

Service user experiences of London Ambulance Services in Barking and Dagenham.

January 2023

About us

Healthwatch Barking and Dagenham are an independent champion for people using local health and social care services. We listen to people's positive experience of services and act as a critical friend to services in areas which could be improved. We share local people's views with those with the power to make change happen. We also share these views with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make health and care better for people.

In summary - Local Healthwatch is here to:

- help people find out about local health and social care services.
- listen to what people think of services.
- help improve the quality of services by letting those running services and the government know what people want from care.
- encourage people running services to involve people in changes to care.

Everything that Healthwatch Barking & Dagenham does brings the voice and influence of local people to the development and delivery of local services, putting local people at the heart of decision-making processes.

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Summary

This report outlines the views and experiences of the residents who shared their views of accessing with us of accessing the London Ambulance Service.

The London Ambulance Service have asked us for advice on how they can improve the care that they provide for Londoners. Healthwatch Barking and Dagenham wants to know why people make decisions to access care, how the different parts of the health and care system (including the ambulances, 999, NHS 111, mental health providers, GP hospitals and clinics, pharmacies, and the voluntary sector) can ensure patients get the right care, in the right place at the right time.

This piece of work is being carried out by several Healthwatches across London.

Healthwatch Barking and Dagenham gathered the views of 99 residents through several engagement methods.

In summary themes that emerged from the feedback include:

- Most people accessed alternative urgent and emergency services before calling NHS 111 or 999.
- People who contacted NHS 111 or 999 were seen by a health professional about their condition before accessing health and care services.
- There seems to be confusion as to whether NHS 111 can book an appointment at an urgent care setting or if the time provided is purely an arrival time.
- There needs to be promotion on what LAS provide.
- Most people reported LAS staff to be friendly, caring, and professional.

Introduction

The London Ambulance Service (LAS) asked us for advice on how they can improve the care that they provide for Londoners to form part of their strategy. The service is the busiest emergency ambulance service in the UK and provides healthcare that is free to patients at the time they receive it.

This report outlines the views and experiences of residents living in Barking and Dagenham who shared their views of accessing London Ambulance Services in the last 12 months. Feedback from this report will inform the next LAS strategy for the year 2023-2028.

With the guidance from LAS the aim was to ascertain the following:

- **What is LAS getting right?**
- **How can LAS improve emergency care?**
 - By emergency care we mean a life-changing event, for example, major trauma, such as after a serious road traffic accident, a fall from the height, or a serious head injury, Emergency care is usually provided following a 999 call.
- **How can LAS enhance urgent care?**
 - Urgent care requires a clinical assessment but is not a life-threatening situation. Urgent care services include a phone consultation through the NHS 111. Patients may be booked in to see a doctor or referred to other healthcare providers, for example in dentistry, pharmacy, or mental health.
- **How should LAS work with other parts of the healthcare system to improve care?**
 - The patient journey can begin with LAS but may not end there. We need to understand where we can best work with other parts of the health and care to ensure patients to get the right care, in the right place at the right time. For example, working with mental health providers, GPs, or the voluntary sector.
- **How can LAS do more to contribute to life in London?**

The survey drew a total of 79 responses and 30 additional comments from residents who engaged with our team during engagement sessions undertaken across the borough.

Method

We believe that the people who use health and care are best placed to tell us their views. This enables us to have a true reflection of how a service is working from the service user's perspective, make recommendations on where improvements are needed and highlight what is working well.

To capture the views and experiences of as many respondents as possible we used a mixed methods approach. The following methodology was implemented:

- A survey was created - which focused on asking people about their emergency and urgent care journey, the services that they feel is going well, what could be improved and any general feedback that would help LAS to improve the services and share best practice. The survey looked at the patient journey if that accessed any services prior to calling 999 or NHS 111, to help determine any system wide challenges that may have impacted their decisions.
- The team undertook face-to-face engagement at the venues across the borough such as the libraries, children's centre as well as attended Queens Hospital. During our face-to-face engagement respondents either completed the survey, or shared quotes or discussed their stories of accessing NHS 111 or 999 with Healthwatch representatives.
- To spread the word as widely as possible, we promoted the project on the website, followed by advertising on our social media platforms such as on Facebook and Twitter.
- The survey was distributed to all those individuals and organisations currently on the Healthwatch mailing list.
- Other partners were also encouraged to distribute and share the survey via social media and face to face to encourage responses from local people.

To enable respondents to take part without the fear of their personal details being shared or having an impact on the services they receive, Healthwatch explained the following information when people completed surveys and took part in focus groups.

- Healthwatch Barking and Dagenham exists to enable local people to influence the delivery, design, quality and standard of local health and social care services.

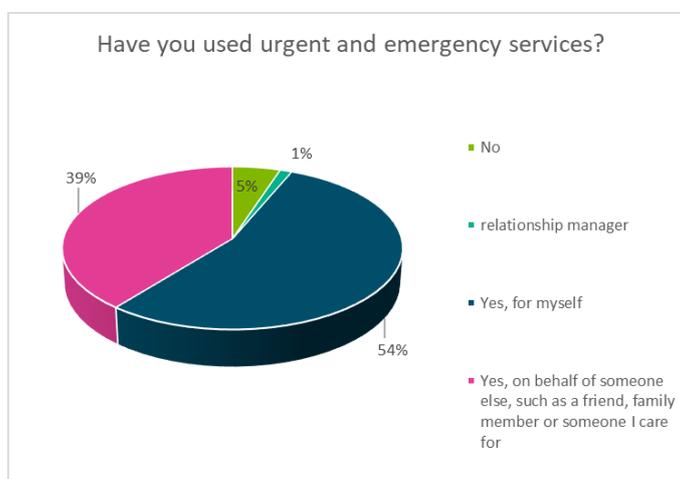
- Participant evidence, both quantitative and qualitative, is important and helps to ensure that the experience of service users are presented to relevant organisations involved in delivery.
- Participation in the research is voluntary, and does not affect access to services.
- All the information collected will be kept strictly confidential, copies of the report will be made available on our website or can be emailed on provision of a participant's email address

Findings

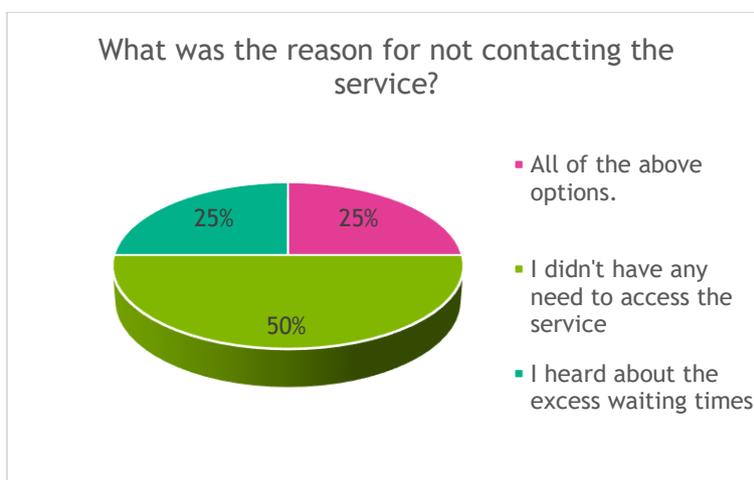
Our findings include evidence gathered using the following methods: pop up engagement events across the borough and surveys. In total, the project received feedback from 99 local users of LAS. 79 residents completed the survey, and 30 people shared their views and experiences by providing comments and engaging in a discussion with Healthwatch Representatives.

Who did you contact urgent and emergency services for?

Our findings show that 54% of respondents contacted LAS for themselves, whereas 39% contacted on behalf of someone else. 5% have not contacted any of these services but shared their opinion.



Respondents, who have not accessed the service, were asked if there was specific reason behind their response, 50% replied they did not need the service, 25% said that hearing about the excess waiting times had stopped them from accessing the service, and the rest of respondents (25%) expressed that they did not need the service and if they did need the service they would be reluctant due to hearing about excessive waiting times for ambulances but also in the hospitals too.



Our findings indicate that some respondents are not accessing services when needed and this could have an adverse impact on their health. There is a need to continue to promote LAS services to the public during a time when services are high in demand to ensure people continue receive care and treatment that they need.

Findings from those accessing 999 service.

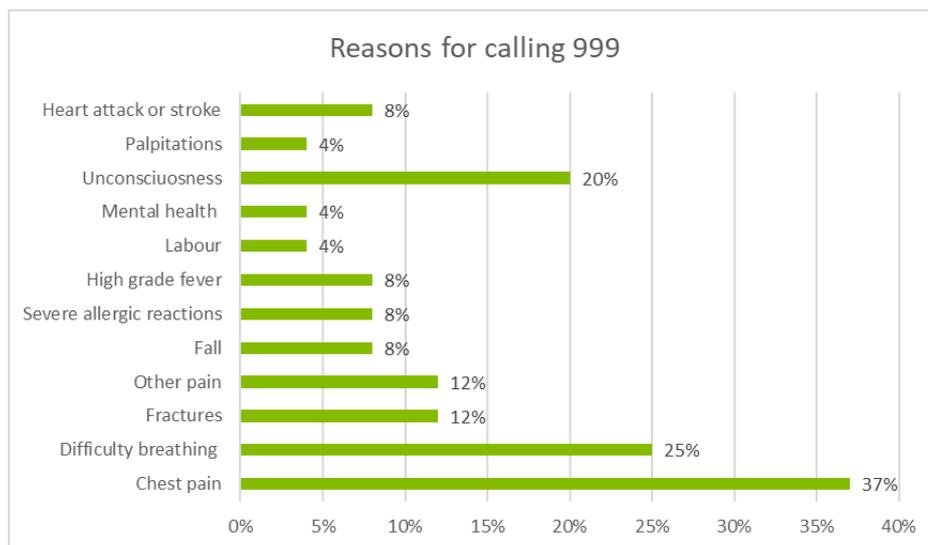
From our survey results and those who shared their experiences with us 47% reported accessing 999.

