Engagement Report: Public Perceptions and Experiences of Ambulance Services and NHS 111 in Suffolk

August 2014
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 - Introduction</td>
<td>3</td>
</tr>
<tr>
<td>2.0 - Background</td>
<td>3</td>
</tr>
<tr>
<td>The Health and Social Care Review</td>
<td>5</td>
</tr>
<tr>
<td>3.0 - Public engagement</td>
<td>6</td>
</tr>
<tr>
<td>4.0 - Who took part?</td>
<td>9</td>
</tr>
<tr>
<td>5.0 - Survey Findings</td>
<td>13</td>
</tr>
<tr>
<td>Understanding when to call for an emergency ambulance</td>
<td>13</td>
</tr>
<tr>
<td>• Helping people to make the right decision</td>
<td>14</td>
</tr>
<tr>
<td>Public perceptions and experiences of the East of England Ambulance</td>
<td>19</td>
</tr>
<tr>
<td>Service</td>
<td>19</td>
</tr>
<tr>
<td>• Experience of treatment</td>
<td>19</td>
</tr>
<tr>
<td>• Perceived quality of treatment</td>
<td>24</td>
</tr>
<tr>
<td>Alternative Support (NHS 111 in Suffolk)</td>
<td>27</td>
</tr>
<tr>
<td>• Experience of using the NHS 111 service in Suffolk</td>
<td>27</td>
</tr>
<tr>
<td>6.0 - Telephone Interviews</td>
<td>33</td>
</tr>
<tr>
<td>Method and Sample</td>
<td>33</td>
</tr>
<tr>
<td>Public Perceptions and Expectations</td>
<td>34</td>
</tr>
<tr>
<td>Alternative Support</td>
<td>40</td>
</tr>
<tr>
<td>7.0 - Conclusion</td>
<td>42</td>
</tr>
<tr>
<td>8.0 - Recommendations</td>
<td>45</td>
</tr>
<tr>
<td>Appendix 1: The Survey</td>
<td></td>
</tr>
<tr>
<td>Appendix 2: Survey distribution list</td>
<td></td>
</tr>
<tr>
<td>Appendix 3: Telephone interview script</td>
<td></td>
</tr>
<tr>
<td>Appendix 4: Additional transcript from telephone interviews</td>
<td></td>
</tr>
</tbody>
</table>
1.0 INTRODUCTION

1.1 The ambulance service in Suffolk has a desire to work to engage patients to hear their thoughts and best meet local aspirations and make further progress to tackle the challenges that it faces.

1.2 Healthwatch Suffolk is pleased to have an effective working relationship with the East of England Ambulance Service NHS Trust and seeks to ensure that patients have a voice into the service. It is also the lead Local Healthwatch for this service.

1.3 The two organisations have therefore decided to work together to seek the views of patients and their families as to their perceptions and experience of the service in Suffolk. This will enable the trust to focus specifically on the experience of its patients when considering future improvements to the service.

1.4 The outcome of this report will be used to underpin service improvement activities in Suffolk.

2.0 BACKGROUND

2.1 Ambulance services in Suffolk have been very high profile and have received significant criticism from local, regional and national media for failing to get to patients in a timely fashion and poor staffing levels.

2.2 In June 2013, the Trust published the report of an independent governance review carried out in April 2013. The review was commissioned by the NHS Trust Development Authority (NHS TDA) in response to delivery and performance issues at the Trust and led by Dr Anthony Marsh, Chief Executive of West Midlands Ambulance Service NHS Foundation Trust (now CEO of the service).

2.3 The review said that the Board and senior management team appeared to have developed a sense of “helplessness” and that there was a lack of a “cohesive” plan. At the end of the same month, the ambulance service received resignations from all remaining Non-Executive Directors.

2.4 In January 2014, the Care Quality Commission said that People received good quality care from ambulance crews, however the trust had not been
able to implement the improvements needed to respond more quickly to people in potentially life threatening situations.

2.5 The regulator also said that the trust did not have the numbers of suitably qualified staff it required to ensure that national ambulance response times were met and people received the care they needed in a timely way.

2.6 Since the publication of the above reports, the Trust has identified six priorities to improve the performance and services. These are as follows:

- Recruit 400 student paramedics in 2014/5
- Up-skill ECAs to EMTs and EMTs to paramedics
- Maximise clinical staff on frontline vehicles
- Reduce response cars and increase ambulances
- Accelerate fleet and equipment replacement programme
- Reinvest corporate spend in frontline delivery

2.7 Most recently, the NHS Ipswich and East Suffolk CCG, NHS West Suffolk CCG and NHS Great Yarmouth and Waveney CCG Governing Bodies have approved to contribute toward a service transformation package that amounts to nearly £15m. This significant investment will be spent on education and development, new vehicles and on updating medical equipment.

