



London Ambulance Survey

February 2023

healthwatch
Enfield

“In my opinion you cannot improve the service, it's amazing.

We need more staff and better working conditions.”

Local Patient

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1. Introduction

In Autumn 2022 the London Ambulance Service NHS Trust (LAS) invited every local Healthwatch in London to provide input to shape a new organisational strategy for 2023-28.

As the official 'Consumer Champion' for users of Health and Care services, Healthwatch is ideally placed to engage with local people - service users, their families and carers on their experiences, views and thoughts, and to evaluate the information collected.

Healthwatch Enfield engaged with 91 local people during November 2022 - January 2023.

We wanted to find out:

- How can the LAS improve emergency care?
- How can the service work in a way that enhances inclusivity, and levels of support for local people?
- How does the service work collaboratively with others?
- How people view and experience NHS 111 and other support services.

Our findings, outlined in this report, will assist the LAS in shaping their vision and goals for the next five years including how they will improve urgent and emergency care and focus on areas such as health inequality.

2. Methodology

How did we conduct the engagement?

- We hosted a survey on our website, which was communicated widely within our stakeholder base.
- We conducted focus groups around the borough, with diverse audiences.

Both formats enabled participants to express their views freely, with text-option answers in the survey, and in-person discussion at the focus group sessions. We are therefore confident that all feedback obtained is impartial.

Healthwatch Enfield would like to thank all those who supported and participated in this project.

3. Executive Summary of Findings

During November 2022 - January 2023 we engaged with 91 local people in Enfield on their views and experiences of London Ambulance Service (LAS).

This section summarises key findings - see sections 4 - 5 for findings in full.

Key Findings

Around half of respondents (48%) have used the LAS within the last year, with reasons varying widely.

Survey Response - Patients would like:

- Quicker response times and supplementary support while waiting - especially for older and more vulnerable patients.
- Mobile, rapid response teams to make an interim visit and assessment.
- More effective handover to hospital staff, with ambulances and crews released sooner for standby or emergency calls.
- Better pay and conditions for staff, increased recruitment and retention levels.
- More effective primary and social care, so that fewer patients use emergency care services.
- Greater awareness of what constitutes emergency care, so that services are used appropriately.

Survey Response - NHS 111:

- Staff are commented to be helpful, understanding and reassuring.
- Some patients are critical of checklists and algorithms, citing too many - and sometimes 'irrelevant' questions. The qualifications and clinical expertise of call handlers is also questioned.
- Experiences of response times vary - we hear about prompt action, and also delays involving many call attempts over many hours.
- Those advised to visit A&E, or to speak with their GP express disappointment.

Focus Group Suggestions:

- While some people are complimentary of response times and the support received, a noticeably larger number comment on delays, with lack of availability in one case contributing towards a miscarriage. There is general acknowledgement that the system is 'overstretched' so some patients have a conciliatory view.
- Patients would like larger capacity and quicker response times, systems to identify the least-busy hospitals, greater awareness of what to say during a call, and training for staff on customer service and mental health.
- Urgent care could be enhanced by signposting to, and utilisation of local services, effectively publicising when to use 111 or 999, holding community events and feeding back on any service changes resulting from engagement, and greater understanding of language and cultural needs.

