

LAS Strategy

Feedback from engagement activities

Healthwatch Hounslow
January 2023



Contents

Project Brief	3
Activities undertaken	4
Demographics	5
Summary of findings	8
Priority 1	9
Priority 2	10
Priority 3	11
Findings	12
Additional considerations	19

Project Brief

Background

London Ambulance Service NHS Trust (LAS) invited every local Healthwatch in London to provide input to shape a new organisational strategy for 2023-28.

The LAS wanted to hear feedback on issues including:

- What is LAS getting right?
- How can LAS improve emergency care?
- How can LAS enhance urgent care?
- Should LAS work with other parts of the healthcare system to improve care?
- How can LAS do more to contribute to life in London?

Activities undertaken

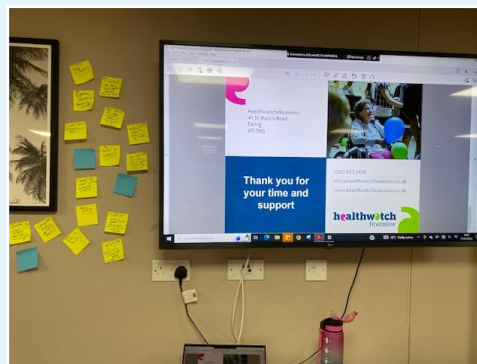
Survey

Healthwatch Hounslow developed a survey with five other local Healthwatch organisations run by Your Voice in Health and Social Care (YVHSC). The survey covered 3 main elements – 999, 111 and working with partners – with questions very closely aligning to the issues outlined by LAS in the project brief provided to Healthwatch.

The survey was posted online in December, distributed via available email networks across the Healthwatch staff team and supported by Facebook posts and twitter activity, including paid for adverts.

Focus Group

A focus group was run at a large extra-care housing scheme in Hounslow in January 2023. The scheme has a range of residents with different needs such as learning disabilities, physical disabilities and frailty.

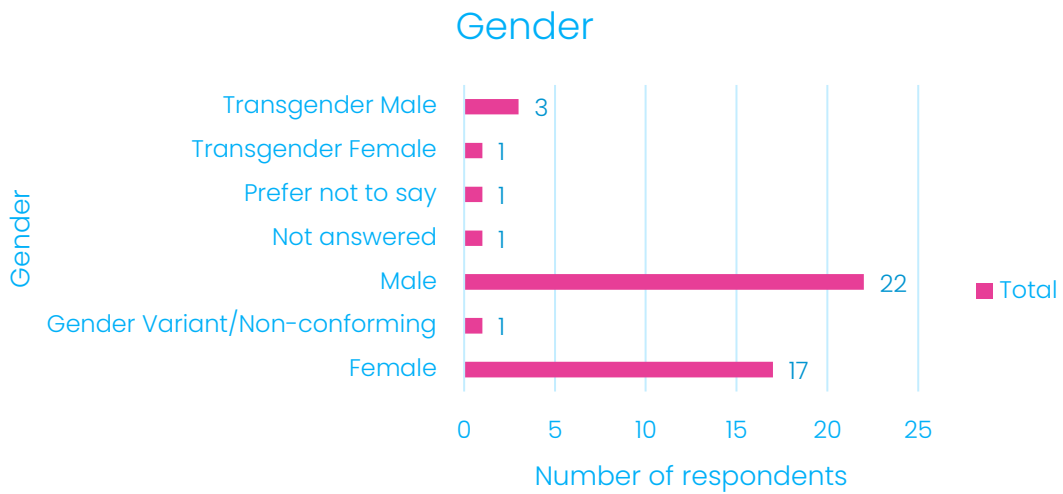


11 residents attended the focus group and were keen to share their range of emergency and urgent care treatment. Post-it notes on the wall, mini-group breakouts and a presentation were used to keep the focus group involved and engaged.