2.8 To help the service with its improvement plans, it was decided that a public engagement exercise should be developed jointly with Healthwatch Suffolk to understand the views of local people as to their perceptions and experiences of the service in Suffolk.

2.9 A joint engagement exercise was carried out, and the public was invited to give views through surveys and telephone interviews.

2.10 As the consumer champion for health and social care services in Suffolk, Healthwatch Suffolk has independently collected feedback and opinions.

2.11 At a time when important improvements are being made to the Service, this work has been an ideal opportunity for the Trust to hear the views of a wide range of people from across Suffolk and make further progress to tackle the challenges it faces.

2.12 Material generated shall be of particular use because it draws on anecdotal/real-life experience of the service and delivers new evidence into
the planning process going forward, facilitating further insight/discussion into core emerging themes relating to the performance of the service and the patterns of use.

2.13 This report summarises the findings of the engagement exercise, and its contents are to be used by the East of England Ambulance Service and commissioners for service improvement.

2.14 All responses to the questionnaire and interviews have been analysed independently by Healthwatch Suffolk. This has strengthened the credibility of findings and avoided potential bias in the engagement process.

The Health and Social Care Review

2.15 The Government has said that the Clinical Commissioning Groups, hospital trusts and Suffolk County Council need a common approach for health and social care and closer working relationships. In Suffolk, this work is called the Health and Social Care Review.

2.16 Healthwatch Suffolk is part of a partnership of organisations, working together to drive this work forward. The partnership aims to improve urgent care services, ensure efficient hospital care and enable people to live independent and healthy lives for as long as possible.

2.17 In Suffolk there are three major health contracts are up for renewal in 2014/15 - namely NHS 111, out of hours urgent GP care and community services. This provides a further opportunity to progress change.

2.18 A significant element of this review is a review of our local urgent care system. It has been led by Suffolk Clinical Commissioning Groups (CCGs), to specifically design the future service model for when people become most vulnerable and require an urgent clinical response.

2.19 The CCGs have been doing this work in the context of the national strategy led by Sir Bruce Keogh, the NHS Medical Director, and have reflected the national thinking in local work. The proposed local design for urgent care services shares many of the principles of the national review and largely reflects the national template with local adaptation.

2.20 The results of this work will be used to inform the Urgent Care Review in Suffolk.
3.0 PUBLIC ENGAGEMENT

Preparation

3.1 The approach was developed jointly by Healthwatch Suffolk and the East of England Ambulance Service.

3.2 It consists of two components:

- Questionnaire survey
- Telephone interviews

3.3 The survey (see appendix 1) was designed by Healthwatch Suffolk in collaboration with the East of England Ambulance Service NHS Trust. It sought to obtain both qualitative (comments on the service) and quantitative data.

3.4 The survey was created and uploaded to [www.surveymonkey.com](http://www.surveymonkey.com), which is an online survey creation service. It allows Healthwatch Suffolk to gather responses with one URL by including a link on emails, websites, Twitter and
Facebook. Hard copies of the questionnaire were also made available on request from Healthwatch Suffolk.

3.5 Over 4,000 surveys were printed by Healthwatch Suffolk. 1,500 were distributed by EEAST to ambulance crews in Ipswich and Waveney districts, who were asked to give the survey to patients at their discretion and “where appropriate” for a period of two weeks.

3.6 About 700 Hard copy surveys were also supplied by EEAST to:

- EEAST HALO (Hospital Ambulance Liaison Officers) staff
- Patient Advice and Liaison Service (PALS)
- Ipswich Hospital NHS Trust Accident and Emergency Department
- Haven Health Surgery in Felixstowe
- Felixstowe Rotary Club
- Trimley Flower Club
- Kingsfleet School
- Community First Responders (Felixstowe)
- Community policing Teams in Lowestoft and Coastal Suffolk
- James Paget University Hospitals NHS Trust Accident and Emergency Department
- Ipswich and East Suffolk Clinical Commissioning Group
- Park Surgery in Lowestoft

3.7 1,000 copies of the survey were distributed by the Healthwatch Suffolk Community Development team to the following locations (This is a selective list. Please see appendix 2 for a full list):