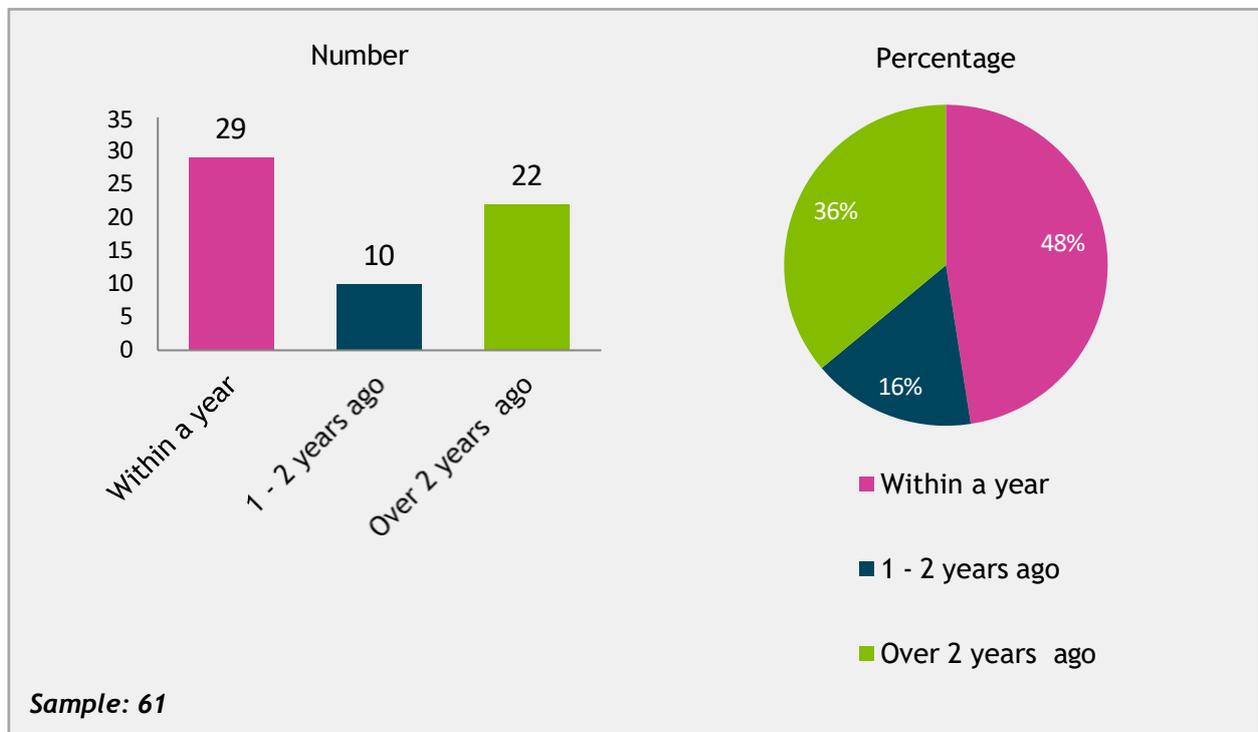
4. Our Survey - Analysis of Feedback

During November 2022 - January 2023 we engaged with 91 local people in Enfield on their views and experiences of London Ambulance Service (LAS) and wider urgent and emergency care.

We got views and suggestions on potential areas for improvement, and how the service can work in a way that enhances inclusivity, and levels of support for local people. We also acquired feedback on associated services such as NHS 111 and gauged awareness of partnerships within the health, care and community sector.

65 people completed our survey. Selected questions were free-text, enabling participants to freely detail their opinions and experiences.

4.1 When was the last time you used the London Ambulance Service (LAS)?



Around half of respondents (48%) have used the LAS within the last year, with reasons varying widely. Accidents (fractures, falls and knocks) are commonplace and experienced largely by older people. Hypertension, respiratory and maternal issues are also described, along with cardiac arrest and stroke.

4.2 How can the London Ambulance Service be improved?

We asked people how LAS services can be improved generally.

Themes are detected on response times, hospital handover, staffing, primary and social care, and information.

Suggestions for Improvement - Key Themes

Patients would like:

- Quicker response times and supplementary support while waiting - especially for older and more vulnerable patients.
- Mobile, rapid response teams to make an interim visit and assessment.
- More effective handover to hospital staff, with ambulances and crews released sooner for standby or emergency calls.
- Better pay and conditions for staff, increased recruitment and retention levels.
- More effective primary and social care, so that fewer patients use emergency care services.
- Greater awareness of what constitutes emergency care, so that services are used appropriately.

Selected comments are listed below:

Selected Feedback

Response times and support:

"It was an emergency and they came quickly."

"Reduce waiting times."

"Responding to a call as soon as possible."

"More mobile medics available to attend quicker and fill gaps before ambulance crews arrive. This would give more assurance to people that are in distress."

"More response cars to establish need - give initial treatment, and request an ambulance only if needed."

"Communicating with the clients constantly whilst they are waiting."

Discharge to hospital:

"Turning up on time and discharging people to hospital in a good manner."

"Some strategy needed whereby ambulance teams can hand over patients at hospitals more quickly so they can be back on stand-by or going to another emergency."

“Solve the delays at hospitals.”

Staffing and conditions:

“In my opinion you cannot improve the service, it's amazing. We just need more staff and better working conditions.”

“More people employed to help the service function effectively.”

“More staff and ambulances to cut down the wait.”

“Better pay and conditions, invest in staff, invest in recruitment and how to retain staff.”

“Paying them decent wages, getting the right people to join the service to vet the people they are employing to reduce racism etc.”

“Listen to the front line people.”

Primary and Social Care:

“Working more closely with primary care as well as emergency departments.”

“It would be better if people didn't waste their time and if GPs took more interest in their patients.”

“There needs to be a more cohesive approach starting at the GP surgery who seem not to be able to see you so direct you to Urgent Care or an A&E so increasing the wait for ambulances to leave hospitals.”

“More resources to meet need and better social care to speed up discharges from hospital.”