Main reasons for calling 999.

There were various reasons why respondents called 999, (37%) said they were experiencing chest pain ,25% called as they were having difficulty breathing and 20% called 999 due to someone being unconscious. Our findings indicate that in 62% of cases those accessing 999 services were facing an emergency, however we are not clinical specialists and are making this statement based on the information shared with us. Furthermore as we mapped out the journey of those individuals who experienced chest pains and breathing difficulties, 95% of those were transported to hospital by ambulance.

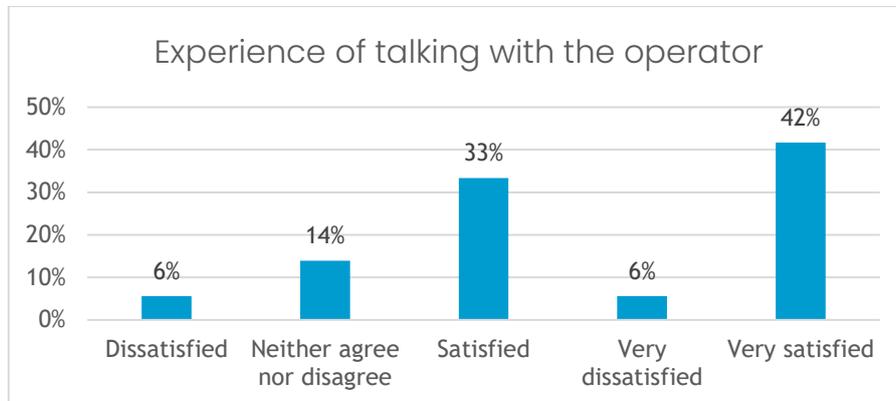
Our findings also highlights the fact that there is a percentage of individuals who could have been treated in urgent settings across the patch for example by calling NHS or being treated at a Urgent Treatment Centre and did not need to call 999.

Furthermore looking into the feedback gathered from respondents calling 999, 40% of those individuals expressed that their emergency was life threatening, however when we look at the outcome of their call later in the report it seems that this is not the case.



Experience of 999 call

Feedback received from respondents regarding their experience talking with the operator was reported to be positive. Overall, 75% of respondents were either satisfied or very satisfied with their experience of talking with the 999 operators.

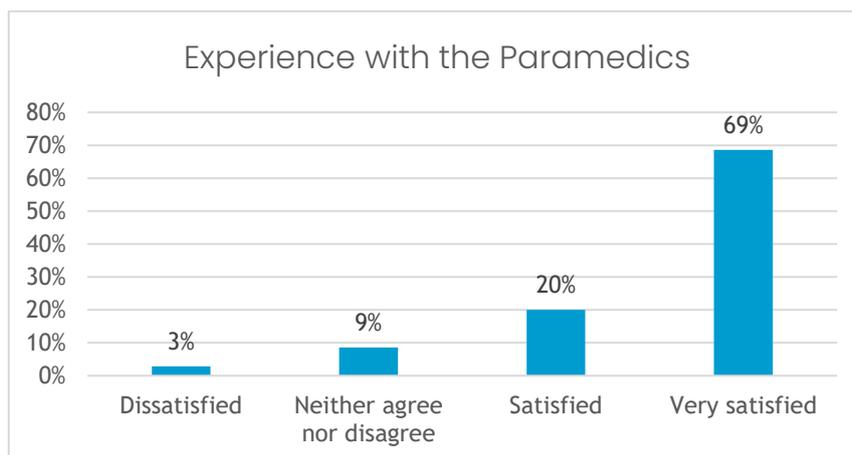


Dispatch time

While 86% of the respondents indicated that they were happy with how long the ambulance took to arrive, others felt they waited too long.

Experiences with paramedics

Respondents were asked if they were satisfied with the experience they encountered with the paramedics, 89% reported, they were either 'very satisfied' or "satisfied", 9% reported being neither satisfied or dissatisfied and 3% said they indicating they were 'dissatisfied'.



Comments shared by respondents indicate that paramedics made individuals feel comfortable and were professional.

Two respondents felt that although paramedics arrived in a timely manner, they were unable to provide the care needed for their loved ones despite knowing the individual would need further treatment (please see case study under "outcome of using 999")

Outcome of using 999

Respondents were asked about their call to 999, 89% expressed that they received an emergency response and were taken to the hospital, 9% were given advice on how to care for themselves or the individual they accessed the service for and 6% were asked to see their health professional.

Case study- Accessing 999 for my daughter with a disability.

Anita is a mother of a 16-year-old called Bharti. Bharti had developed a cough which got bad within three days, she also had a temperature and was unable to move out of her bed with support. That morning Anita called 999 after Bharti woke up and was finding it difficult to catch her breath.

Bharti has a physical disability. Anita was extremely worried about her daughter. So, she called 999. The operator was pleasant and asked several questions, and then dispatched an ambulance. Anita was told that the ambulance may take a while as it's extremely busy, but to call back if her daughter's condition gets worse.

The paramedic was very friendly when he arrived, he asked Anita a few questions and undertook some checks on Bharti. Anita was told her daughter has a chest infection. Unfortunately, the LAS crew member could not prescribe anything and advised the mother to contact her own GP practice or take her daughter to the local walk-in centre in Barking.

Anita then called her GP practice who was not helpful, Anita explained the whole situation to the receptionist, who replied "all our urgent appointments are taken, I will speak to the doctor, if no one calls you back by 1pm then please call back at 2pm when our afternoon appointments will be available. So, Anita waited as it was not long until 1. Nobody called back. Anita then called practice after being in a long queue she was told there were no appointments. Once again, she explained the situation to the same receptionist and that she called and spoken to her before, the receptionist said I will speak to the doctor, if they can fit you in, they will call you back, the mother asked by when? What if no one calls back my daughter will be without antibiotics, and she is unwell and vulnerable" the receptionist could not offer any further support.

Anita was so worried as she knew her daughter needed the antibiotics, so she called NHS 111, she described the situation to the call handler. Anita described the lady she spoke to as "really caring, offering help, and understanding her situation. Anita was provided with a telephone consultation with her GP practice for her daughter. She was so grateful and felt that NHS 111 was much more helpful than the local practice.

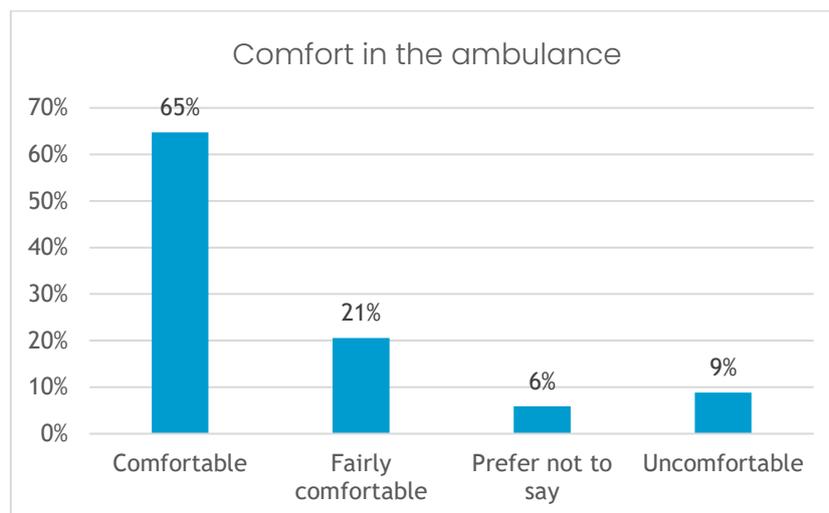
Whilst interviewing the respondent we asked what could have improved her experience and what she thought could be done to improve LAS services. She felt that if an individual calls 999 and there is a health issue that needs attention, but they don't need to be taken to hospital the following should be done.:

“The LAS service should consider how to best support people with disabilities and not leave it up to the patient or carer to follow up and try and get hold of medication when they are already in a difficult situation.”

“Enabling LAS ambulance staff/paramedic to either make an appointment with another service for the patient or prescribe necessary medication”?

Comfort of ambulance journey

The findings highlight that over 65% of respondents described their journey in the ambulance as comfortable and 21% stating it was fairly comfortable.



Respondents told Healthwatch representatives that ambulance staff made sure they prioritised their health and safety and were pleasant throughout their journey.

It was evident that those who were taken to hospital by ambulance were appreciative of the service. Words such as “working hard” “professional” “understanding” were used to describe paramedics. Furthermore 5% of respondents highlighted that the demand on the service was noticed on staff as they looked tired.

We must also consider 9% of respondents were uncomfortable during their journey. For most of those respondents the journey was uncomfortable as they were feeling unwell rather than anything related to how staff, treated them, with the exception of two people

who expressed that staff were on the ambulance made them feel uncomfortable. Both their cases and feedback have been shared below.