- Libraries across Suffolk
- West Suffolk College
- The Voluntary and Strategic Partnership (VASP) network
- Family Carer events
- Leisure centres in Suffolk
- Healthwatch Suffolk listening events
- University Campus Suffolk (UCS)
- Alcohol recovery group meetings
- Mid Suffolk District Council
- Eye Health Centre
- Hartismere Hospital
- Salvation Army in Stowmarket
• West Suffolk Branch of the National Autistic Society
• Parent Partnership - Special Educational Needs
• Suffolk Sport
• Babergh District Council
• All Waveney CAB branches
• Oulton Broad Doctors Surgery
• Patrick Stead Hospital in Halesworth
• SURESTART children’s centres in Lowestoft and Halesworth
• MS Society, 'Be heard' Event

3.8 The survey was also circulated by the Healthwatch Suffolk Information Team and the EEAST Communications Team in the following ways:

• A launch press release issued to community newsletter editors and local media contacts.
• An article in the Healthwatch Suffolk quarterly newsletter issued to 2,845 friends and members.
• Repeated articles in Healthwatch Suffolk electronic fortnightly updates.
• Regular social media updates on Facebook and Twitter.
• Front page feature on the Healthwatch Suffolk website including a banner animation with supporting updates on the news, consultation and surveys page.
• News release on the EEAST website.
• Articles in EEAST and Healthwatch Suffolk staff newsletters.
• Featured in Healthy Interest (Suffolk Health and Wellbeing Board email) sent to a network of 8000 Local Authority and VCS representatives.
• The creation of a bespoke poster (see appendix 2) which was distribute to all GP surgeries in Suffolk and a number of other suitable locations.
4.0 Respondents

4.1 A total of 337 people responded to the survey.

4.2 There were no specific eligibility criteria for the public engagement exercise, and respondents were self-selected.

4.3 Our sample was drawn to generate information on the service and to contribute towards development. Therefore, it shall not seek to be representative.

4.4 The self-selected nature of the sample may result in a self-selection bias that limits the external validity of the results. This bias arises because it
might be considered that some members of the target population may be more likely to respond than others when a choice to respond is available.

4.5 As a consequence of this bias, it will be important to recognise that the results cannot be generalised to the population of Suffolk.

**Age profile**

![Bar chart](image1.png)

**Figure 1:** Bar chart - The age profile of our respondents.

![Pie chart](image2.png)

**Figure 2:** Bar chart - The county age profile (census 2011).

4.6 As indicated in figure 1 above, the greatest proportion of our respondents belong to the 41 - 60 (40.13%) age group, followed closely by the 61 - 80 age group (37.12%), and the 21 - 40 (16.72%) age group. At just 1.34% of our total sample, those under the age of 20 are the least represented age group.
4.7 When compared with the county age profile (figure 2), it is evident that our sample differs in the proportion of individuals aged over 65 although the age categories used are not the same.

4.8 The majority of ambulance users fall into the age range of 61 to 100 years.

**Ethnicity**

4.9 Figure 3 provides an overview of respondent ethnicity.

![Respondent Ethnicity](image)

**Figure 3: Respondent ethnicity.**

4.10 The table below summarises the reported ethnicity of our respondents in greater detail. 41 individuals chose not to answer the question.

4.11 Compared with the county profile of 90.84%, our sample has a slightly higher representation of white British individuals.
4.12 As figure 4 shows above, there were just over twice as many female participants than male and one person was transgendered. The figures are as follows:

- Male: 97 (32%)
- Female: 200 (67%)
- Transgendered: 1 (0.3%)

4.13 2 (0.7%) participants said that they would rather not say. 34 respondents chose not to answer the question.

Location

4.14 Figure 5 above shows that, where participants have chosen to provide postcode information, responses have been received from across the county of Suffolk with some pockets of higher response volumes due to targeted efforts.
5.0 SURVEY FINDINGS

5.1 The survey was completed by a variety of respondents. In total, 337 people responded.

5.2 There was an initial focus on the areas of Ipswich and Waveney, which accounts for the higher response volume from those districts and surrounding areas. The reason for this was the increased level of demand particularly in these two areas, which is above the contracted level in excess of 5%.

5.3 For the purposes of reporting, we have analysed questions under the following headings:

- Understanding when to call for an ambulance
- Public perceptions and expectations
- Alternative support

Understanding when to call for an emergency ambulance

5.4 228 out of 337 (68%) respondents had called an ambulance on at least one occasion.

5.5 117 (74%) of respondents that responded to this question said that they would call an ambulance for life threatening emergencies and 29 (21%) said
that they would call for an ambulance in any medical emergency. 10 respondents ticked both boxes.

5.6 39 (12.46%) participants indicated that they did not know when it was appropriate to call 999 or when they should dial 111 instead.

5.7 167 (43.52%) participants have indicated that they feel they would be seen quicker in A&E if they dialled 999.