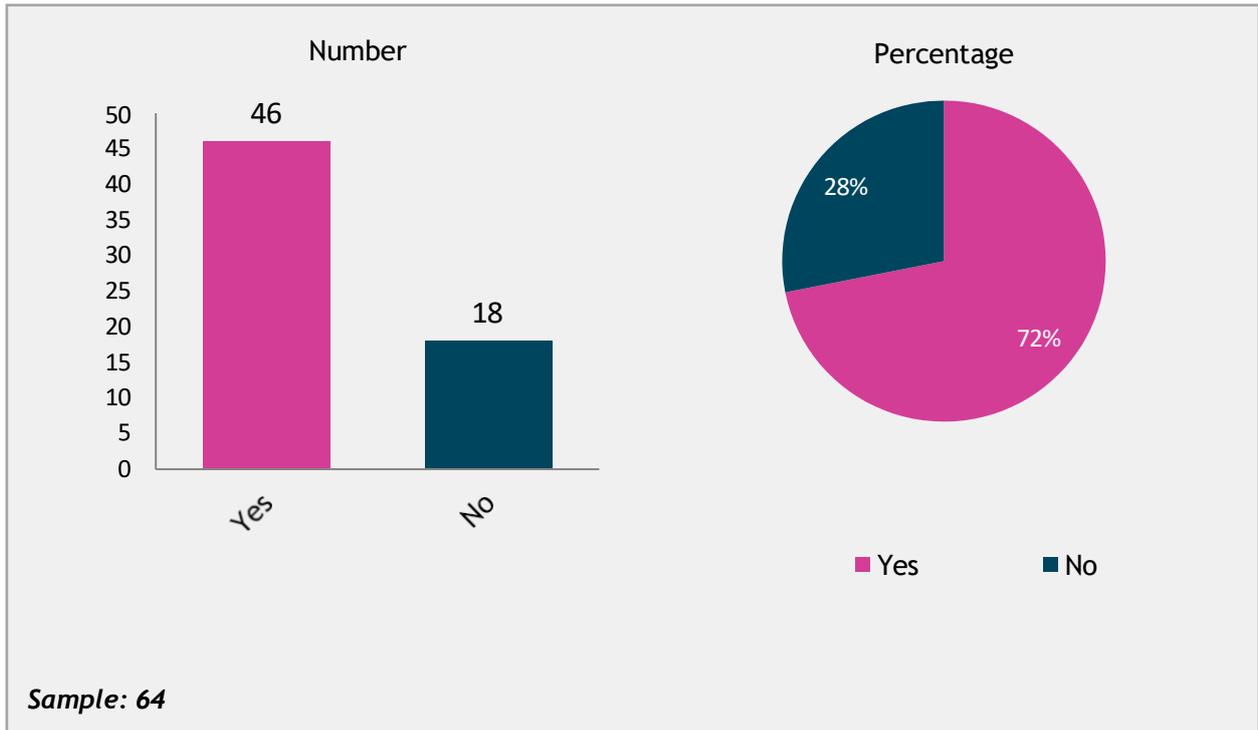
“Social care services are woefully inadequate and contributing to these problems.”

Awareness:

“People phoning unnecessarily.”

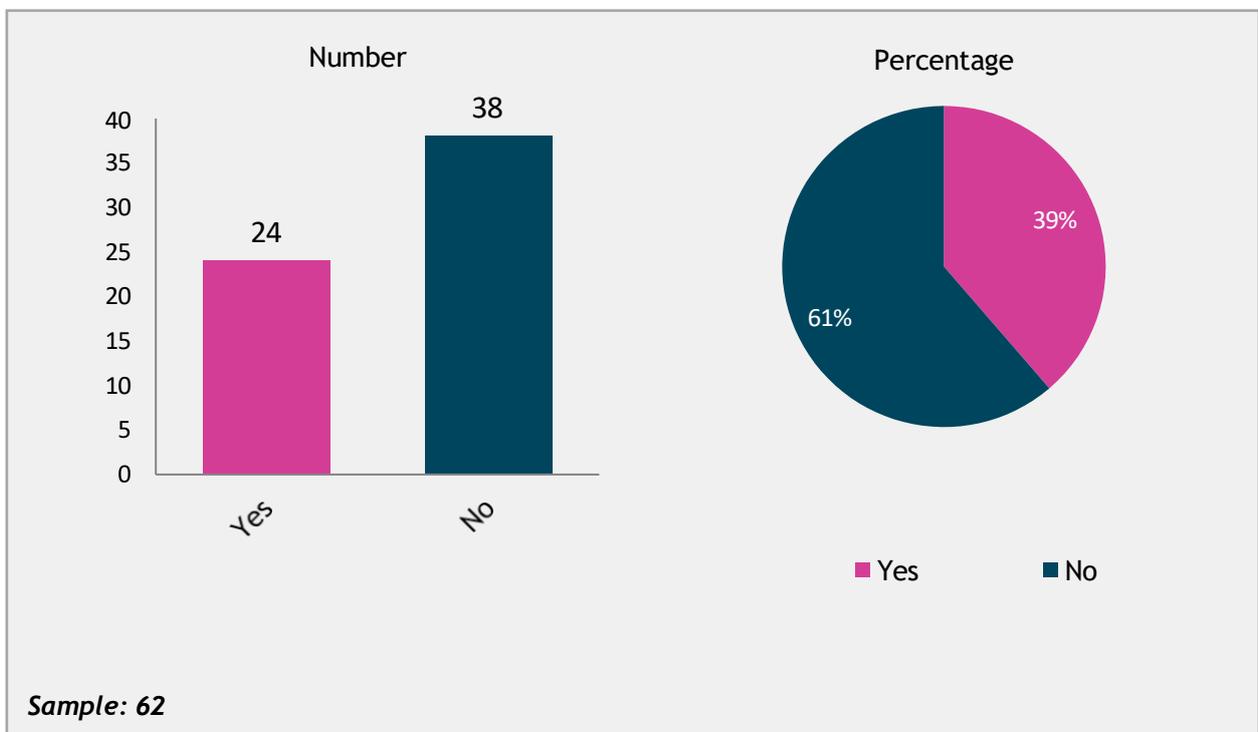
“Educate people as to what constitutes an emergency.”