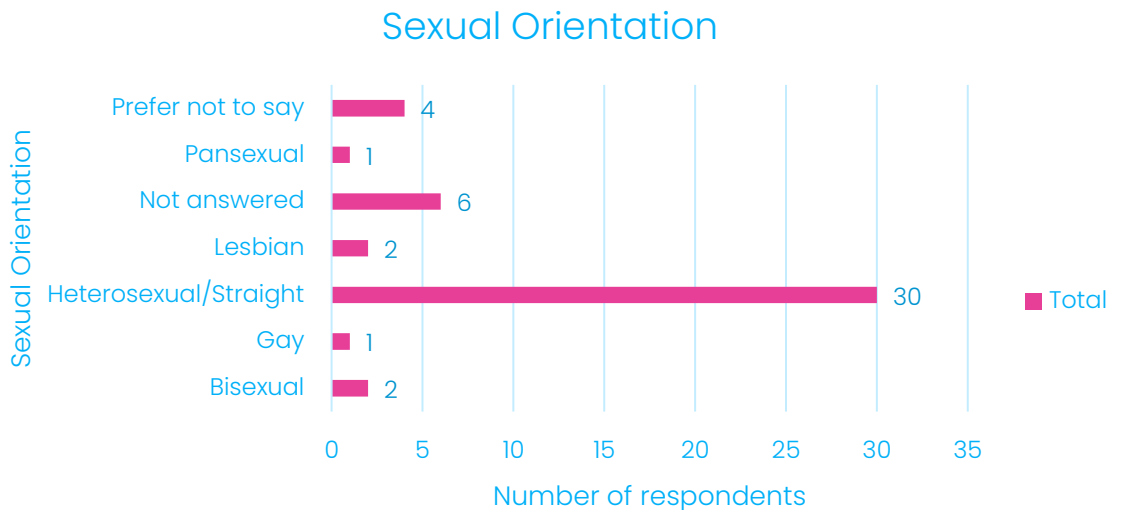
Demographics

Survey and Focus Group

Participants were asked to provide demographic background information so that fair representation of the Hounslow population could be monitored. This information was later cross-referenced with responses to identify if there are any patterns arising for certain groups. Where identified these have been referred to in the report.

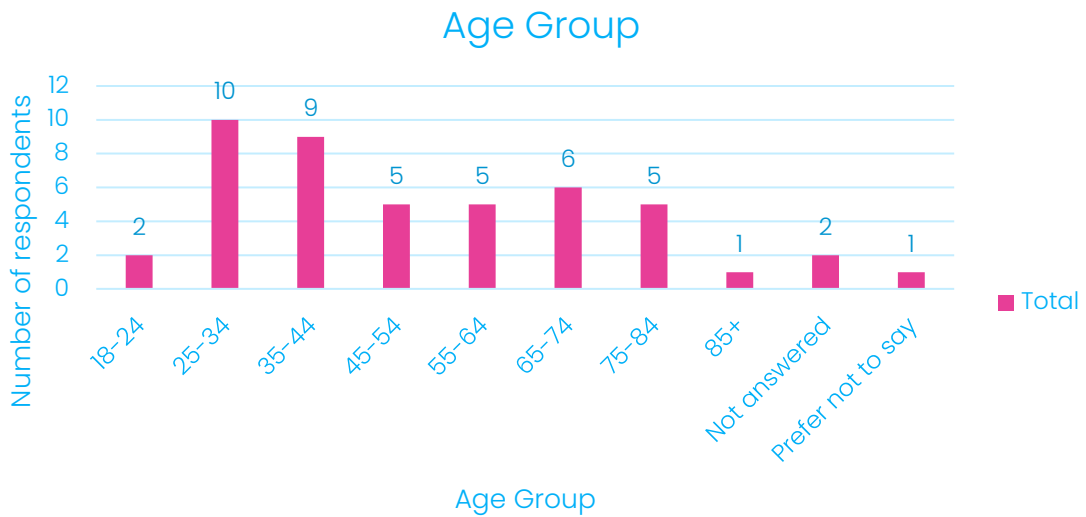


The charts below show that people identifying with a mixture of genders and sexual orientations were engaged with for this project.



Demographics

The chart below shows that respondents were from a range of age groups. More Under 55s participated which may reflect the online nature of the survey and Hounslow's generally, youthful population.