Comments from respondents

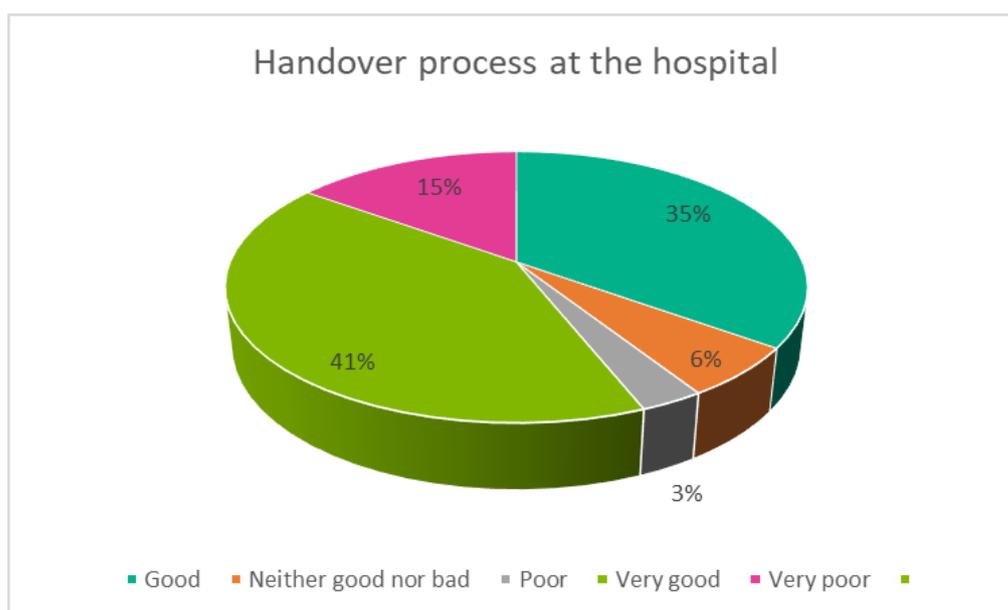
"I was very unwell and the staff member was not understanding, he looked like he didn't want to be there which made me feel like I should not be in the ambulance but I was very unwell and I have no family who live nearby"

One respondent felt that "the journey was uncomfortable because the roads had humps, well that's what it felt like, I suppose the driver could have drove a bit slower, but I don't think that would have made a difference"

Handover process at the hospital

We asked respondents about the handover process when they arrived at the hospital. 76% identified the handover process as either very good or good with majority of the respondents quoting that their handover process was *"very professional", "Smooth" and "quick"*.

We must note that 21% of respondents stated the process was either poor or very poor and used words such as *'unpleasant' and 'stressful'* to describe their experience. In discussions with respondents it was clear that they were unhappy with the time it took for the handover process rather than how the staff were treating them at both the hospital and by ambulance staff.



Comments from respondents

“Arrived in hospital and spent 8 hours in the A&E corridor before the treatment.”

“It was a smooth process and made sure I was okay all the time, I was really surprised by their service.”

“The ambulance never came on time, and I had to find other way for commute which was stressful.”

Services accessed before calling 999.

The questions below focus on the patients journey before accessing 999. We asked about the patient journey to understand if people are accessing services in the right way, right time and the reasons behind accessing services.

Respondents were asked whether they accessed any other services for their health issue before calling 999, 58% said yes and 42%% said no.

From the feedback received, the following themes emerged:

- From the 22 people who accessed other services prior to calling 999 for their health condition, 45% of those were seen by a health professional face to face.
- From those who accessed other services prior to calling 999, 13 had accessed more than one service for their health condition within a week’s timeframe.

Seen by a professional at a health setting but followed up with a 999 call.

Respondents who were seen by a health professional but felt they needed to call 999, were asked to specify their reasons, so we could better understand their journey. 40% said they had to call 999 because their condition got worse, 33% felt that their concerns were not heard at the initial appointment, 7% said they had to contact NHS 111 for further advice, 7% wanted a second opinion.

Three respondents who were seen a nurse rather than a GP, indicated that they should have been seen by a doctor. From some of the discussions with respondents indicated that some individuals do not have the same trust in other health professionals as they do with a GP or a doctor at the hospital.

Commentary from respondents confirms the need to educate the public on how different professionals can support and provide care for them and are educated and trained in aspects of care needed to provide such a role.

Comments from respondents

"I felt that there wasn't enough time to explain my problem and I was given painkillers".

Findings from respondents who accessed NHS 111

Most of the respondents (83%) in Barking and Dagenham reported that they had accessed other services prior to contacting NHS 111, whereas 17% did not access other services. It is important to note that majority of respondents accessed more than one service prior to contacting NHS 111. Majority of respondents (76%) stated that they had been in touch with their GP practice, 65% went to Accident and Emergency. Almost half (47%) have expressed they have called 999.

Interestingly, the overall findings show majority of respondents made the choice to call NHS 111 after either accessing another service, or been seen at another service. This lead to some frustration for individuals who waited for long periods of time waiting to be seen at various settings.

Service	Percentage
Walk in Centre	56%
Urgent Care Centre	56%
Mental health service	21%
GP practice	76%
GP Hub	59%
999	47%

Respondents were asked to specify an outcome following contact with other services. This was to better understand the patient journey.

999

- Out of those who contacted 999, 65% were directed to contact NHS 111, 29% were referred on to another service, and 6% were advised and given instruction on how to perform CPR (cardiopulmonary resuscitation).
- The percentage of people who were directed to NHS 111 or put through to 111, clearly shows that need to educate the local population when they should access NHS 111 or 999.

Accident and Emergency

- Out of those who attended Accident and Emergency department, 32% were sent to a nearby Urgent Treatment Centre, 41% was advised to contact NHS 111, 23% were sent home and advised to get a referral from their GP, and 5% were treated at the health setting.

WIC and Urgent Care Services

- Out of those who have attended a Walk-in service, 43% were seen at that health setting, 39% were advised to ring NHS 111, 10% were advised to call 999, 5% were signposted to their GP, and 5% left to go home after waiting 6 hours.
- Out of those who have accessed Urgent Care Service, 44% were seen by a health professional at the setting, 44% were advised to contact NHS 111, 6% expressed they had to wait 8 hours to be seen, and 6% felt very positive about the service.

GP HUB

- Out of those who had to access GP Hub, 42% were told to contact NHS 111, 37% were told there were no appointments available and advised to call next day, 11% were advised to ring 999, 5% received support at the setting, and 5% felt they were advised over the telephone but were unhappy with the service *"My GP doesn't help us, they always tell us to take more fluid. I had to call NHS 111 before. Nearly lost my daughter because of that."*

Mental Health Services

- Out of those who have accessed Mental Health services, 43% were advised to contact their GP, 29% were advised to ring 999, 14% were told to book an appointment through NHS e-referral services, and 14% received ongoing care.

Dental Services

- Out of those who have accessed Dental services, 55% were advised to call the an alternative dental practice , 18% were advised to go to A&E, 9% were advised to contact NHS 111, and 9% received ongoing care.

Evidence we have from our free information and signposting service shows that residents are struggling to access dental services both for urgent and routine appointments. When they call dental practices, they are informed that they cannot be seen. Residents are informed to contact NHS 111 to access urgent dental services. Therefore the challenges faced by residents echo what we are hearing on a everyday basis.

Comments from those who tried to access dental care prior to calling NHS 111

"I tried five different dentists, but they all said they could not see me, my pain started a few weeks ago, so I kept trying to get a non-emergency appointment".

Pharmacy services

- Out of those who have accessed pharmacy services, 50% were told to contact their GP, 13% were referred to use the New Medicine Service (NMS), 13% were advised to go to A&E, 6% received ongoing pharmacist care, 6% got their repeat prescription, 6% were advised to go to a walk in centre, and 6% received advice on over the counter medication which they then purchased.
- Respondents who contacted their pharmacy for advice and support were asked to contact their GP mostly in cases where the pharmacist was unable to provide medication due to clinical need. For example if the patient needed a referral to another service which could only be done through their own GP.

GP practice

- Out of those who have accessed their GP practice, 38% were given an appointment and saw a health professional, 35% were told there were no appointments and asked to call the next day, 19% were advised to contact NHS 111. In the cases where residents needed an urgent appointment it would have been beneficial for staff at the practices to signpost them to NHS 111, this would result in some individuals calling NHS 111 before attending other services such as A&E when they could be treated closer to home. Not one person mentioned that they were advised to contact the local GP Hub service.
- Our findings indicate that 38% of respondents were provided with an appointment, however 8% of those patients indicated that they wanted to be seen by the GP face to face and therefore decided to contact NHS 111 following on from their telephone consultation. When we investigated their reasons behind this, three below:
 - Those who were accessing their practice as they thought they had an infection such as ear, throat, or chest infection, felt that the GP could not diagnose them adequately over the phone and wanted someone to look at their infected area to diagnosis clearly if they had an infection or not.
 - There were 35% who were told that there were no more appointments and to call back the next day. 95% of those respondents indicated wanting to see their own GP however as they were unable to, they called NHS 111. This shows that there is some awareness of what NHS 111 can be accessed for.

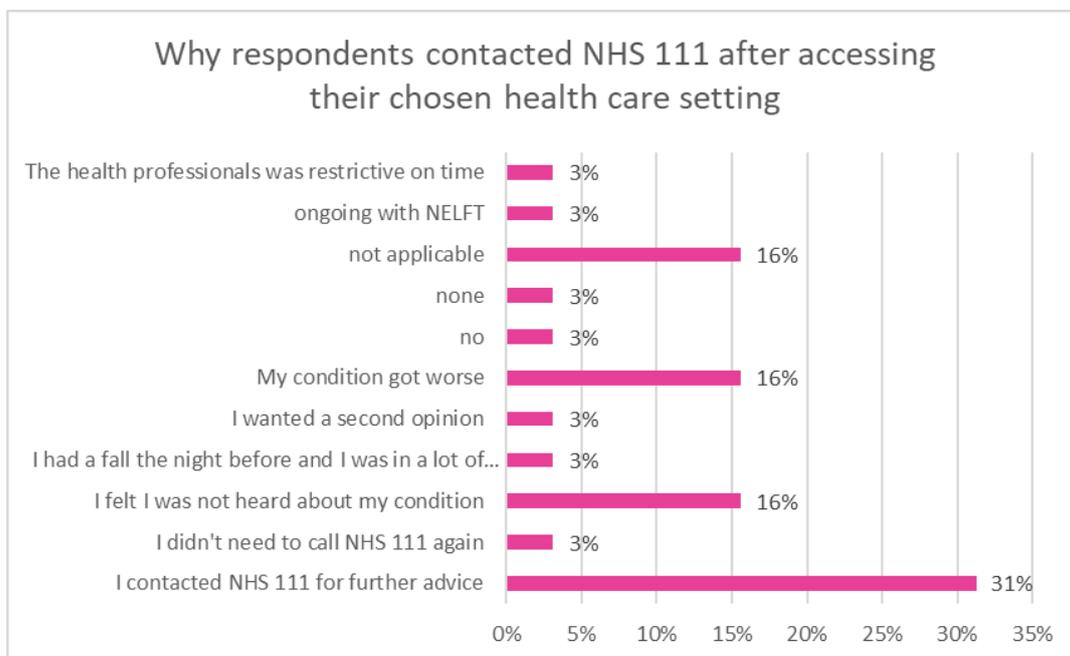
“My daughter was very unwell as 999 would not send the ambulance, I had to contact NHS 111 to get further help to provide my daughter with best care”.