5.8 We asked participants to define an emergency. Analysis of the commentary has identified the following themes of note:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 1: The patient needed help sooner than the availability of a local GP</td>
<td>18</td>
</tr>
<tr>
<td>Theme 2: An immediate threat to life</td>
<td>150</td>
</tr>
<tr>
<td>Theme 3: Where “urgent” or “immediate” attention is required</td>
<td>39</td>
</tr>
<tr>
<td>Theme 4: Where the casualty is in severe pain</td>
<td>13</td>
</tr>
<tr>
<td>Theme 5: Elderly falls for which there is no alternative service</td>
<td>9</td>
</tr>
<tr>
<td>Theme 6: Where breathing is absent or compromised</td>
<td>31</td>
</tr>
<tr>
<td>Theme 7: If the casualty has suffered a stroke</td>
<td>38</td>
</tr>
<tr>
<td>Theme 8: If the casualty has suffered a heart attack or cardiac arrest</td>
<td>59</td>
</tr>
<tr>
<td>Theme 9: Broken bones</td>
<td>11</td>
</tr>
<tr>
<td>Theme 10: Where the casualty has suffered a head injury</td>
<td>5</td>
</tr>
<tr>
<td>Theme 11: Where the patient or caller is not able to self-care or “deal with” the situation themselves</td>
<td>13</td>
</tr>
<tr>
<td>Theme 12: Road Traffic Accidents</td>
<td>9</td>
</tr>
<tr>
<td>Theme 13: Where there is evidence of severe blood loss</td>
<td>26</td>
</tr>
</tbody>
</table>

Helping people to make the right decision

5.9 187 (55.5%) respondents said that they were unaware that the ambulance service gives healthcare advice and a majority of participants (246) had not heard of the services “Wise Up For Winter” campaign.

5.10 We asked if improvements could be made to the service to educate people on appropriate use of ambulances. 269 (91.50%) answered to indicate that they thought it could.
5.11 When prompted to suggest ways through which this could be achieved, responses varied and five themes are evident as follows.

- Use of Advertising
- Charge/Prosecute for inappropriate use
- Improved cross-provider working and access to alternative services
- Public ignorance
- Education - “Teach the public”

Use of advertising

5.12 83 out of 247 (34%) respondents indicated that the service could have a stronger focus on publicity and perhaps produce an advertising campaign using various media sources such as television, newspapers and radio presence.

5.13 Some examples of such suggestions include:

**Example:** “Should use television ads to educate public on use of A&E & ambulance service. Explain how service needs to prioritise responses.”

**Example:** “How about an advertising campaign showing how lives have been at risk due to people wasting emergency services resources by dialling 999 for trivial reasons.”

Charge / prosecute for inappropriate use

5.14 With 19 individual comments, there was a theme apparent that people who use the service inappropriately should be charged or prosecuted accordingly to prevent future abuse, particularly for those people who are known to regularly contact the service for non-emergency use. Examples included:

**Example:** “By dealing with people who misuse the emergency services in an appropriate manner - prosecution if persistent as a deterrent.”

**Example:** “Charge time wasters (say £50) also drunkards - use money to train more para-medics-equipment and vehicles”
Improved cross-provider working and access to alternative services

5.15 16 comments made reference to improved working with other bodies that can assist with spreading appropriate use messages.

5.16 This included a need for greater resources “across the board”, improved access to GP services, hospital transport, the 111 service and better working with voluntary organisations. Examples included:

   **Example:** “We need more commitment from General Practitioners and more home visits especially for the elderly I know in some areas they have a committed doctor for the elderly I also think GPs are national health so they should all do the same I deal with three surgeries on a regular basis two of which have a GP on call for home visits every day and one surgery who do not do this and is difficult to get any home visits. If this happened people wouldn’t have to keep calling 999 but people have nowhere else to turn to”

   **Example:** “the key to the issue is - People should have easier better and frequent access to their GP’s it is a nightmare, and certainly not customer friendly trying to obtain an appointment or get a go to visit someone at home”

   **Example:** “Working with other statutory services and voluntary organisations.”

Public ignorance

5.17 A total of 9 individuals expressed that there will always be some members of the public that abuse the service and ignore advice about appropriate service use.

   **Example:** “This is difficult because the public in general are alone but panic and ignorance play a big part here - unfortunately!”

   **Example:** “I believe it’s the people that need some education, but also know that there are people who will always call an ambulance rather than pay for a taxi...”
Example: “Sadly there are a percentage of the general public who will never believe that they don’t have an unassailable ‘right’ to priority!”

Education - “Teach the public”

5.18 With 52 responses, the next most popular theme centres on the importance of educating the public on appropriate use of the service.

5.19 A number of suggestions were made as to how the service could educate the public most effectively. The following sub-themes (ST) became evident.