4.3 Are you aware that the LAS works with other parts of the healthcare system?



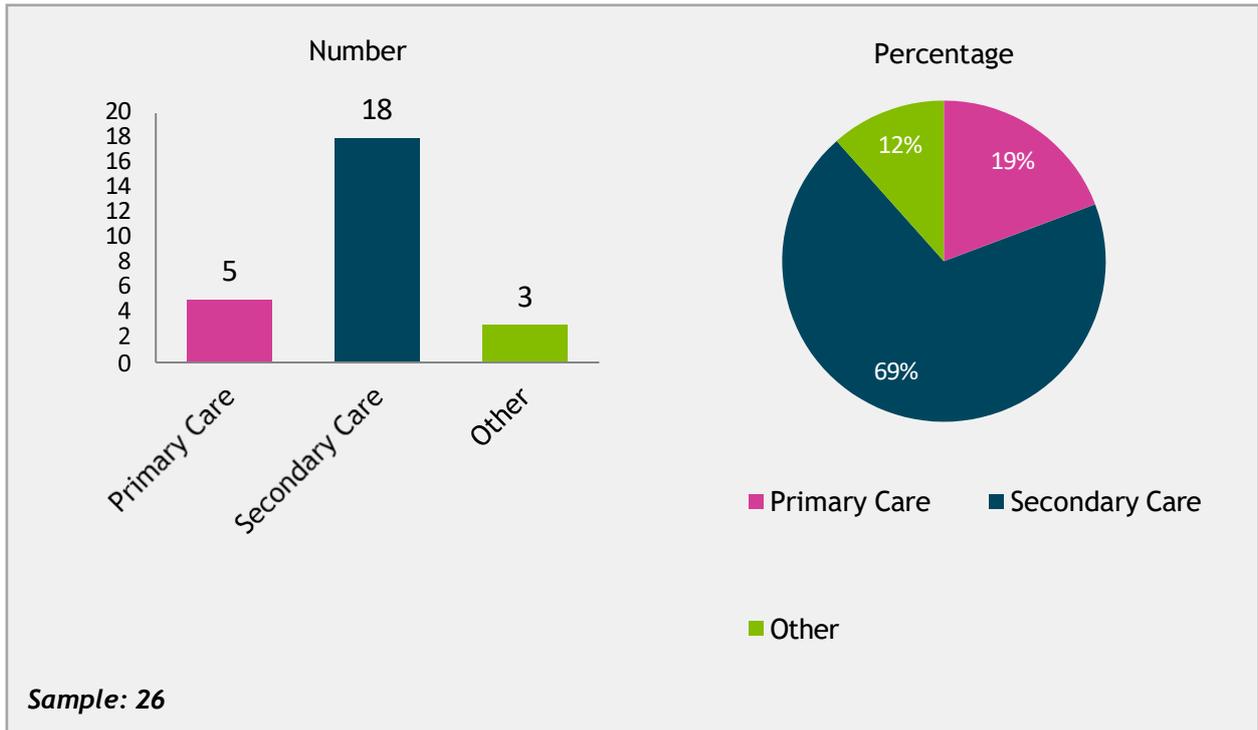
Around three quarters of respondents (72%) are aware that the LAS works with other parts of the healthcare system.