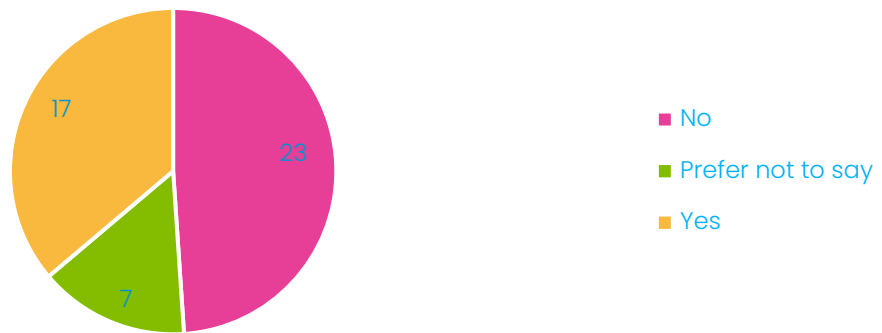
Respondents were asked to provide their ethnic background. For the purposes of statistical analysis, individual ethnic backgrounds have been grouped according to [government style guides](#).



Demographics

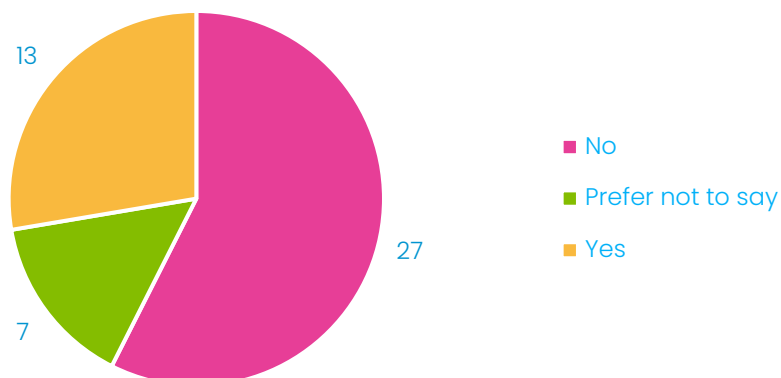
Residents were also asked if they had any long-term condition health and social care needs. 23 (49%) said they did not, 17 (36%) said they did and 7 (15%) preferred not to say.

Has a Long-term Condition of Health and Social Care Need



Residents were also asked if they had any disability. 27 (57%) said they did not, 13 (28%) said they did and 7 (15%) preferred not to say.

Has a Disability



Summary of Findings

The table below highlights the key issues identified through the engagement work carried out in Hounslow. Subsequent pages highlight 3 priority areas identified from the issues, and present the evidence base for each, along with possible recommendations.

The key priorities suggested are to be considered by LAS for inclusion in their strategy for 2023–2026.

Findings

Key issue identified	Details
111: Reduce repetition of questions, especially for elderly and/or hard of hearing patients	Where patients got passed from call handler to doctor and back again, they found the repetition of the same questions frustrating. Hard of hearing patients noted this particularly difficult.
111: Shorter call-back times for more urgent matters	Some patients felt that the 111 call-back service was too long. And added frustration was not knowing how long it would be until the call-back.
111: Need to increase awareness of the 111 service for the over 65s.	Analysis of the demographic survey results indicated older residents were not aware of the 111 service.
999: Putting the patient at ease is vital at all stages of the service.	On the whole, residents were highly supportive of staff attitudes and being put at ease. However, on the small number of occasions this was not the case, it had a highly negative effect on their treatment as a whole.
999: Need to improve clinical training of some call handlers	Some residents did feel that call handlers were merely reading a form and did not have clinical training to deal with their emergency.
999: Reduce waiting times for serious incidents.	Long waiting times for elderly suffering quite severe issues occurred on a couple of occasions. Due to their state, they were not in a position to 'find their own way' to the hospital.
Community Engagement an opportunity to empower residents and relieve stress on acute services	Residents from the survey and focus group were keen for more training in key first aid areas.

Priority 1

Reduce Waiting Times and Manage Expectations

For both 999 and 111 services, agitation around long waiting times was a common theme when negative comments were made. In respect of 999 Emergency Care, elderly patients reporting serious injuries were left waiting a matter of hours. For 111 calls, long waits for a call-back lowered their opinion of the service.