ST 1: Leafleting campaign

5.20 At least 29 individuals expressed that mass public education is achievable by use of an appropriately targeted leafleting campaign.

Example: “leaflet drop households clearly defining how & when to access appropriate services in the locality.”

5.21 Some respondents highlighted some specific methods and sources through which leaflets could be distributed to make a difference these included:

- Hospital Accident and Emergency departments
- Mass distribution by the postal service
- Day clinics
- Prescription bags
- GP surgeries
- CAB
- Libraries
- Upon discharge from a stay in hospital
- Community noticeboards

ST2: Educating health and social care professionals

5.22 As evident in the following examples, participants made specific suggestions about particular groups of individuals and health and social care professionals that the service could target to make a difference. It was
expressed that such key individuals would then be in a position to educate others on appropriate use of the service:

**Example:** “It’s more all carers, wardens & sheltered accommodation and other health care workers who should be educated in helping the elderly know exactly what to do.”

**Example:** “Better training for call centre staff they decide to dispatch a paramedic or ambulance not the person calling for help.”

**Example:** “All health people should be aware of services and how to use them so they can inform others.”

**ST3: Education in schools**

**5.23** 27 respondents expressed the view that prevention of inappropriate service use for the future should start with the education of young children in schools.

**Example:** “Through schools education programmes which are long-term drip feed also via local media campaigns and talks to community groups etc”

**Example:** “Starts in primary school, we have lost a generation of people who will misuse the service.”

**ST4: Use of case studies and appropriate examples**

**5.24** A total of 11 participants suggested that the service could make use of appropriate examples to best educate people as to what constitutes an emergency and necessitates the need to dial 999. Examples of comments attributed to this theme are as follows:

**Example:** “define through marketing what is an emergency and what is not”

**Example:** “Examples of potential situations that require ambulance, and examples of what can happen to others if ambulance is held up on a non-emergency.”
Example: “Use case studies, real life examples of when was appropriate to call an ambulance and when wasn’t...”

Public Perceptions and Expectations of the East of England Ambulance Service

5.25 This section is comprised of responses given to survey questions 3 - 16. Please see appendix 2 for a copy of the survey distributed to the public.

5.26 These questions seek to assess the respondent’s experience of treatment and their awareness of how the service operates.

5.27 46 (14.07%) of our participants were unaware that the ambulance service has targets to meet in terms of its response times to certain categories of calls.

5.28 263 (82.7%) individuals were happy for their designated ambulance to be diverted to another higher priority call elsewhere. 55 (17.30%) people answered no.

5.29 139 (44.13%) participants did not know that the ambulance service could direct patients to another service. 273 (86.67%) individuals told us that, should the service assess that it is appropriate to do so, they would be happy to be diverted to other appropriate services.

5.30 We asked if participants would expect a paramedic on every vehicle. Of those who answered the question, 223 (73.36%) participants told us that they had this expectation. 81 (26.64%) participants answered no. 36 (15.45%) individuals told us that they would not be happy to wait for this aim to be achieved.

Experience of Treatment

5.31 It is pleasing to note that 200 individuals told us they had confidence in the service and 193 people said they were satisfied with the service received. Furthermore, 214 (95.96%) participants told us that they were treated with compassion dignity and respect at all times.
5.32 We asked respondents to tell us about how they felt they were treated by the service. 255 individual qualitative comments were analysed using the Healthwatch Suffolk Service User Feedback database.

5.33 Analysis of frequently mentioned words from the commentary (255 comments in total) highlights the following word recurrences:

- Professional (45 mentions)
- Kind (38 mentions)
- Quick (34 mentions)
- Excellent (28 mentions)
- Good (26 mentions)
- Respect (22 mentions)
- Reassuring (18 mentions)
- Dignity (17 mentions)
- Great (16 mentions)
- Caring (16 mentions)
- Waiting (15 mentions)
- Fantastic (15 mentions)
- Very good (14 mentions)
- Courteous (11 mentions)
- Delay (7 mentions)

5.34 This is almost certainly a positive reflection on the service and the manner in which patients have perceived their treatment. Further analysis indicates that a majority of the comments are of a positive sentiment (200, 80%). 44 (18%) of the comments were negative and 6 (2%) comments were neutral.

5.35 Figure 6 shows that people had experiences of the service across the county, with a slight majority evident in the districts of Waveney and Suffolk Coastal.
The database uses a matrix of over 500 individual codes and nearly 100 topics (e.g. “Booking”, “Staff attitude” or “Environment”) recorded against sentiment (e.g. negative, neutral and positive) to establish trends in the feedback logged.

Figure 5 is a graphical representation of the high level top trends as extracted from the database related to participant’s responses to this question.