“I burned myself and needed support and advice from NHS 111”.

“I contacted NHS 111 because my daughter had difficulty breathing”.

Contacting NHS 111 after accessing another service

Respondents were asked to specify why they felt they needed to call NHS 111 after they have accessed their chosen service. Majority (31%) contacted NHS 111 to get further advice, 16% felt their condition got worse, and 16% expressed they did not feel listened to the first-time round.



Experience of accessing and using the NHS 111 service.

Reasons for contacting NHS 111

Healthwatch Barking and Dagenham asked respondents what led them to contact NHS 111.

- 26% contacted NHS 111 to get the right advice and treatment for their physical well-being.

- 18% of the respondents expressed contacting NHS 111 due to feeling unwell and to make necessary arrangements to visit for an evening or weekends (out-of-hours) service.
- 15% called either to seek advice from NHS 111 and at the same time found the advice helpful or found NHS 111 as reliable due to its availability for 24 hours a day, 7 days a week.

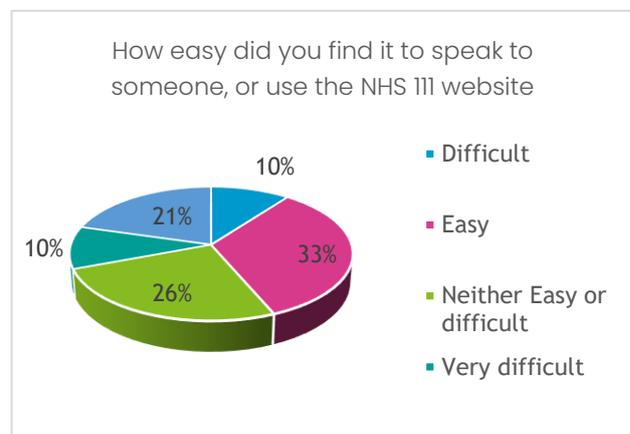
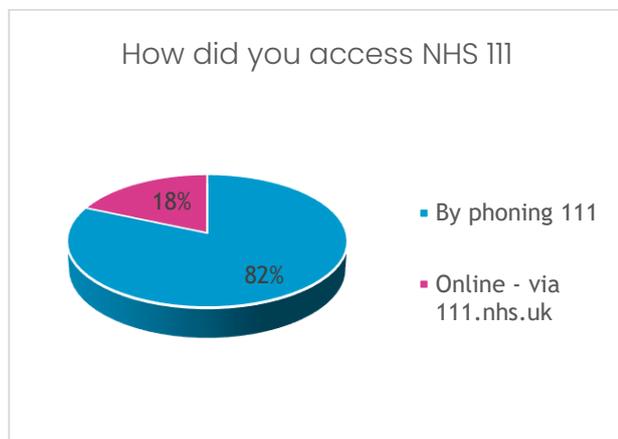
However, when discussing with the residents, it has also been stated that, due to 999 not being appropriate on time and advice, the respondents had to seek the advice from NHS 111 for the next steps necessary to provide the best care to their loved ones.

“My daughter was very unwell as 999 would not send the ambulance, I had to contact NHS 111 to get further help to provide my daughter with best care”.

“I had burned myself and needed support and advice from NHS 111”.

“I had contacted NHS 111 because my daughter had difficulty breathing”.

How respondents contacted NHS 111



82% of respondents reported accessing NHS 111 by phone and 18% accessed NHS 111 online. Out of the 18% who accessed NSH 111 online, 20% of those respondents highlighted that they found it ‘Difficult’ to use the NHS website, whereas 33% said they found it ‘Easy’ to speak to someone as well as use the NHS 111 website.

Another significant issue highlighted from the respondents was the difficulty to communicate with the operator or use the NHS 111 website.

Comments from respondents

“It took over 1 and a half hour to get through. The NHS phoned back after 7 hours”.

“Long wait times for call back”.

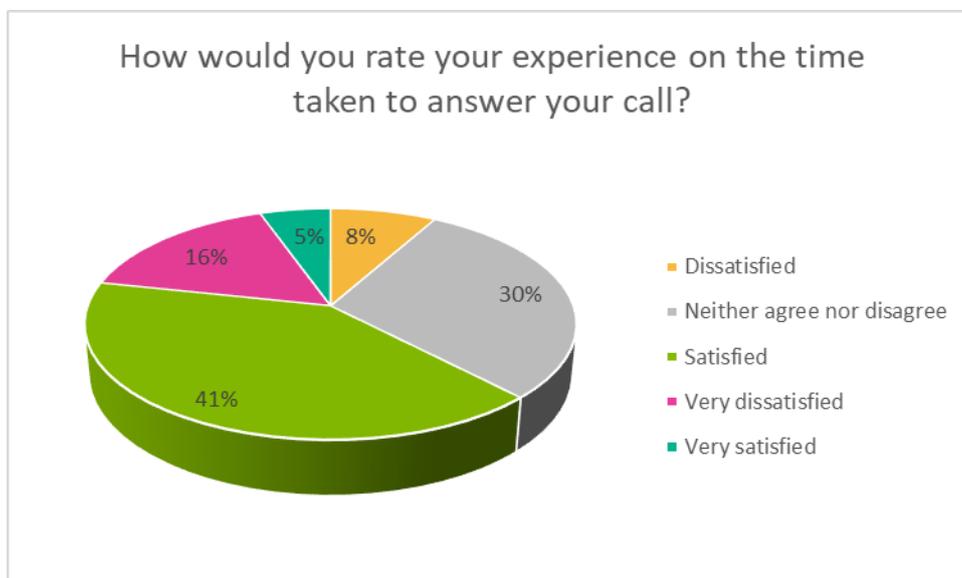
“I had a hard time accessing the NHS 111 via the website as I am not so good with accessing the Internet”.

“They kept calling my line to ask whether my symptoms had gotten worse. A GP finally called me late in the evening but never actually offered any considerable help. He was based in a borough far away from mine but told me he would get another local GP to give me a call as soon as possible. However, the phone call never happened”.

How long it took for an operator to answer NHS 111 calls.

Based on the feedback received 38% of respondents said it took more than 3 minutes to answer the call. 32% said it took between 2 or 3 minutes, and 14% said between 1 and 2 minutes. Whereas the rest 6% mentioned it took between 30 minutes to 1 hour.

46% of respondents were satisfied with the amount of time it took for operators to answer their call. However, for those who waited longer than 30 minutes showed frustration whilst in discussion with Healthwatch representatives – 24% expressed they were either dissatisfied or very dissatisfied. 30% of respondents did not have an opinion on this.



Comment from the respondents

“Very professional when I got through and said the doctor would phone back as soon as possible”.

“The women on the call were very understanding. She wasn’t rushing the call”.

“Quick and helpful”.

“Not very helpful, lack of empathy. They need to be more friendly and ask further questions”.

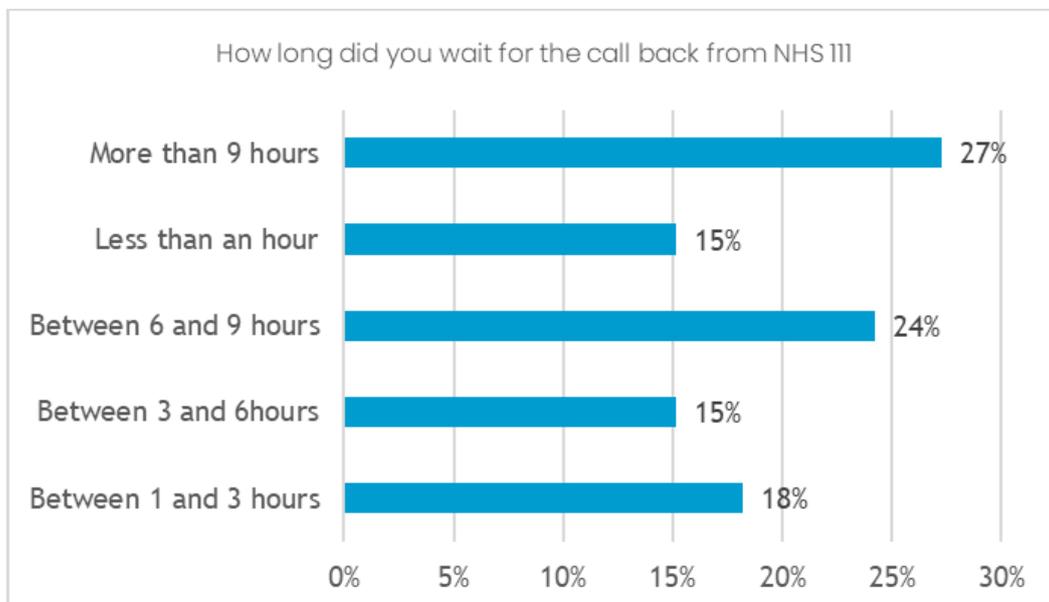
“They guy who answered my call asked me a lot of questions, only to tell me that he didn’t have any services available for me. Needless to say, for using NHS 111 for the first time, I was very disappointed”.

“The staff was rude and rushed the call- lack of care”.

“Long times waiting for call back from professionals. One time, after being transferred to local call centre, I received a message saying that the service wasn’t available, and the call got disconnected- had to go through the whole process again to connect”.