The following quotes from Hounslow residents highlight some of the issues:

Quotes

Urgent Care (999)

"I called someone came online after more than 3 hours just take information and said some one will call within one and half hour. Some one called after 9 hours to tell now GP is open contact them." **Male, Age 65-74, Asian/Asian British Ethnic Background**

Emergency Care (999)

"I was bleeding profusely, had fallen in my front garden cut my head open had to wait over 4hrs for the ambulance." **Female, Age 75-84, White Ethnic Background**

"81 year old fell nine concrete steps on to his head and became briefly unconscious with lots of blood. Outside in the dark. Didn't dare move him in case of neck injury. Ambulance took more than two hours." **Female, Age 65-74, White Ethnic Background**

Recommendations

For Urgent Care, realistic timeframes of when a call-back will might help a patient manage their expectations, avoid disappointment and importantly, if their health does deteriorate rapidly in the interim, they can at least know to take a another course of action.

Delays in emergency responses for non-critical accidents means that the call handler is under even more pressure to deliver sound advice to the patient or people around them.

Priority 2

Community Empowerment and Engagement in First Aid

When asked about how the LAS might work with the local community, residents had lots of enthusiasm and interest in considering what the LAS could do.

Residents suggested community training on first aid, epilepsy training and stroke training – adding that from their point of view it is terrifying having a seizure on a bus and knowing that no one can help. Other residents recommended more training around mental health and suicide support.

A couple of residents felt that volunteer services might help younger people engage and support their communities.



Quotes

- “Volunteer services can be set up so that aspiring young people in the community can serve the people as volunteers.” **Male, 18–24, White British background**
- “There is no or very limited local community engagement with LAS services even though we have a local and very busy ambulance station. Your focus has been London wide which is important but you provide a local essential service and engagement with local communities would help you develop services that are needed and flexible to our needs.” **Male, 65–74, White British background**
- “Could offer talks to patient groups.” **Female, 65–74, White British background**
- “Perhaps can include suicide support and violence against women/children.” **Female, 35–44, Asian/Asian British background**
- “I think there should be Epilepsy training and Stroke Training for members of the public. It's terrifying when you're about to pass out knowing that the other people on the bus probably don't know what to do before the ambulance arrives. I also think there should be Mental Health training as well for people.” **Male, 35–44, Asian/Asian British background**

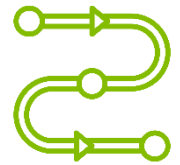
Recommendation

Providing community first aid (and mental health, epilepsy and stroke training) training and awareness can be a useful tool in not only upskilling local communities, but also empowering them and making for a safer community. Our focus group in a shared housing scheme were very supportive of the idea.

Priority 3

Streamlining of Information in Urgent Care

Both the survey and focus group pointed to frustrations in having to answer lots of questions in their initial 111 call and then having to repeat the questions again and again with various call handlers and clinicians.



One lady who was elderly and hard of hearing found this particularly frustrating as she was having to ask things to be repeated anyway because she found it hard to hear in the first place. She then started doubting what she had said as she was being asked so many times.



Others found many of the questions irrelevant and/or lengthy. It appears from a patient perspective that their 'case file' does not necessarily get passed along the route to each clinician.

Quotes

"The triage questions can be frustratingly lengthy." Male, Age 75-84, White Ethnic Background

"They ask too many irrelevant questions, perhaps those questions can be automated to be completed while holding on to connect to talk to someone." Female, Age 35-44, Asian/Asian British Ethnic Background

"You want to talk to someone who can give an immediate response. It is not always possible as the call handler has to refer to a senior health practitioner/Doctor." Male, Age 65-74, Ethnic Background not disclosed

"It's very repetitive – the same question asked over and over as you go from person to person, I started to doubt myself as the same questions kept being asked." Female, Age 65-74, White Ethnic Background