Please note that the comments do not amount to 253 because the graph is highlighting only the top trends.

Figure 7: Top trends (bar chart) - Perceptions of treatment and sentiment of all comments recorded against this question (pie chart).

Staffing

When commenting about their treatment, 119 comments are attributed to the overall theme of “staffing”. This topic is comprised of several coding options including staff attitude, conduct and staffing levels.
The commentary confirms our established understanding that the patient experience of the staff and crews tends to be positive in nature. Indeed, as figure 8 above shows, there are 119 comments attributed to “Staff attitude” and “Staff conduct”, 92 (91%) of which are positive in sentiment. Some examples are as follows:

**Example:** “The ambulance crew were very methodological and professional.”

**Example:** “Splendid people. Full of admiration for them. Well rounded folk and full of humanity. What I call the soft stuff is as important as the solid or hard stuff”

**Example:** “They treated me with respect but more importantly were attentive and kind to my mum who I had called the ambulance for.”

There were some isolated incidents such as the following that may require greater examination. These have been highlighted to the Trust for investigation where appropriate.

**Example:** “I have not called but call centre has on my behalf. Most times it has been good but on a few occasions I was not treated with respect as it was self-harm and some think as you have done it yourself you don’t deserve an ambulance”
Equipment

5.42 There are four negative comments listed against “Equipment”. These relate to instances where the patient has perceived that the wrong type of ambulance has been sent to meet their specific needs or the ambulance has suffered an equipment failure.

Example: “... My biggest problems however have been with getting the right type of ambulance. This may sound odd but I have been in significant pain and having to wait on the side of the road for a long period (1 hr plus) as I am in an ambulance that cannot deal with pain and another ambulance that can deal with the pain had to be called. I find this bizarre.”

Example: “... They definitely were cheesed off that the ambulance was not working, e.g. the lift on the back (and I am only 10 st) I felt I was bumped about too much despite being in a lot of severe pain...”

Example: “I was in severe pain at the time and the air and gas machine was not working in the ambulance. The paramedic tried to get it to provide some relief, but was unable to. Also I was surprised how much movement there was in the ambulance.”

Waiting for treatment

5.43 There are 48 comments about waiting for the service. 27 (56%) positive comments, 2 (4%) neutral comments and 19 (40%) negative comments attributed to the “Waiting” code.

5.44 Positive comments are associated with a prompt response from the service as evidenced in the following examples:

Example: “We had a lone paramedic arrive first, who was quickly backed up by a 2 man crew. The were all fantastic-quick to deal with the problem and respond, but remaining calm and reassuring throughout. So much so, we didn't realise just how urgent the matter was until hospital staff spoke to us a short time later.”

Example: “The personnel were calm and professional they arrived promptly and were very thorough”
Whilst patients are clearly very pleased with their clinical treatment and the conduct of ambulance crews there is negativity expressed with regard to waiting for that treatment. This is evidenced in the following comments:

*Example:* “The staff were fantastic when they finally arrived, they told us that they were 35 miles away when they were told we needed help, where was the Haverhill Ambulance on that day, they told us that it was more than likely to be in a city like Cambridge or Colchester”

*Example:* “We were treated excellently by the paramedic, but the ambulance took 25 minutes to arrive. We called it for my 6 month old son after calling 111, who identified the situation as an emergency and called the ambulance for us. This had been identified as an emergency by a medical professional on the phone, and it still took 25 minutes. The fact it was for a 6 month old baby should also make it a high priority. It would have been quicker for me to drive to Addenbrookes, so maybe I should have been told that if it was known the ambulance would be a while. The waiting time was simply not good enough and we were lucky that my son turned out to be ok. The paramedic themselves was fantastic when they arrived and helped to put us at ease in a very stressful situation.”

*Example:* “Having called was told ambulance would be over an hour But if they received another call out it would be longer. Therefore we took our very ill daughter to Ipswich hospital by car.”

Patients and relatives have also reported incidents where delays have been caused by other factors such as equipment failure or incorrect personnel.

*Example:* “Rang because patient had a stroke the young lady on the phone was great running through a large number of checks to confirm that it was a stroke, the ambulance turned up and we were told they couldn’t take the patient to hospital because of not being trained told them surely they were better trained than me, and had to wait for a trained crew to come from Norwich to Needham Market…. NOT HAPPY The TV advert said ‘TIME’ is very important”

Perceived Quality of Treatment

We asked participants to tell us whether or not they felt that they received a quality service. 102 individual comments were analysed using the
Healthwatch Suffolk Service User Feedback database. A number of themes were identified as follows:

Quality

5.48 In total, 47 individual comments are directly attributed to positivity about service “quality”. Examples include:

Example: “I believe I received a quality service. They arrived 20 minutes after being called and immediately treated me for shock, after assessing the damage from my accident”

Example: “The service I received was definitely quality at all times.”