Call back from NHS 111

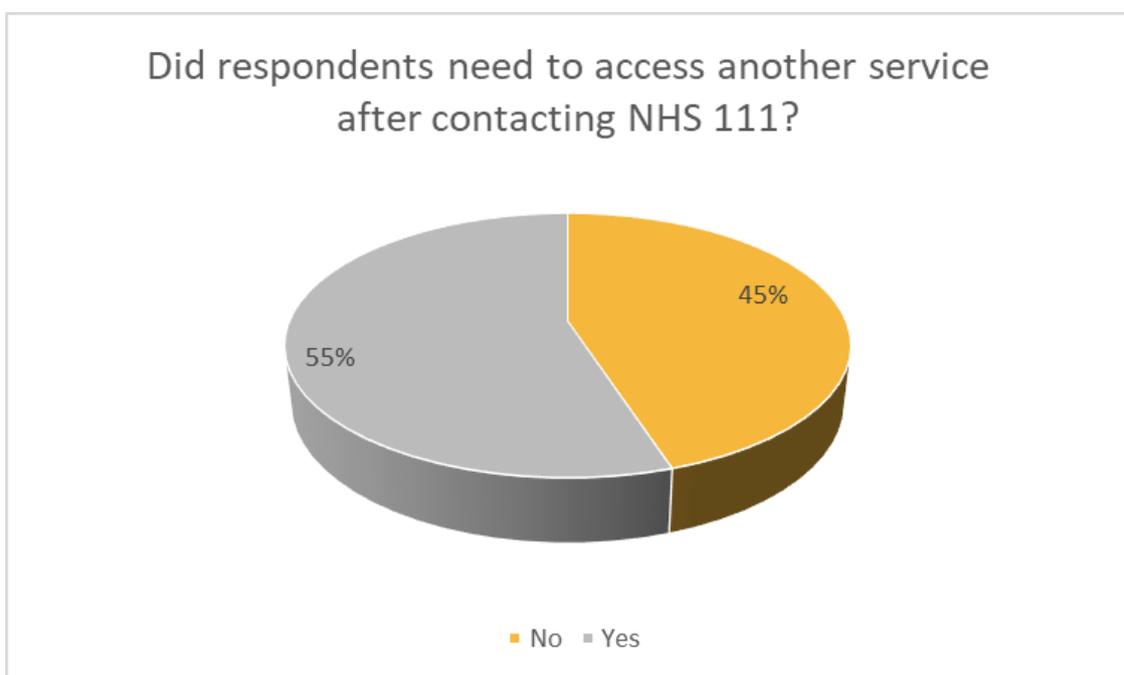
Respondents who were told that they would receive a call back, have given their feedback on an amount of time they had to wait for the call. Almost a third (27%) have reported that the call back was received after more than 9 hours of making an initial call. A quarter (24%) had to wait between 6 and 9 hours. 15% of respondents received a call back within one hour.



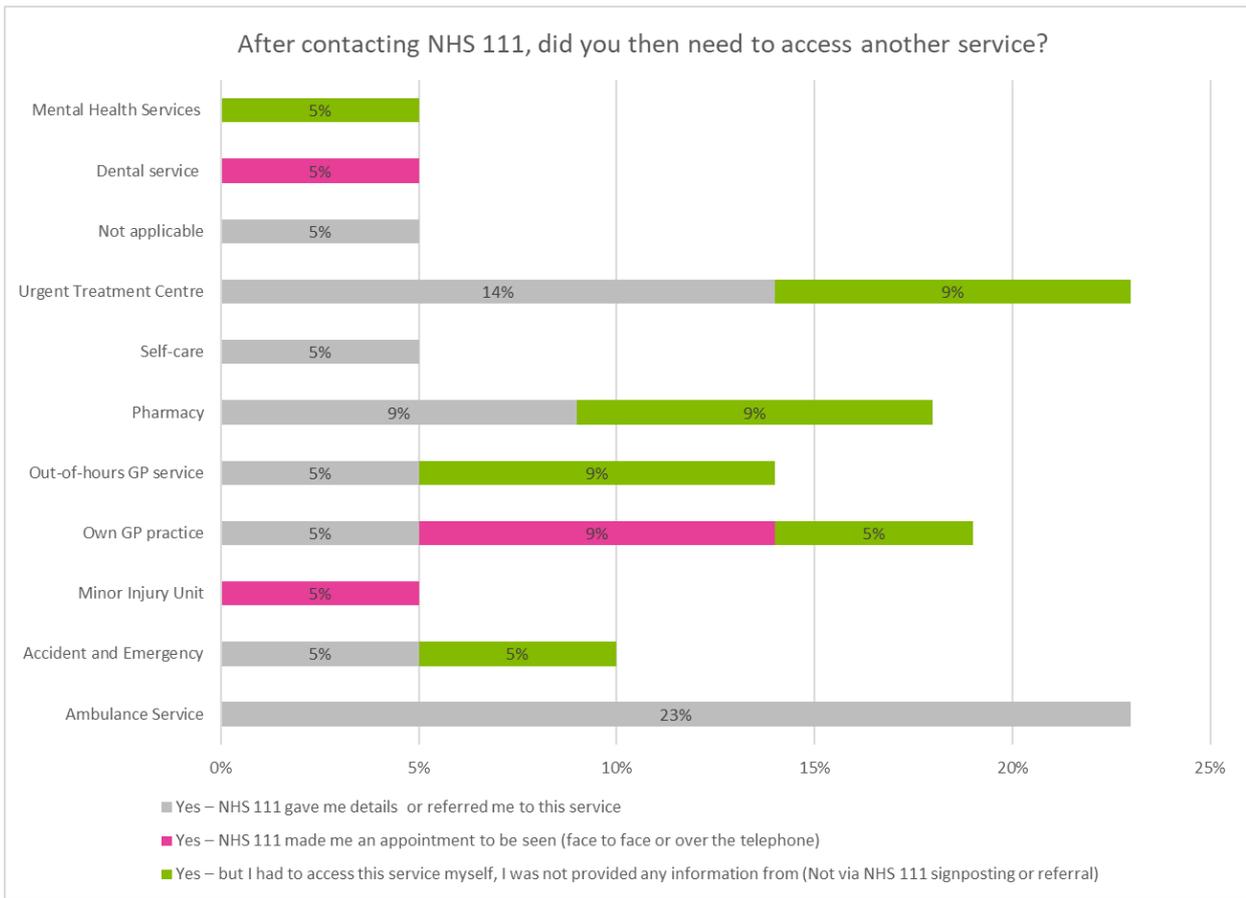
Respondents were asked to describe their experiences on the time taken to answer the call, 41% were satisfied with their experiences., 30% of respondents were neither satisfied or dissatisfied, and 16% said they were very dissatisfied with the entire process.

Two respondents indicated taking her child to the local accident and emergency department as the call back took too long. This indicates the importance of calls backs to be made in a reasonable time and eliminate those who would attend Accident and Emergency departments when they would be best accessing urgent care services in an alternative setting. This has also impacted the way some respondents feel about accessing NHS 111 in the future. *"It took over 9 hours to get a call back, I had to go to A&E and a few hours added to that, which was 16 hours I was seen and went home, this was longer in one way, but in another way, I was eventually seen, if I would have waited for a call back this would have meant that I would wait "*

Next, respondents were asked if they had to access another service after contacting NHS 111, and 55% said yes, 45% said no.



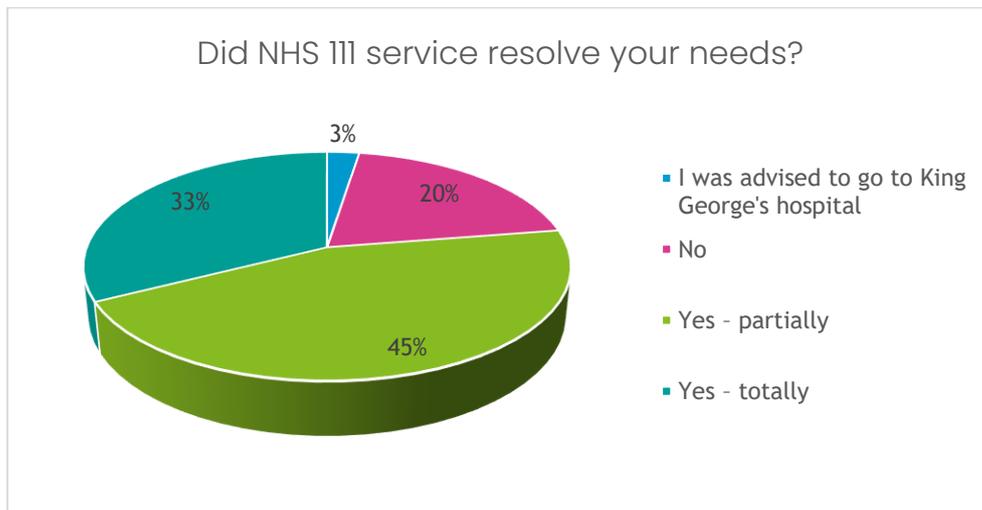
Respondents were asked to specify which service they had to access and how they have accessed it. 23% of respondents have confirmed that NHS 111 have referred them or gave them details for the London Ambulance Service, and 14% of respondents were referred or given details for the Urgent Treatment Centre by the NHS 111. 9% of respondents had to access Urgent Treatment Centre themselves and they have not been provided any information from NHS 111. 9% of respondents confirmed that NHS 111 have arranged them an appointment at their own GP practice.



Did NHS 111 resolve your health care issue?

Overall 45% respondents said the NHS 111 fully resolved their needs as per the expectations. However, 33% expressed their needs were only partially met and 20% indicated their health issue was not resolved.