4.4 Did the LAS refer you to another service?



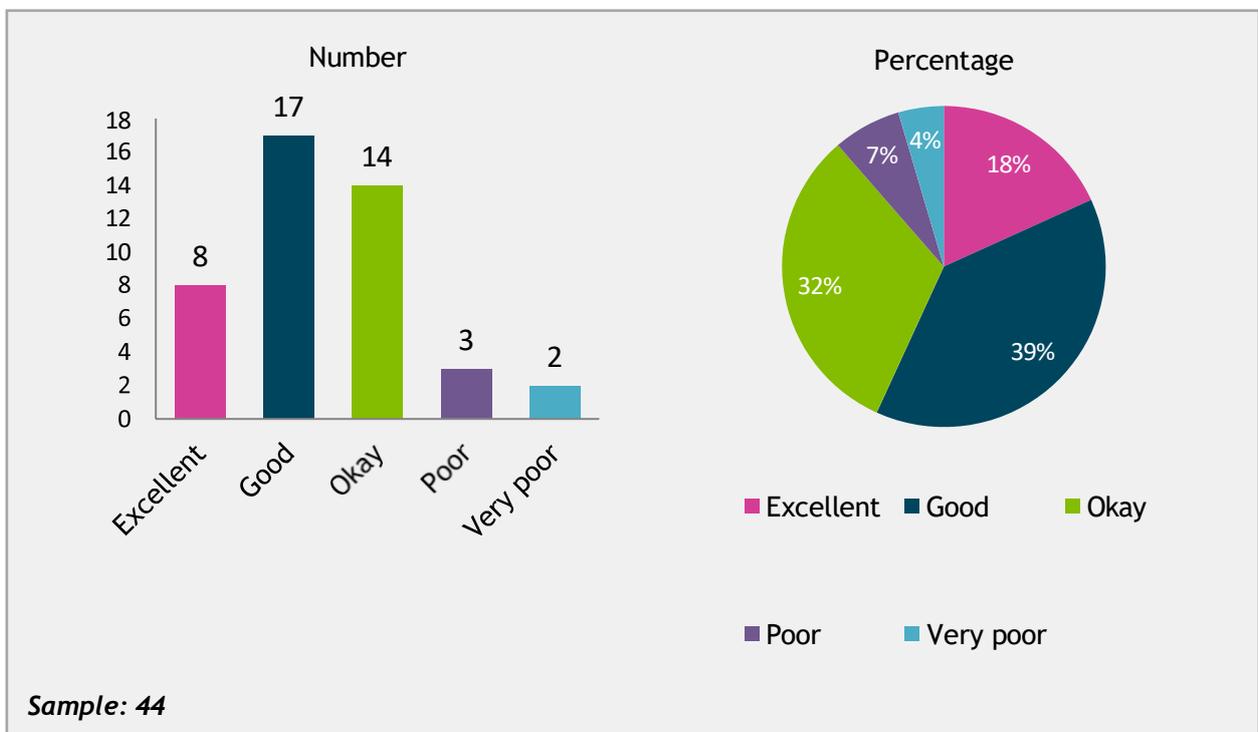
Over a third of respondents (39%) say the LAS referred them to another service.

4.5 If yes, please select which service you were referred to or seen by?



The majority (69%) were referred to secondary care services, such as hospital departments, hospices & community organisations. 19% were referred to primary care.

4.6 Please rate your experience with the health services you were referred to



The majority of those referred to other services (57%) have found them to be satisfactory, with a minority (11%) expressing dissatisfaction.

Patients have found staff to be polite and caring, with good levels of personal involvement and choice demonstrated. Treatment and care received is said to be prompt and effective.

Selected Feedback

Positives

“Dealt with in a nice manner.”

“A&E very busy but good care once eventually seen by medical staff.”

“Everybody was kind and polite, giving me the choice of how to manage my treatment.”

“They tried their best to treat you soon as possible.”

“Efficient effective care. Seen promptly and given appropriate treatment.”

“I needed to be admitted. I was given excellent treatment quite quickly, especially as it was during Covid.”

“The neighbour was checked at the hospital and discharged after dressing the wound but she was examined and underwent tests to ensure she was fit to leave.”

Waiting times at A&E are criticised, along with availability of GP appointments. We also hear that services have not always followed-up on actions, patients have not been able to take their relatives with them, and that errors in medical records cannot be reversed - with unintended consequences.

Selected Feedback

Negatives

“Different hospital staff have different ways of treating patients. Some are very nice and caring and some are just doing their job.”

“Excessive waiting time in A&E.”