5.49 There are five comments that were considered negative about “quality”, two of which simply state that the service is not providing a quality service with no further explanation given. Other examples included:

Example: “When the ambulance came for my 2nd emergency it was a Quality service. But 2 years ago when no ambulance arrived as I was having and had a stroke it was non-existent.”

Example: “Sending a First Responder to someone who is into the third seizure, looks like inefficiency! If a paramedic is not available say so. Not waste every-one’s time. Some of us have lived with Epilepsy a long time, we know when to call for a paramedic.”

Staffing

5.50 As was the case when describing perceptions of treatment, staff and ambulance crews were also an important consideration when participants described the quality of the service.

5.51 In total, 15 positive comments are attributed to staff when asked about service quality. Examples include:

Example: “Yes! On all occasions the staff were courteous, professional, reassuring & conscientious.”
Example: “The service received was excellent on any occasion I have called an ambulance. In my experience paramedics are calming, capable and immediately put you at ease.”

Example: “They could not have been any more professional and re-assuring. First class quality service.”

5.52 There is just one negative comment attributed to this theme as follows:

Example: “The crews have been good but you can always improve, many lack the ability to converse with patients and general common sense.”

Waiting for the service

5.53 This theme is evidence that respondents considered the time for an ambulance crew to arrive as an important factor when thinking within the context of service quality.

5.54 Positivity about waiting in the context of quality is associated with a perceived prompt response from the service. Examples include:

Example: “From the Ambulance Service yes I received a quality service - they came swiftly (on 2 of 3 occasions) they provide care and support to the patient and they got the patient to hospital and into the system which is what a lot of people can't do on their own.”


5.55 Conversely, where the service has not met the expectations of the service user with regard to “waiting”, individuals have expressed negativity within the context of service quality. Examples include:

Example: “Whilst the public misuse the service it is unlikely that the service will be of a consistently high quality. The service received was satisfactory apart from the time delay.”

Example: “Too long to wait.”
NHS 111 services in Suffolk as a form of alternative support

5.56 NHS 111 services in Suffolk are provided by Integrated Care 24 in Waveney and Harmoni (a part of Care UK) for the rest of Suffolk.

5.57 When asked about use of the 111 service, 297 individuals told us that they were aware that the service was available. This leaves 20 of our sample that did not know NHS 111 was available for them to use. 19 people skipped this question.

5.58 Interestingly, whilst 20 individuals were not aware of the service, 33 people said that they did not know how to access it.

- 22 were female and 8 were male.
- 7 were aged 21-40, 10 were aged 41-60 and 9 were aged 61-80.
- A slight majority of participants said that they live in Waveney district.

5.59 Whilst it is clear that a majority of people are aware of NHS 111, there is some further scope for promotion. Unfortunately, it is not considered that there is sufficient variation in our respondents profile (see 5.58 above) to warrant a recommendation that the service should focus its efforts on one particular demographic over another to address this in a targeted manner. The above demographical split is likely to be representative of our sample only.

Experience of the NHS 111 service

5.60 Where people have used the service, we asked participants to tell us about their experience of NHS 111 in Suffolk.

5.61 From data available, it is determined that at least 27 of the comments are provided by people that live in Waveney. These comments could of course be relevant to either Waveney or the rest of Suffolk.
Figure 9: Bar chart - Commentary split by NHS 111 provider and sentiment. NHS 111 services are provided by Integrated Care 24 in Great Yarmouth and Waveney (27 comments in total) and by Care UK (Harmoni) across the rest of Suffolk (158 comments in total).

5.62 As figure 10 shows, there is a relatively even split as to the overall sentiment of the comments with 82 positive comments and 77 negative comments. 26 comments were neutral in sentiment.

Figure 10: Comment sentiment (positive, neutral and negative).
Analysis of frequently mentioned words from the commentary highlights the following word recurrences:

- Good (35 mentions)
- Helpful: (23 mentions)
- Prompt: (7 mentions)
- Waiting: (7 mentions)
- Professional: (8 mentions)
- Efficient: (8 mentions)
- Pleased: (9 mentions)
- Quick: (11 mentions)
- Excellent: (11 mentions)
- Very Good: (12 mentions)

Analysis of the commentary has identified the following themes:

Advice and Information

There are nine positive comments listed under this theme. These are reflective of instances where the patient has been given helpful advice promptly by the service.

Example: “I called to get advice for someone with nose bleed. I know from experience that this was not a 999 call but the condition was distressing. 111 confirmed the time a 999 should be made if the bleeding did not stop - They were very helpful and supportive.”