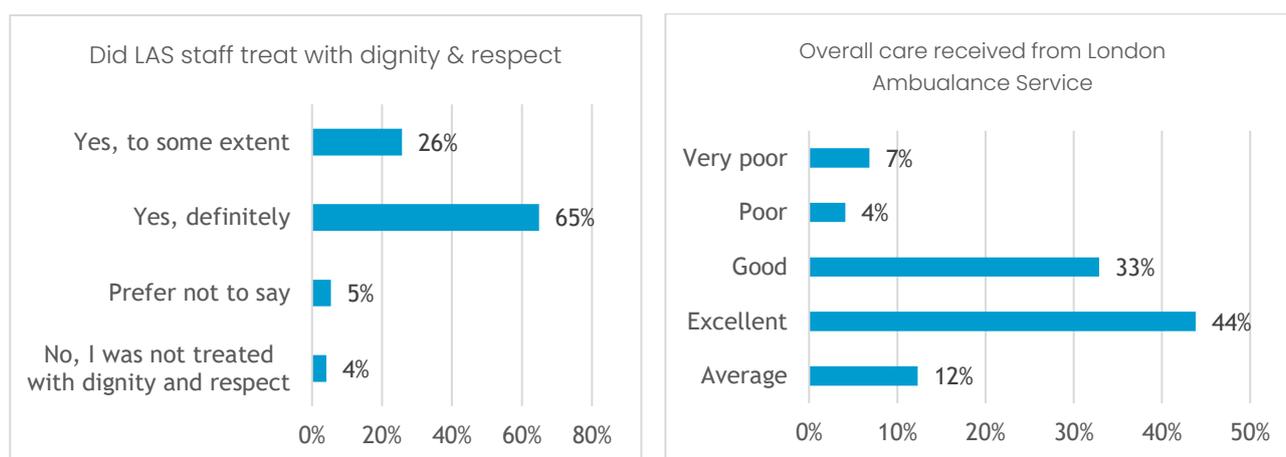
This was due to NHS 111 failing to provide any information or due to health professionals being restrictive on time when the patient's condition was getting worse.



Themes across LAS service

Healthwatch Barking and Dagenham gathered feedback to understand whether the London Ambulance Service staff treated respondents with dignity and respect. Around 65% of respondents expressed 'Yes, definitely', 25% said 'Yes, to some extent', and 4% said they were not treated with dignity and respect.

Furthermore, when asked to share respondent's views and experiences regarding the overall care received from the London Ambulance Service, more than half of the residents rated LAS as 'Excellent and Good'.



Which three aspects of the care provided by the London Ambulance Service are the most important to you?

➤ Respect

According to survey respondents, providing empathy, support and considering every individual with respect and dignity were the most prominent aspects of the care.

➤ Professionalism

Another aspect of care respondents felt is the need to handle patient and their families with professionalism. It is vital to treat patients with care and compassion at all times.

➤ Response Time

A significant issue highlighted in this report by the respondents was the response time for call backs as well as the time taken for the ambulance to arrive. A long wait time is hard to tolerate for a patient waiting in an ambulance. However, this is a result of many people needing emergency care at the same time.

Comments from respondents

"Kind, supportive and making the patient comfortable".

"Time, respect, dignity and feeling comfortable & safe".

"Sensitivity, compassion, and help".

"Promptness of response, useful advice and have quick access to a medical professional".

"Taking too long to arrive".

"Response of time, need to understand patients' problem and giving priority to the patient's illness".

Other points to note from engagement with the community.

We spoke to 10 women whose do not speak English. They were unable to complete a survey but spoke to the Healthwatch Representative who was able to communicate with them in their spoken language. During the conversation it came to light that although women had heard of NHS 111, they felt accessing the service could be a problem due to the language barrier. **This shows the importance of the local population knowing that translating services are available if needed.**

System wide improvements

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

Several themes emerged from feedback received from respondents which are listed below:

- Some respondents felt better access to GP practices could help reducing A&E attendances, this included making more face to face GP appointments.
- 10% of respondents said that there needs to be more information on what other services offer to help reduce the number of people calling 999 when they don't need to. However, this needs be done jointly across the system to meet demand and so that people are seen in a timely manner.
- The need for NHS 111 to be clear with service users about appointment times, currently people are being advised that they will be seen at a specific time at urgent care settings, but when they arrive they are informed that there the time is a reporting time or arrival time. The system need to make it easier for people to access urgent and emergency care.

Respondents, who were referred to A&E by a professional, felt justified in being there for treatment as they had accessed a service and were advised to go to A&E. Those, who could not access alternative urgent care services felt they would have preferred to have been seen at their local GP practice.

When asked to express how LAS should work with other parts of the healthcare system to improve care, respondents have expressed:

"24/7 mental health Pathway."

"More access to out of hours GP Services."

"Call handlers on 999 should be trained to high standard and not just read from script".

"Employ more people."

"I think the understanding of people's mental health is essential and we should have an understanding."

"It needs to be more flexible and accommodating."

"Maybe a community response for things like help for households who are unable to help themselves."

"Listen without judgement."

"More beds and rooms for people to improve care."

"Cut management posts- save money, in that way, put into the real care."

"Need to improve waiting the ambulance time. It takes a lot of time to arrive."

"Talk to young people in better way." Work with domestic abuse survivors."

"They don't need to improve. They just need more staff, better pay like the whole of the NHS".

How can LAS do more to contribute to life in London?

Respondents were asked how LAS can do more to contribute to life in London, here is what they had to say:

"Change and regularly review your guidelines. Continuous training on your staff, reduce the waiting time, one must wait to receive the call, stop using staff to ask the same questions repeatedly."

"Expand A& E sections in the hospital."

"Having more resources and reduce waiting times."

"If minor calls out, how about working with voluntary organisation like St. Johns to help you out."

"More ambulances to people to provide best care".

"More trained and willing workers and more ambulances"

"Need male paramedics, more ambulances."

"They already do enough. They are working with a broken system so nothing else they can do."

There was a clear theme that has emerged while respondents were giving their suggestions, and this came in a single word "*more*". Public wants to see *more* of what is available already – resources, ambulances, workers, paramedics, beds, access. A comment from one of the respondents sums the current situation up: "They can't do any more than they do now."

Points to be considered.

From the feedback collected during engagement sessions and the surveys the following points should be noted:

- There is still a lot of work to do to ensure that people have an accurate understanding of exactly what NHS 111 can offer. LAS need to continue to work with local partners to spread the message.
- There needs to be clear understanding about expectations from NHS 111, can NHS 111 book you an appointment or is this an arrival time.? it's crucial to communicate the message as simply and accurately as possible to eliminate any misunderstandings.
- There was a lot of praise for LAS staff and this needs to be shared with those directly delivering the service.
- Most respondents were happy with the professionals that they spoke to and provided them with support.
- Call backs from NHS 111 clinicians should be made in a timely manner.
- Consideration needs to be given as to how LAS can utilise the voluntary and community sector better.
- We spoke to 10 women whose do not speak English. They were unable to complete a survey but spoke to the Healthwatch Representative who was able to communicate with them in their spoken language. During the conversation it came to light that although women had heard of NHS 111, they felt accessing the service could be a problem due to the language barrier. This shows the importance of the local population knowing that translating services are available if needed.

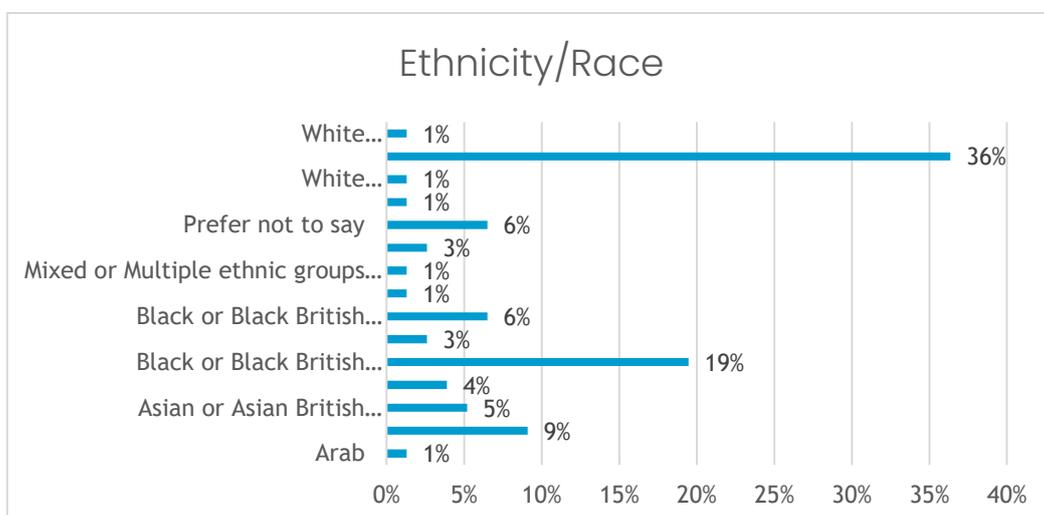
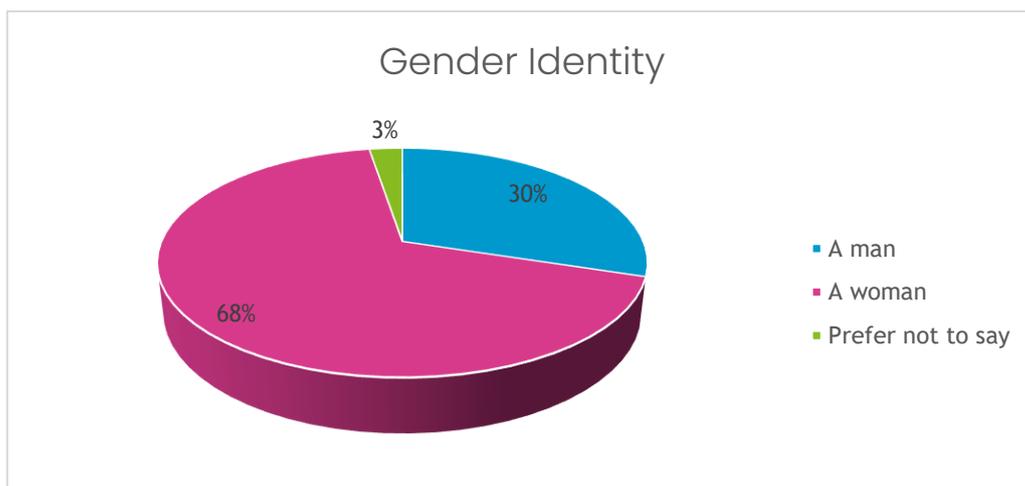
Appendix

