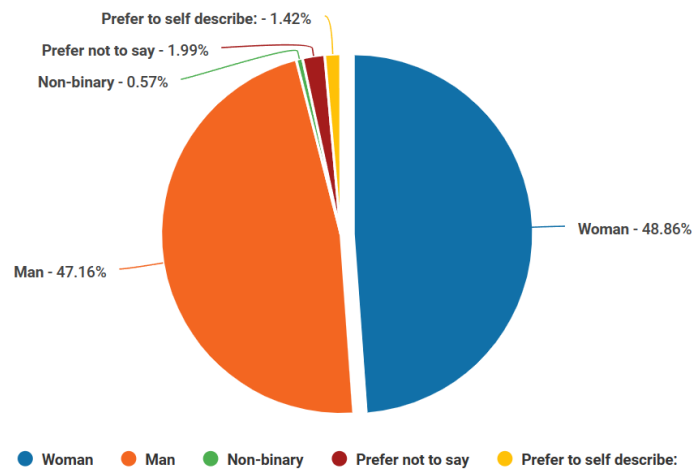
22. Please tell us the patient's age

(352/359 responded)



23. Please tell us the patient's gender

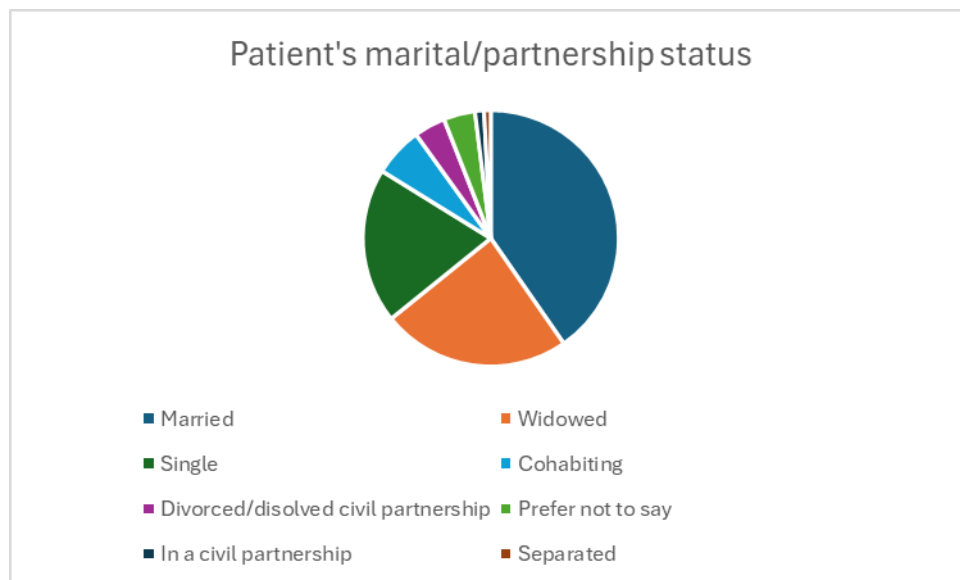
(352/359 responded)



Self-describing also includes answers from a respondent replying on behalf of multiple patients, e.g. care home, call centre.

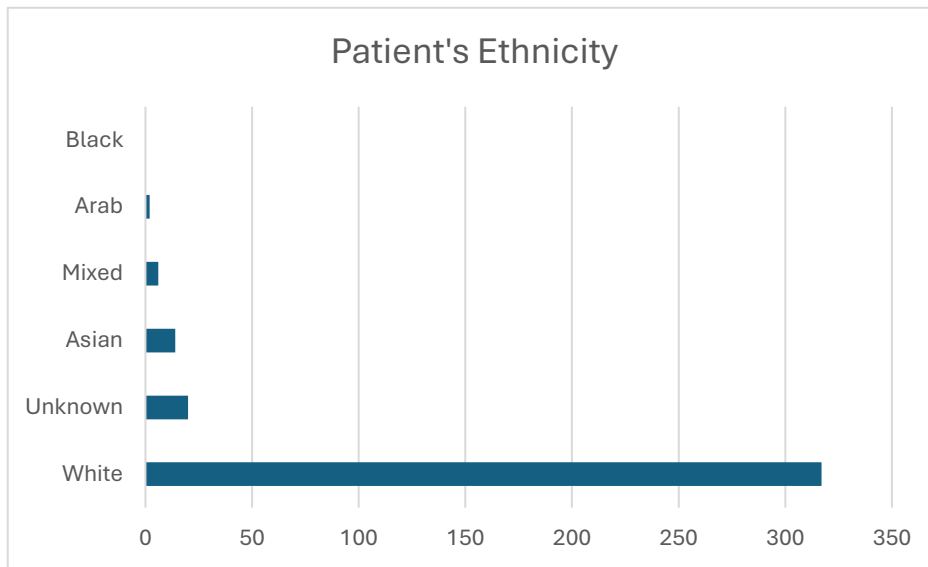
24. How would you describe the patient's marital/partnership status?