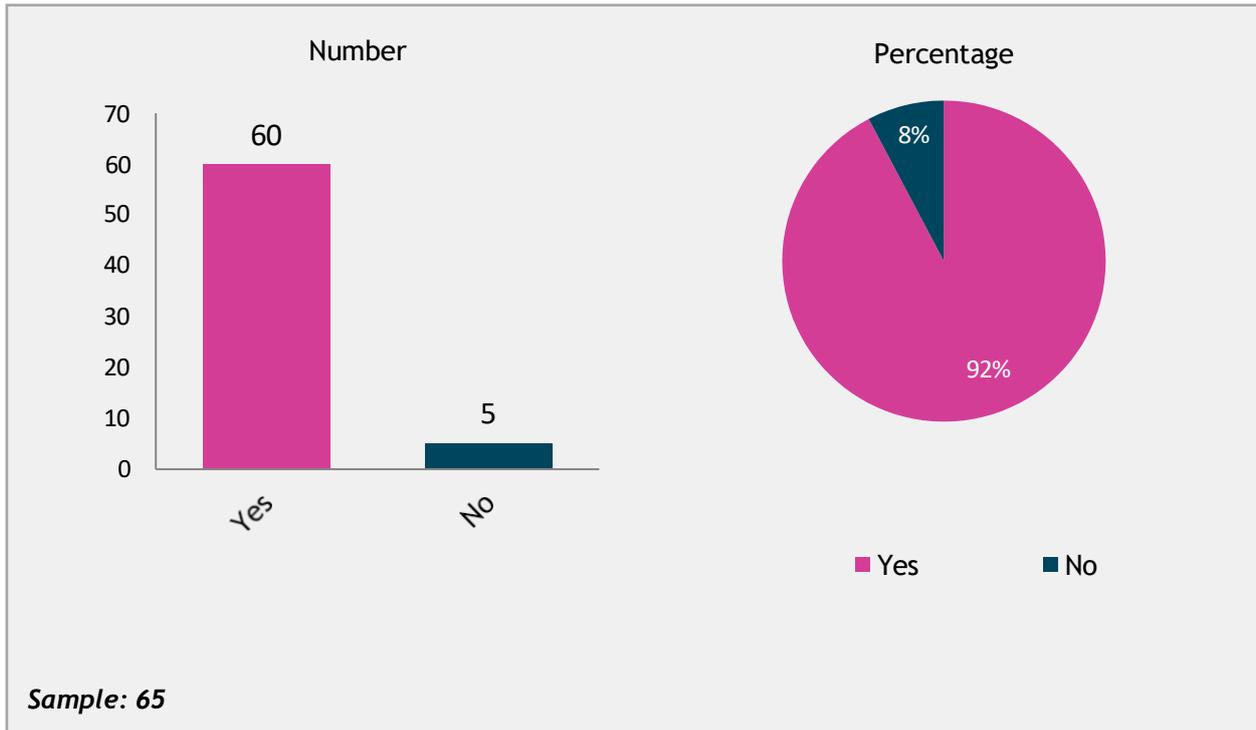
“Sometimes GPs don't give appointments on time.”

“Would help if they did what they said they would do.”

“Only downside was family unable to accompany, so lack of communication for relatives.”

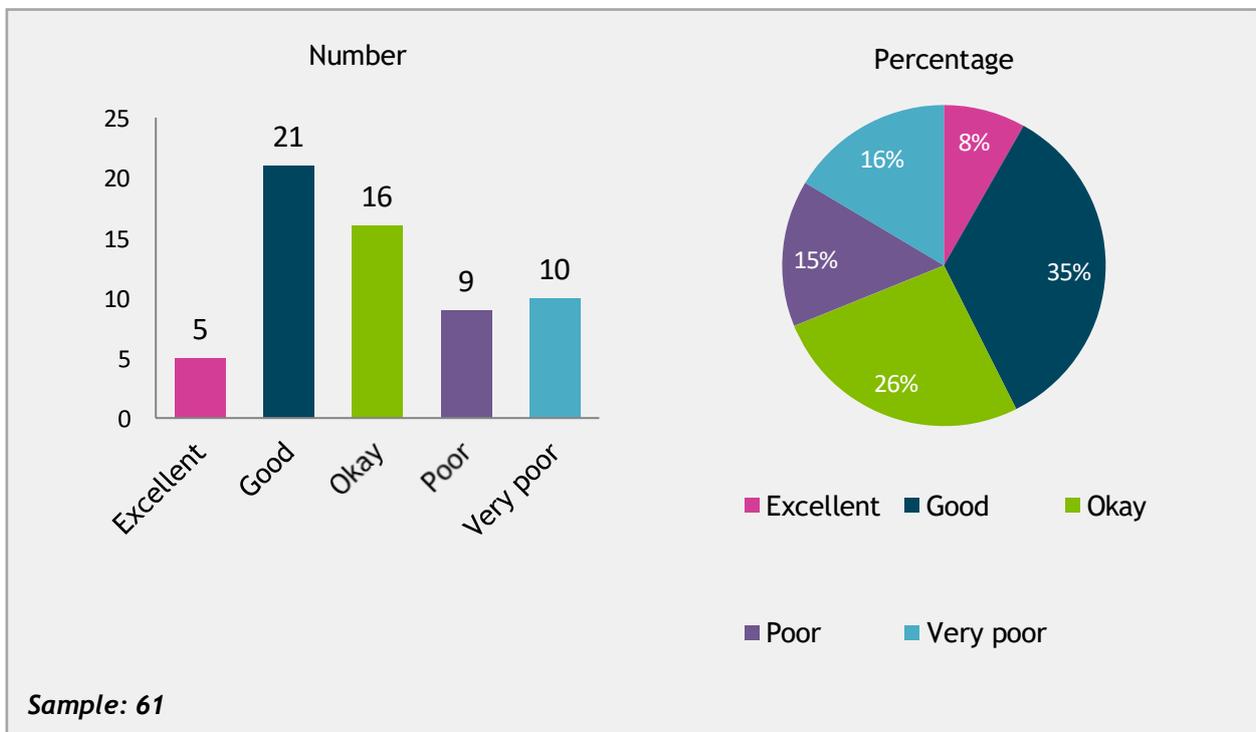
“Ticked by mistake, can't un-tick, never been referred.”