Demographics

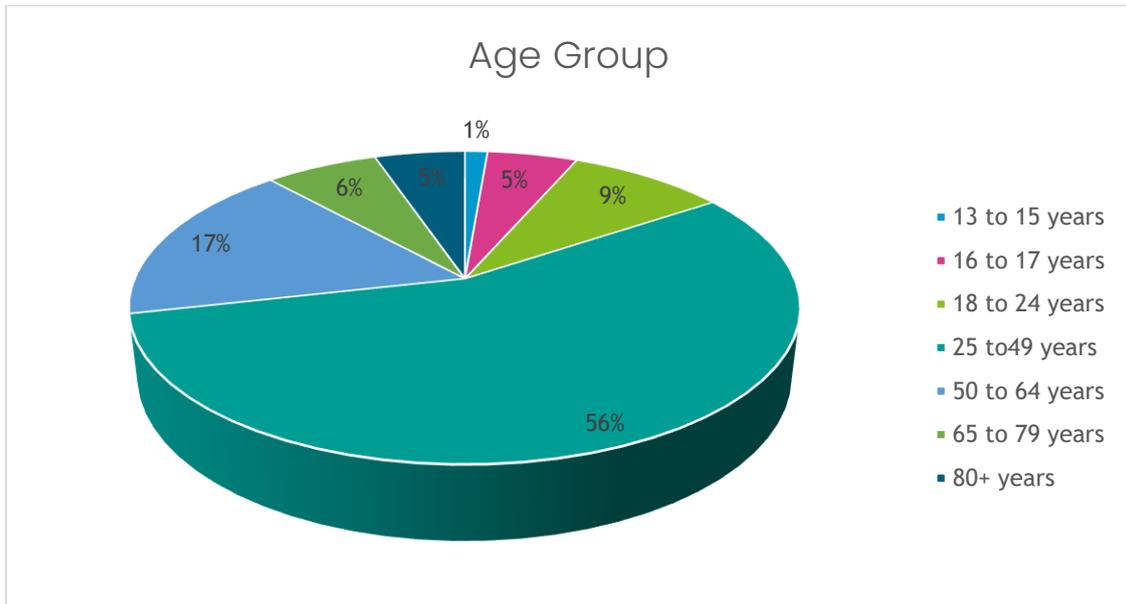
Healthwatch Barking and Dagenham gathered data on the overall demographics of the survey participants, such as age, gender, ethnicity, religion, employment status, financial condition, disability, long-term condition, education, and access to technology.

The survey was anonymous and did not gather any personal data by adhering to the Data Protection Act 2018 and following the necessary research protocols. However, participants were highly encouraged to contribute in abundance to make sure their voices were heard.

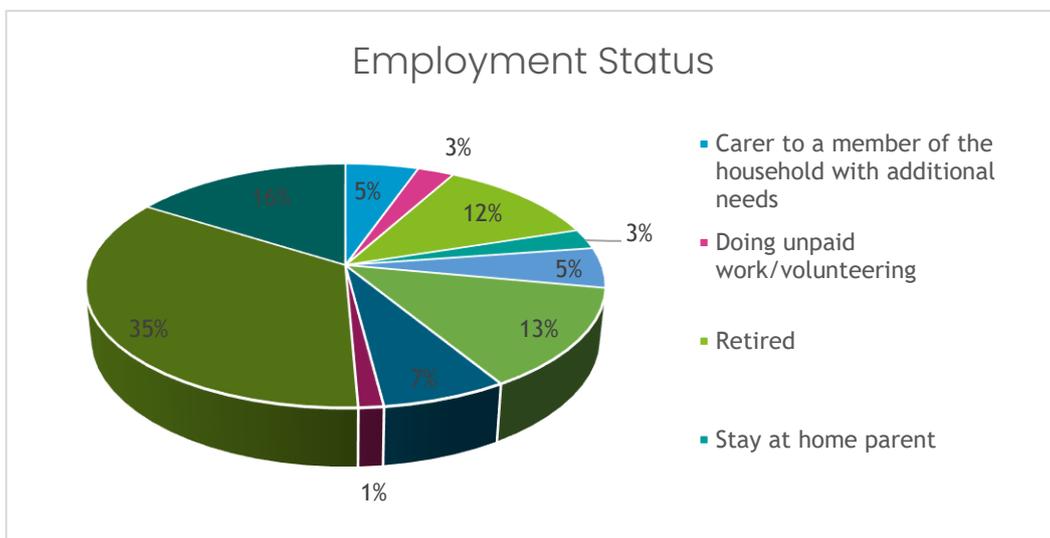
This report indicated that, 68% of the sample were female, 30% were male, whereas 3% of people preferred to not disclose their identity. Those from diverse ethnic group residents in Barking and Dagenham including emerging groups such as 36% of people classified themselves as White British, 19% as Africans, 9% as Bangladeshi, 5% as Caribbeans, another 5% as Indians, and 4% as Pakistani's.



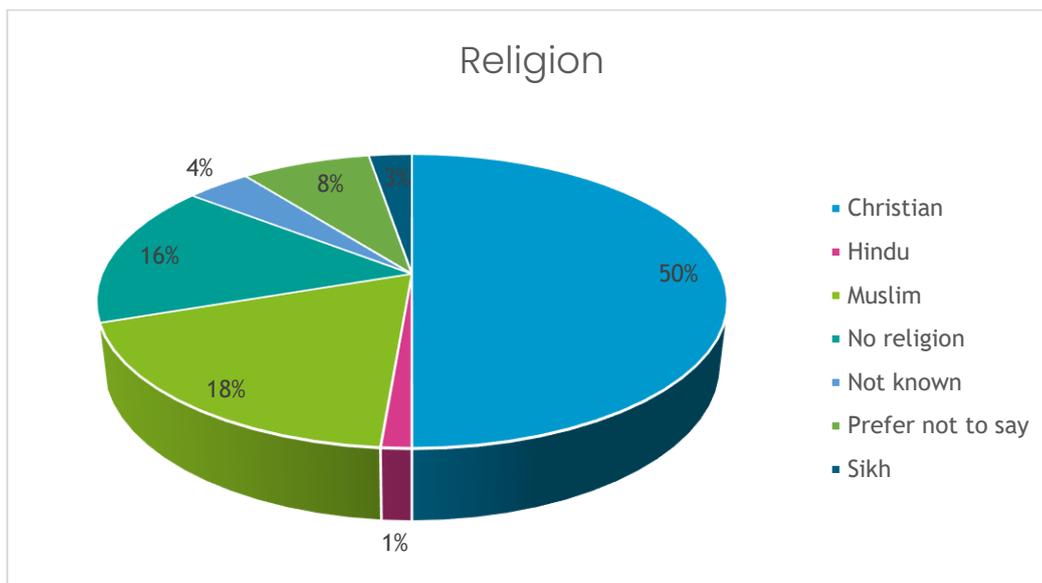
Furthermore, 56% of the group accessing either of the services fell under 25- 49 years of age bracket, 17% were 50-64 years of age, 9% were 18-24 years of age, 6% were 65-79 years of age whereas, the rest of the 5% belonged to 80+ years of age.



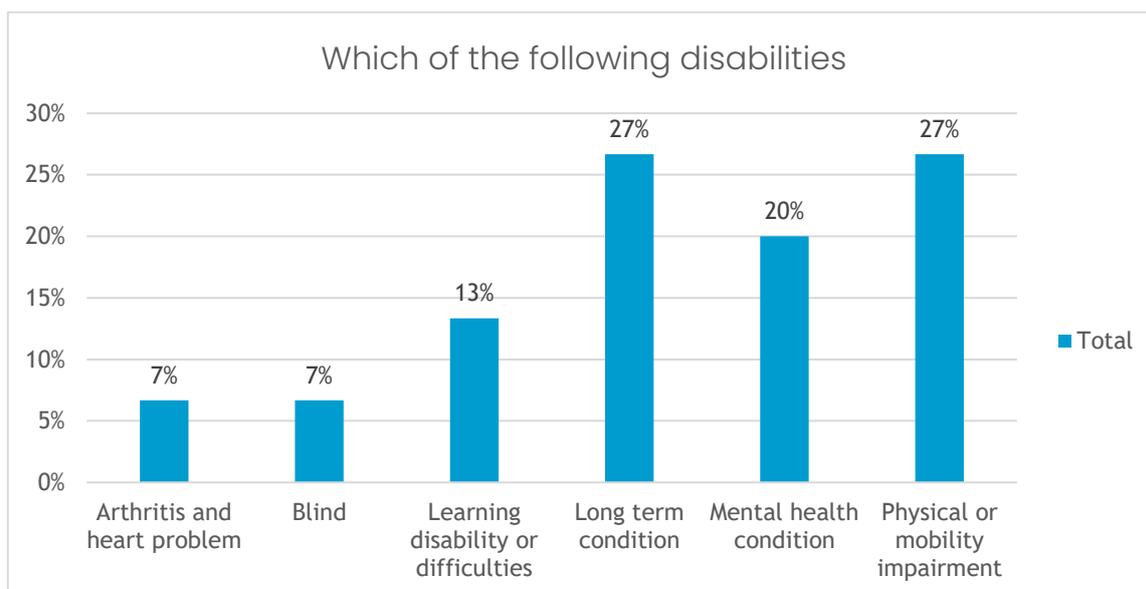
The London Ambulance Service report highlights the employment status of respondents living in the Barking and Dagenham borough. It is found that, around 35% of people were working as full-time, 16% were as part-timers, 13% of the respondents were unemployed or searching for a job, 12% stated themselves as retired. The demographics below outlines the rest of the group.



Out of 79 respondents. It is found that, 50% belonged as Christians, 18% as Muslims, 3% as Sikhs, and 16% stated having no religion at all.