Recommendations

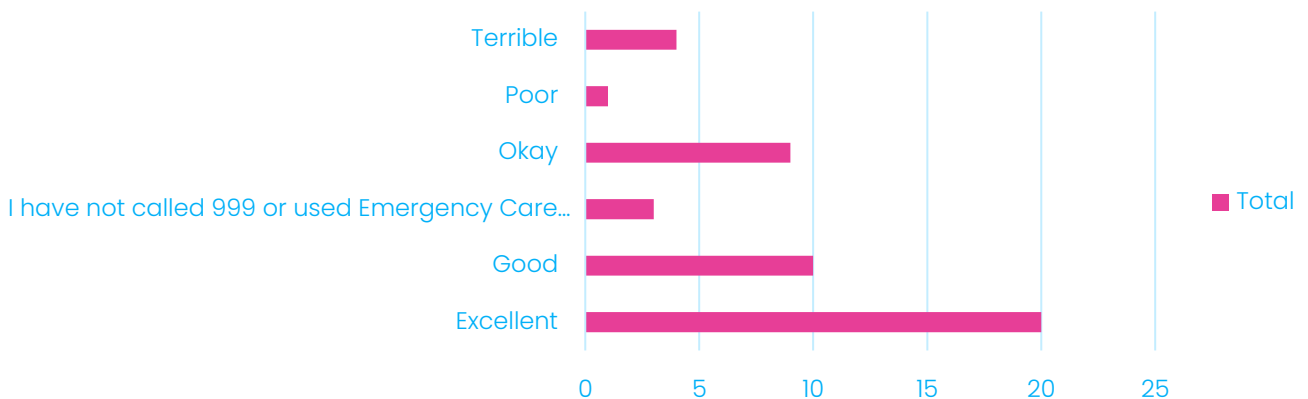
1. Shorter triage for those with hearing difficulties, learning disabilities, communication challenges.
2. Pass the information from triage to the next clinician to avoid duplication of questions.

Findings – Emergency Care

Overview of patient experiences of 999 and LAS Emergency Care

When asked to rate their 999 experience, the majority of residents said that it was either Good or Excellent (64%, n. 30). Only 5 residents out of 47 (11%) reported of the experience being Poor or Terrible.

How would you rate your overall experience of calling 999 and using LAS Emergency Care?



When asked to give more explanation of their rating (and following a prompt on potential topics), residents tended to describe their care in terms of the following areas:

Staff Attitudes were hugely important to patient experience with key factors including being kind, gentle, non-patronizing and making the patient feel at ease.

With **Quality of Care and Treatment**, clear explanations throughout the treatment (from call handling to drop off) and using common sense were important.

For **Waiting Times**, while those who had short waiting times were complimentary, those with longer waiting times either made their own way to hospital or where they could not, had the agony of waiting with elderly loved ones in pain.

Caring **Call Handlers** who gave clear instructions were key to many residents having a positive experience and reassuring them while they waited for the ambulance. At the negative end, residents questioned the number of questions asked as well as the clinical qualifications of staff.

Staff Attitudes



"On several occasions, the Ambulance service was called out for my late mother. Each and every one of the staff were kind, caring, very professional and respectful to my mother. They were clear in their analysis of the issues my mother had and clear in explaining this to me." **Male, Age 64-75, Ethnic Background Unknown**



"They [the paramedics] were kind and gentle." **Female, Age 25-34, Asian Ethnic Background**



"Gave clear accurate advice . They made the patient and our family feel at ease and not making us feel like we were wasting their time." **Female, Age 45-54, White Ethnic Background**



"The attitude of the two women crew towards me was appalling. I was paralyzed down my right side ...one of the crew told me to get off the floor and asked what I was hiding in there...I was spoken to as if I was a problem with almost a 'pull yourself together' attitude. There was a discussion between them whether to bother taking me to hospital." **Female, Age 55-64, White Ethnic Background**



"Paramedic made a presumption my mother was left on the ground all night....and reported me for neglect." **Female, Age 55-64, Asian/Asian British Ethnic Background**



"The ambulance worker laughed at me one time I had a seizure. Another time, it took them 20mins and there was no apology or anything." **Female, Age 25-34, White Ethnic Background**

Quality of Care and Treatment



"The quality of care and treatment is also good." **Male, Age 25-34, White Ethnic Background,**



"I have not much family support, ambulance service has saved my life in two occasions and always treated us well. **Female, Age 35-44, Asian/Asian British Ethnic Background**








"At the ambulance I was laying in the rain for approx 5 mins before I was put in there, my step mum covered me with my coat and we didn't set off to hospital for nearly another hour with the ambulance doors open for much of that time and I was shivering with the cold." **Female, Age 55-64, White Ethnic Background**







"They didn't explain what medication I was taking and it was my first time taking the medication." **Male, Age 75-84, Ethnic Background not disclosed**