(352/359 responded)



25. Please select the patient's ethnicity

(354/359 responded)

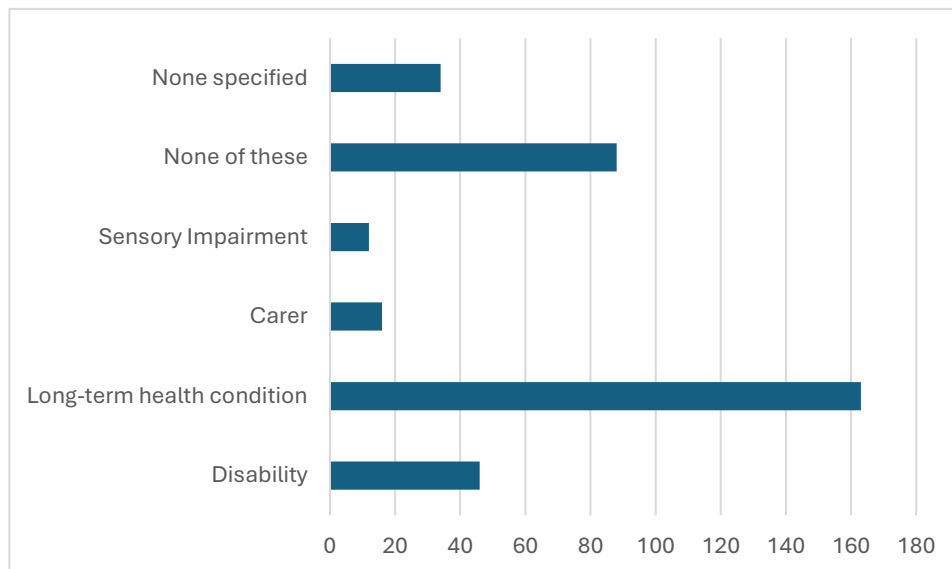


This broadly reflects the ethnicity of the Staffordshire population in the 2021 Census where around 82% is White, 3.3% Asian, 1.74% Mixed, 0.79% Black and 0.55% Other.

26. Please select any of the following that apply to the patient:

(347/359 responded)

This question was problematic as people should have been able to choose more than one answer but were not able to. This means the data may not be complete.

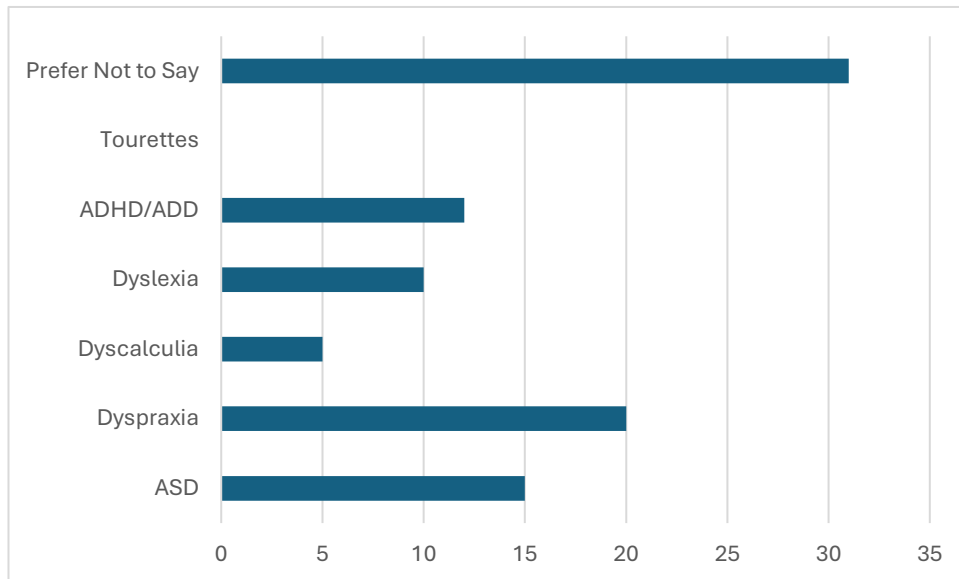


27. Has the patient been diagnosed with any of the following?

(150/359 responded)

This question was designed to see whether neurodivergent patients had been included in the survey.

As well as the answers shown in the graph, many others went on to detail a wide variety of other conditions (not neurodivergent).



Healthwatch Staffordshire

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