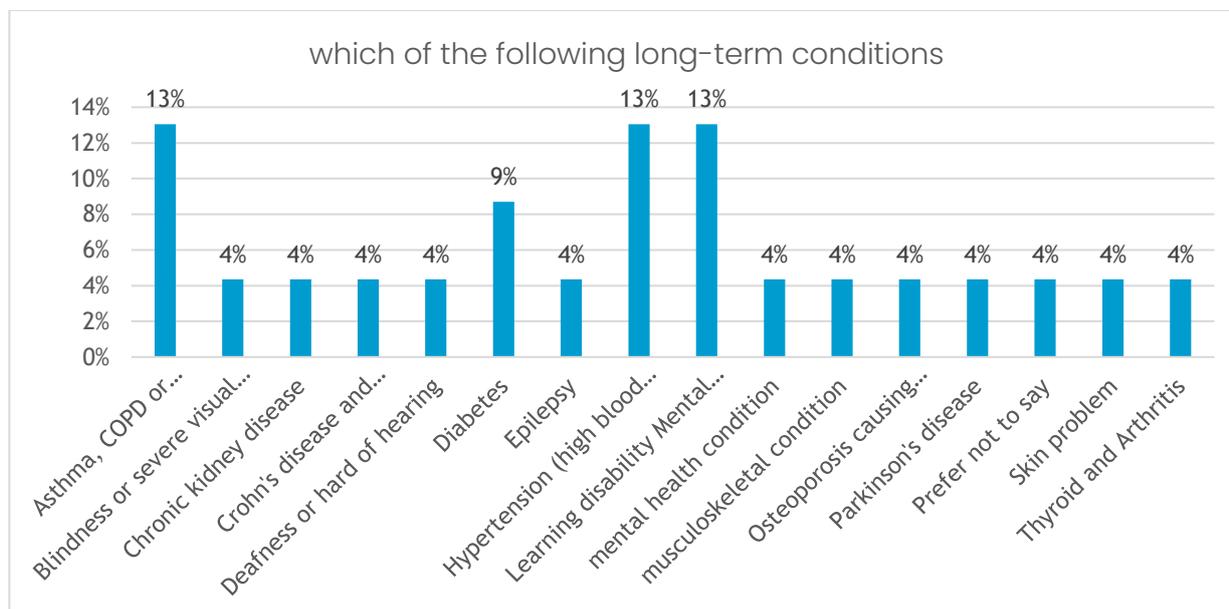
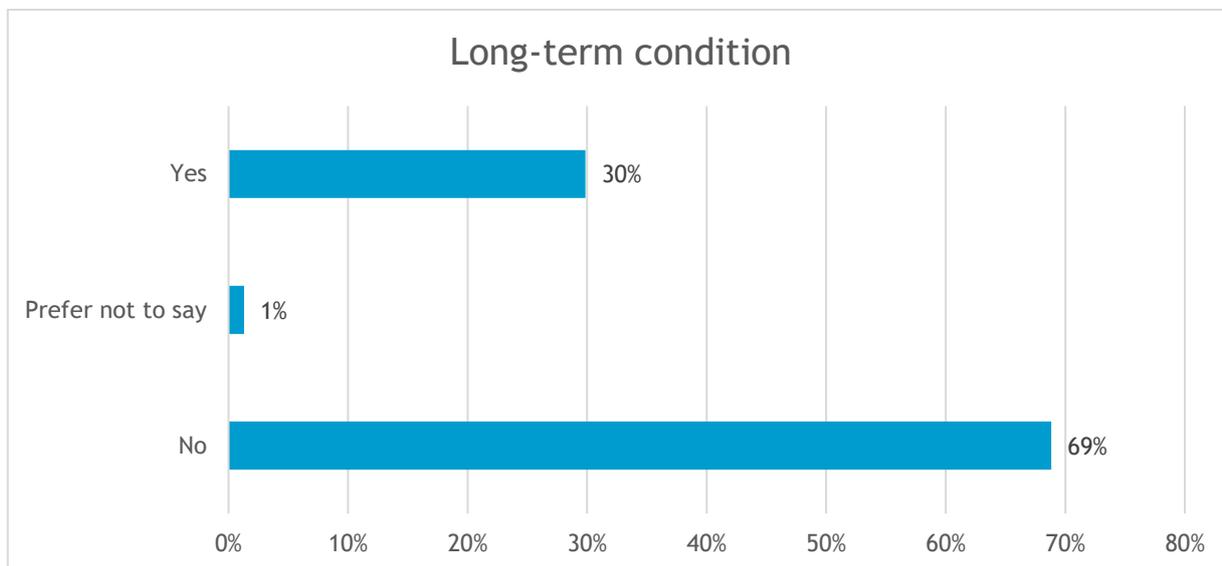


It is reported that, 79% of respondents in Barking and Dagenham do not have disability. However, 19% of people have regarded themselves as disabled. Moreover, to find out in depth demographics, Healthwatch Barking and Dagenham asked people which of the following disabilities respondents referred to. It was observed that 27% of residents had long-term condition and physical or mobility impairment. Whereas 20% of residents had mental health condition, and the remaining 13% had learning disability or difficulties.



This report further outlines, 69% of respondents in Barking and Dagenham do not have any long-term conditions, whereas 30% of residents have reported back with a Yes response.

Moreover, residents had reported that, 13% were suffering from asthma, COPD or any respiratory condition, and the rest 13% with hypertension, learning disability mental health condition.

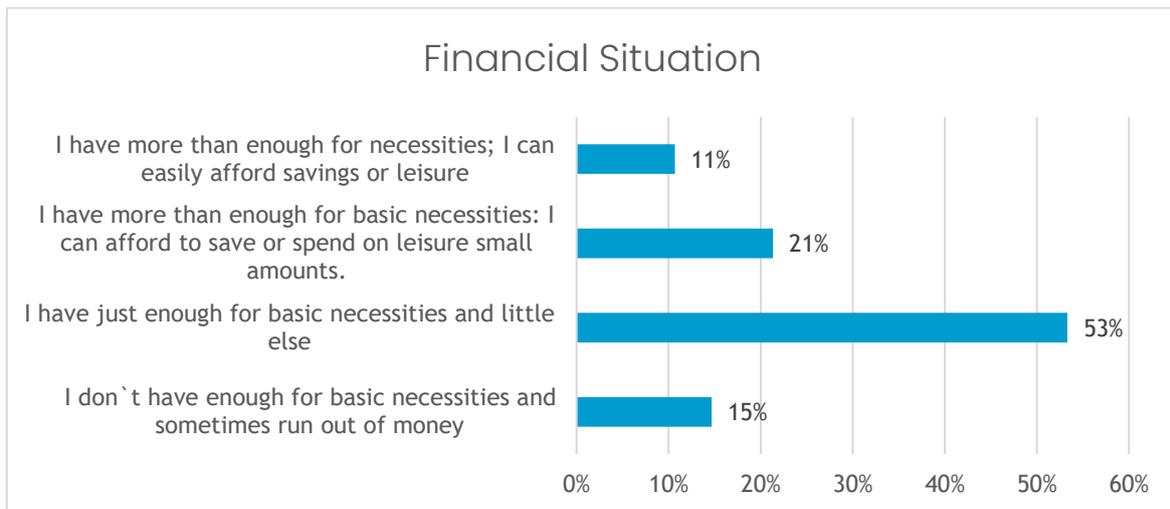


During the engagement sessions across the borough, Healthwatch Barking and Dagenham asked respondents to best describe their financial situation. It has been found that, 53% of respondents reported to have just enough for necessities and little else.

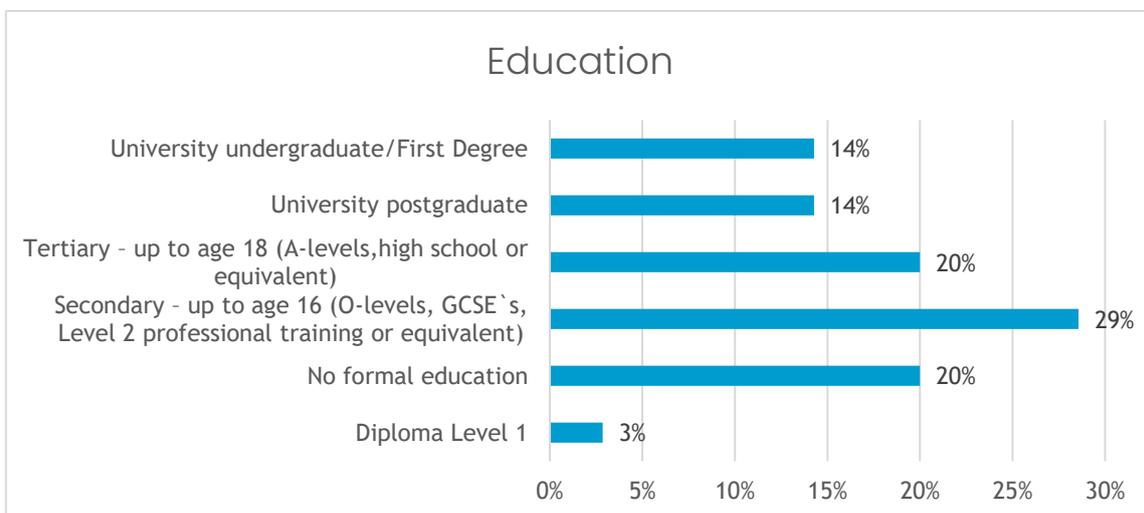
Whereas 21% reported to have more than enough for necessities and can afford to save or spend on leisure small amounts.

Moreover, 11% of the respondents reported to have more than enough for necessities and could easily afford their savings and spend on leisure.

The remaining 15% did not have enough for basic necessities and sometimes ran out of money to spend on day-to-day activities.



Whilst engaging with respondents across the borough, Healthwatch Barking and Dagenham asked respondents regarding their highest level of education achieved. As seen from the graph below, 29% of the respondents had completed their secondary education, 20% had achieved either tertiary education or received no formal education in their entire life, and the 14% had been awarded/finished their undergraduate or postgraduate qualification.



Furthermore, respondents were also asked how well they can communicate in English, and it was found that, 43% of the residents regarded themselves as Native Speaker, 36% as Fluent, 16% as Basic, 1% as Conversational, and 3% as not well versed with the English Language.