Waiting Times

-  "Paramedics came within 10 mins." **Female, Age 25-34, Asian/Asian British Ethnic Background**
-  "They [the paramedics] came in 15 minutes, quickly." **Male, Age 75-84, Ethnic Background not disclosed**
-  "I was bleeding profusely, had fallen in my front garden cut my head open had to wait over 4hrs for the ambulance." **Female, Age 75-84, White Ethnic Background**
-  "81 year old fell nine concrete steps on to his head and became briefly unconscious with lots of blood. Outside in the dark. Didn't dare move him in case of neck injury. Ambulance took more than two hours." **Female, Age 65-74, White Ethnic Background**
-  "I called 999 saying "I'm having a seizure, I need an ambulance" and passed out – they came straight away." **Male, Age 34-45, Asian/Asian British Ethnic Background**

Communication / Call Handling

-  "The call responder was very helpful, kind and gave clear instructions. They stayed on call until paramedics arrived. They kept us updated of ambulance location etc." **Female, Age 55-54, White Ethnic Background,**
-  "All staff were friendly reassuring and made me feel less distressed throughout the call. The call responder stayed on the line until the ambulance crew arrived and were in the room with me. They constantly talked me through the procedure whilst waiting for paramedics to arrive." **Female, Age 55-64, White Ethnic Background**
-  "Operators sometimes do not listen to what you are saying they just follow the questions listed on the screen." **Male, Age Not Disclosed, White Ethnic Background**
-  "No advice how to keep him [81 year old with bleeding head] comfortable, safe and warm. No advice at all except "press on the bleed". He had a fractured skull and bleed on the brain. Do you press on a fracture?" **Female, Age 65-74, White Ethnic Background**

Residents' Suggestions to Improve 999 and LAS Emergency Care

Working with other parts of the Healthcare System

Residents were asked to how the LAS might work with other parts of the healthcare system. Their responses included:

- "Special teams for the elderly."
- "If an ambulance cannot arrive, send police or a fire service first aider."
- "Ensure the patient is aware of other routes to help for non-critical care."
- "Increase physiotherapy for the elderly so that they can recover."
- "More mental health training."
- "To be able to refer a patient to a GP or other health care professional if hospital care is not required."

What can the LAS do to positively work with the community

Residents gave suggestions on how the LAS could work in other ways with the community:

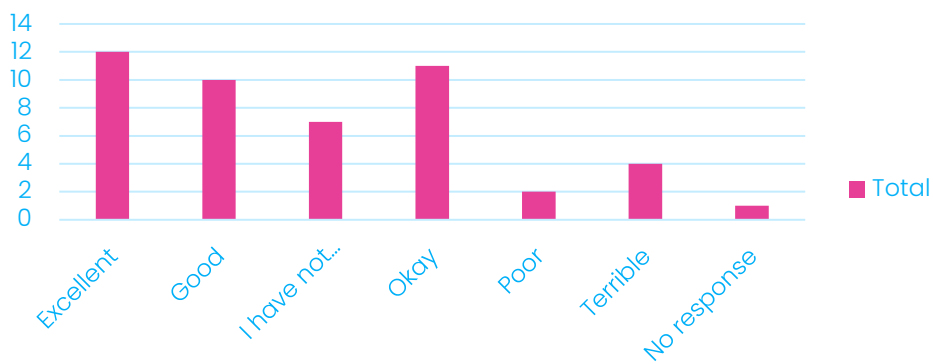
- "Volunteer services can be set up so that aspiring young people in the community can serve the people as volunteers."
- "There is no or very limited local community engagement with LAS services even though we have a local and very busy ambulance station. Your focus has been London wide which is important but you provide a local essential service and engagement with local communities would help you develop services that are needed and flexible to our needs."
- "Could offer talks to patient groups."
- "Perhaps can include suicide support and violence against women/children."
- "I think there should be Epilepsy training and Stroke Training for members of the public. It's terrifying when you're about to pass out knowing that the other people on the bus probably don't know what to do before the ambulance arrives. I also think there should be Mental Health training as well for people."