4.7 Have you or any one you know used NHS 111 before?



A clear majority of respondents (92%) have used NHS 111.

4.8 How would you rate your experience with NHS111?



43% rate the service as good, while 31% regard it as poor.

NHS 111 staff are commented to be knowledgeable, helpful and understanding, with competent and reassuring advice given, including on next steps and medication.

Selected Feedback

“Knowledgeable, helpful and understanding.”

“The 111 operator was wonderful and reassuring.”

“Clear and competent phone conversation.”

“I have been quite lucky and not been affected by any major delays. I feel I have always been given the correct advice and information when I have needed to call 111.”

“They assisted in pointing you in the right direction.”

“Listened to the problem and gave good, reassuring advice.”

“Answered questions and advised us of medication.”

“Nothing special you could get the same information from the internet.”

Some patients are critical of checklists and algorithms, citing too many - and sometimes ‘irrelevant’ questions. The qualifications and clinical expertise of call handlers is also questioned.

Selected Feedback

“Monotonous checklist with little flexibility.”

“Lots of questions to answer before getting any help.”

“Some irrelevant questions for the ailment.”

“The staff use an algorithm and do not have the clinical expertise to back this up.”

“Unqualified people going through a checklist.”

Those advised to visit A&E, or to speak with their GP express disappointment. One patient, who needed antibiotics feels that advice to use urgent care was not appropriate.

Selected Feedback

“Not too helpful, needed help there and then. I was told to phone my GP in the morning.”

“Not very helpful. They always ask you to go to your GP.”

“The advice always leads to going to A&E.”

“The staff are always polite and helpful but no matter the issue you are always told to go to an Urgent Care Centre or A&E and wait. I have never been offered an appointment or referred to a GP.”

“Very repetitive questioning, referred to urgent care when only antibiotics needed.”

Experiences of response times vary - we hear about prompt action, and also delays involving many call attempts over many hours. Some callers describe being in ‘serious pain’.

Selected Feedback

“They acted promptly.”

“Good response to call and support offered.”

“They were very busy.”

“It was excellent but now too many people are using it, it is not as effective as it was. You call and you are 57 in the queue, you lose the will to live!”

“Long time to get through. Over a 5 hour wait to speak with a suitably informed person, during which an incredible amount of pain was experienced. Always takes ages to go through routine/rote questions.”

Long pathways and duplication are reported, with patients having to speak with several staff members to reach a resolution.

Selected Feedback

“Long pathway with duplication often having to speak to several people before getting help.”

“Had to be put through to several different people to get the help needed which took several hours.”

In some cases, agreed action - such as a callback, or notifying A&E of a patient’s arrival has not been done.

One patient, in a mental health emergency says that systemic advice to call for the police, rather than an ambulance, resulted in care not being received.

Selected Feedback

“The process was fairly slow but they did get a doctor to phone back later in the night.”

“Also didn’t call back for a child for 6 hours - had to chase up twice (was initially told it would be an hour for a call back).”

“Unable to help. They tried to call an ambulance first but the wait was 5+ hours so we drove to the hospital. Said they would pass info on to the hospital for when we arrived but this was not done.”

“Needed an ambulance for a mental emergency but was told I needed the police. When the police arrived I was told to call for ambulance - which never came.”

4.9 The LAS values resident input and wellbeing. How do you think the LAS could be more inclusive or supportive in Enfield?

Closer working relationships with primary care services and voluntary/community organisations is seen as beneficial.

Selected Feedback

“It’s good engaging with the voluntary sector.”

“Work more closely with primary care and the voluntary community sector.”

“Understanding and listening to local services and working collaboratively with other community services.”

Attendance at community events could strengthen awareness of what the service does, and on appropriate use of urgent and emergency care. It is also felt that the service should receive more appreciation and recognition from the wider community - with positive publicity suggested.

Selected Feedback

“It would be more beneficial if we knew exactly what LAS could do and provide.”

“I’ve seen ambulances at local events, so they are making themselves known on the service they do here.”

“Presence at community events sounds great, assuming they have time.”

“It would be helpful for the service and residents alike if it were made very clear what the service is for, and the alternatives. This could be done at community events, and would help to raise awareness.”

“Don’t we all know how wonderful our LAS is? Shouldn’t we concentrate on rewarding them for the work they are doing? I do think that all parts of the community should be aware of what they do.”

A significant number of people feel that staff should be able to focus on their core roles, without distractions - community engagement and other initiatives should only be undertaken where capacity allows.

Selected Feedback

“We’ve had a few different crew members assist at my house due to medical emergencies, I can’t thank them enough for the time, and kindness. Nothing was too much trouble. They are pushed to their limits, their job is stressful enough without adding anything extra. Make the ambulance service robust before watering it down with other things!”

“Please just let them focus on their key tasks!”

“Just turn up and give urgent treatment and hospital transfer.”