Findings – Urgent Care

Overview of patient experiences of 111 and Urgent Care Treatment

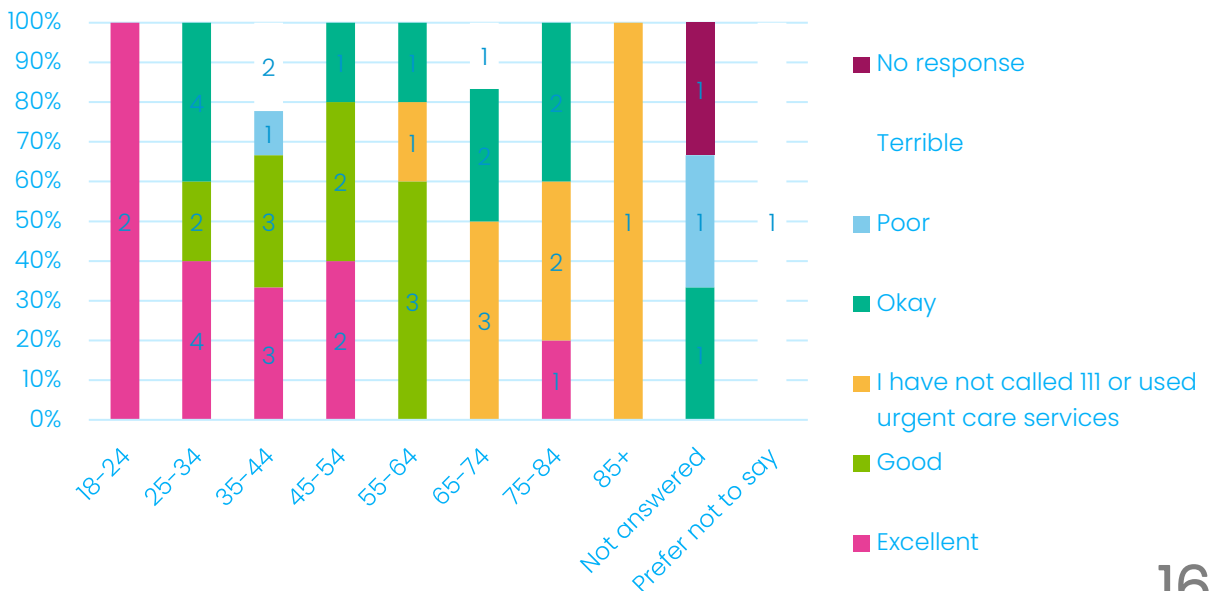
Residents were also asked about their experiences of 111 and urgent care treatment. When asked to rate their 111 experience, many of residents said that it was either Good or Excellent (47%, n. 22). Only 6 residents out of 47 (13%) reported the experience being Poor or Terrible.

Rating of Overall Experience of Calling 111 and Using Urgent Care



We cross-referenced residents' overall ratings with various demographic attributes. The chart below reflects the fact that although a small sample, younger residents were more positive and had used the 111 service more. Residents who had never used the 111 service were all over 55 years of age.

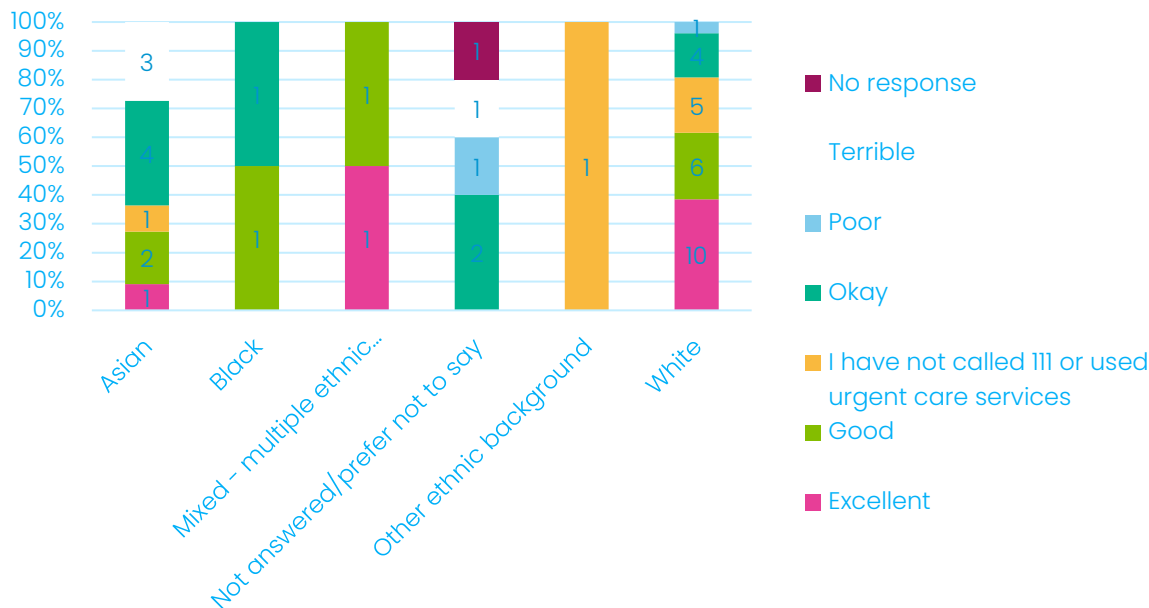
111 Rating by Age Group (%)



Overview of patient experiences of I11 and Urgent Care Treatment





When looking at overall ratings of the I11 service by ethnic background, a higher percentage of those reporting 'Terrible' or 'Poor' were more likely to be of an Asian ethnic background, Other ethnic background or had not given their ethnic background.

I11 Rating by grouped ethnic background (%)







When asked to give more explanation of their rating (and following a prompt on potential topics), residents tended to describe their care in terms of the following areas: **Staff Attitudes, Quality of Treatment, Triage process and Waiting Times for Call Backs.**





Waiting Times

-  "I called someone came online after more than 3 hours just take information and said some one will call within one and half hour. Some one called after 9 hours to tell now GP is open contact them." **Male, Age 65-74, Asian Ethnic Background**
-  "Had to wait for over 2hrs for a call back." **Female, Age 75-84, White Ethnic Background**
-  "Did not have to wait very long." **Male, Age 75-84, White Ethnic Background**
-  "The service attitude of the staff is very good, the waiting time is not long, the quality is great, the communication is timely and convenient." **Male, Age 18-24, White Ethnic Background**

Triage Process

-  "The triage questions can be frustratingly lengthy." **Male, Age 75-84, White Ethnic Background**
-  "They ask too many irrelevant questions, perhaps those questions can be automated to be completed while holding on to connect to talk to someone." **Female, Age 35-44, Asian/Asian British Ethnic Background**
-  "You want to talk to someone who can give an immediate response. It is not always possible as the call handler has to refer to a senior health practitioner/Doctor." **Male, Age 65-74, Ethnic Background not disclosed**
-  "It's very repetitive – the same question asked over and over as you go from person to person, I started to doubt myself as the same questions kept being asked." **Female, Age 65-74, White Ethnic Background**

Treatment

-  "111 Did not listen to me or read my medical notes or the notes in red for medications I am allergic to and consequently gave me medication I was allergic to which then incurred phone calls and visit to GP when they were open. I would never use 111 again." **Demographic information not disclosed.**
-  "Staff provided clear instruction on treatment and I had a couple of follow up calls to ensure we were happy with progress throughout the afternoon." **Female, Age 55-64, White Ethnic Background**
-  "You want to talk to someone who can give an immediate response. It is not always possible as the call handler has to refer to a senior health practitioner/Doctor." **Male, Age 65-74, Ethnic Background not disclosed**
-  "Our experience has been excellent. Video calls, giving prescriptions, getting an ambulance when needed." **Female, Age 35-44, White Ethnic Background**

Additional considerations

Staff Attitudes

A core feature of positive residents' experiences of both emergency and urgent care was the kind, caring and professional staff who looked after them over the phone and in person. However, where these attributes were missing, residents had a negative experience. A couple of residents did feel belittled by crews and that impacted heavily on their whole experience.

Using technology

During the focus group at the sheltered housing scheme, a couple of elderly patients indicated that due to their difficulty hearing and speaking, they would be happy to use facetime calls and their ipads to help them communicate better. Increased awareness and training on digital options might suit certain groups.

Going the 'extra mile'

Residents spoke very fondly of their treatment when they felt that the services had gone above and beyond to help them. For one resident, it was the crew being able to reach her despite her living in 'Fort Knox' with several different entrances to pass. For another, it was the paramedic crew coming back to see her later on the ward, even after they had dropped her off and seen to other patients. On the Urgent Care side, a patient was highly appreciative of further call backs to check she was okay.

Limitations

This report is based on our discussions with residents and results from an online survey. We appreciate it does not necessarily represent the views of all the residents who have received emergency and urgent care treatment.



Contact Us

If you would like to discuss this report or our work, please get in touch



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