“Just being able to carry out their primary roles with enough trained staff to do so efficiently”

The offer of first aid training is desired - at various venues including schools, colleges and churches.

Selected Feedback

“Offering training in basic first aid to a wider spectrum of residents.”

“Maybe providing regular first aid type training for parent groups, elderly, anyone who wants it, at schools.”

“First aid training at schools and colleges.”

5. Focus Groups

In addition to the survey we held 3 focus groups - at Clubhouse, ABC and 3rd Age, engaging with 26 local people in total. Attendance was diverse, covering a range of ages and ethnic backgrounds.

This section evaluates the combined response.

5.1 What is LAS getting right? Did you have 'problem-free' experiences?

While some people are complimentary of response times and the support received, a noticeably larger number comment on delays, with lack of availability in one case contributing towards a miscarriage. There is general acknowledgement that the system is 'overstretched' so some patients have a conciliatory view.

It is suggested that ambulance crews are not always courteous or accurate in their diagnosis and assessment of situations.

Selected Feedback

Positives:

- A good and timely service received for a mother with a baby.
- Called for dental issues while pregnant, and was booked for a timely appointment with a private dentist (next morning).

Negatives:

- Called for an ambulance during a seizure and a minicab came.
- A pregnant woman was advised to take a taxi to hospital, and subsequently miscarried. Very upsetting for the whole family.
- The ambulance took 2 hours, staff were not friendly and the diagnosis was incorrect.
- Had to wait over 2 hours for an ambulance to arrive recently. It was very stressful, the patient was treated at home and then things were followed up by the GP later.
- Staff said there was 'nothing physically wrong' with the patient and refused to take to hospital.

5.2 How can LAS improve emergency care?

Patients would like larger capacity and quicker response times, systems to identify the least-busy hospitals, greater awareness of what to say during a call, and training for staff on customer service and mental health.

Selected Feedback

Suggestions and Views:

- With a growing and changing population, capacity and funding is inadequate - we need more staff and equipment.
- There are often delays getting people to hospital - have a quicker response.
- LAS could be more aware of how long wait times are at hospitals and redirect to a hospital where care is more immediate.
- Also, what a caller says in an emergency can influence the response - should there be guidance on how to approach emergency calls?
- Better training on customer service skills - staff are not always courteous.
- Greater awareness of mental health issues and emergency needs.
- New LTNs (Low Traffic Neighbourhoods) are now in force all over the borough making it more difficult for ambulances to reach patients - especially at night. Before LTNs services would be provided between '10-15 minutes' of a call, now it has been seen to take '90-120 minutes'.
- Staff are overworked, however striking for better pay and conditions leads to poorer care in the interim.

5.3 How can LAS enhance urgent care?

Urgent care could be enhanced by signposting to, and utilisation of local services, effectively publicising when to use 111 or 999, holding community events and feeding back on any service changes resulting from engagement, and greater understanding of language and cultural needs.

Selected Feedback

Suggestions and Views:

- If people are being directed to alternative services, they should be local.
- Publicity, such as on appropriate use of 999 works, especially if covered by the news.
- Host community based listening, advice and guidance and training sessions.
- When the LAS does make changes, based on our feedback - we'd like to hear about it.
- Cultural barriers can affect the quality of the response. A holistic approach is needed, with greater involvement in different communities to better understand culture, tradition, religion and language.
- North Middlesex Hospital 'didn't have control' over King's ambulances, leading to delays in transfer. Could this be better coordinated?
- If someone has dental issues and is in 'immense pain', can they still call for an ambulance?

5.4 How should LAS work with other parts of the healthcare system to improve care?

There should be clear, and consistent advice on what to do in an emergency.

Selected Feedback

Suggestions and Views:

- We need to know when to call 999, or where to go in an emergency. Advice from different organisations should be consistent and concise - any confusion at a time of crisis can be 'frustrating and scary'. There needs to be joint-work on messaging.
- Signpost to local peer and support groups.

5.5 How can LAS do more to contribute to life (culture) in London?

Local people would like more use of translators, training and awareness for staff on cultural needs and differences, and talks and sessions in schools.

Selected Feedback

Suggestions and Views:

- More use of translators for people who don't primarily speak English or who only speak another language.
- LAS could do more to train staff and give them more experience in the different cultural settings of London.
- Training in schools and communities - teaching CPR (Cardiopulmonary Resuscitation) and first aid.
- Teaching in schools about symptoms to explain to doctors or 999 responders so diagnosis is correct.
- Informing the community on knowing when to call 111 or 999 - what to do if the emergency is not life-threatening?

6. Glossary of Terms

CPR	Cardiopulmonary Resuscitation
LAS	London Ambulance Service
LTN	Low Traffic Neighbourhood

7. Distribution and Comment

This report is available to the general public, and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

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“Needed an ambulance for a mental emergency but was told I needed the police.

When the police arrived I was told to call for an ambulance - which never came.”

Experience of NHS 111



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