Example: “Took a long time to get advice but good once got it.”

Example: “Gave good advice to a visitor to our home about contacting local GP surgery.”

There are nine negative comments which tend to question the quality of the advice given.

Example: “I have used them found them lacking in knowledge I got info from the web all they seem to do is tell you to go to A&E”

Example: “111 - completely useless and incompetent - vomiting 15 times during night - agonising pain - jaundiced. Questioned for 10-15 minutes”
(will ring back in next 60 minutes) 10/15 minutes later told to go to walk in centre, Colchester - could not get out of car - NO wheelchairs, told to go to A&E - NO wheelchairs available - has to return home, dialled 999, diverted to 111 - finally got phone call from clinician who ordered ambulance - 2 1/2 hours from first call to 111 - ambulance arrived in 8-10 minutes - by now in critical condition - ambulance staff - fantastic.

Registration

5.67 There are five comments that express an apparent difficulty in getting through to 111 or receiving service. Unfortunately, some respondents have not chosen to elaborate further, making it difficult to assess the reasonableness of their commentary.

Example: “I rang 111 and advised my nearest local town was Haverhill and the reply came back that there was no cover yet for that area, please dial NHS Direct. On calling NHS Direct I was then advised to call 111. I had to recall 111 and say that my nearest town was Cambridge City and was then able to speak to someone. A very helpful nurse called me back and took some time finding me a doctor. A doctor eventually phoned from Ipswich....Saw excellent doctor in Bury St Edmunds. We were given a prescription and my mother was treated with excellent care....Disappointing that after 4.00pm on Saturday, no out of hours cover in Haverhill area.”

Example: “found it difficult to get through to 111”

Example: “I had to ring 4times to get through as the call dropped out after 20secs of being answered. In the end the operator took my number and called me back.”

Waiting for service

5.68 There are 19 positive and 15 negative comments attributed to the theme of waiting. There are 3 neutral comments.

5.69 Positive comments may be correlated with experiencing a quick response from the service.

Example: “I have used it once was very impressed quick response treatment excellent”
Example: “Very good and quick response”

Example: “Service was appropriate for my needs and I got an appointment with a GP in a timely manner.”

Example: “Each time I have called the situation has been dealt with quickly + efficiently.”

5.70 Some commentators have however expressed disappointed as to the length of time that they waited for a call back.

Example: “It is rubbish, waited 4 hours for somebody to call”

Example: “I waited ages for a call back. It was a simple thing I tried to get sorted out before going on holiday...”

Example: “Long wait for call back re symptoms - then another long wait for doctor”

5.71 There is also negativity expressed about the length of time that call handlers take to ask questions and subsequently take action. One person commented that this form of waiting has led to frustration and a visit to A+E for quicker service.

Example: “...The call-takers are excessively robotic, leading you to have to go round and round in circles until the computer finally understands what you mean...”

Example: “Not very good, they asked loads of questions that I then had to ask my mum that were not relevant. A doctor arrived 6 hours later, in the meantime my mum had fallen down. An ambulance came from Colchester as the previous one had been diverted to an 'emergency' worse than my mum’s situation. Eventually got to hospital 8 hours after the first call.”

Quality

5.72 22 positive comments, 1 neutral comment and 21 negative comments are attributed to this theme. They are related to a number of issues. Perhaps the most popular of these are judgments about the appropriateness of decisions to dispatch or not dispatch an emergency ambulance.
Example: “They asked a lot of totally irrelevant questions and insisted on sending an ambulance when I felt it unnecessary”

Example: “Took too long for advice and tried to send an ambulance despite me saying I did not need one and I just wanted advice.”

Example: “Awful to be honest. I rang them before the ambulance and told them I had already tried to contact my doctor and was waiting for a call back. It had been two hours and my son’s condition got worse so I rang 111. I spoke to them for 20 minutes and then my son did and at the end of the call they told me to ring my doctor, even though I said I already had. I made it clear my son had ulcerative colitis and what his symptoms were but they did not pick up that it was a severe flare up and he was in danger of severe dehydration. In the end we waited 6 and a half hours to call the ambulance and I wish I had done it sooner. My son ended up seriously ill and needed to have his bowel removed.”

Example: “Tri ed to send me an ambulance when I just wanted advice.”

Example: “I’ve used 111 several times but it is not always very efficient. My husband had chest pains and was told to call his doctor. Apparently he should have had an ambulance.”

Example: “they clearly have call takers who have no medical qualifications reading pre- loaded questions from a computer script. The vast majority of these questions are pointless and completely unrelated to your problem. Once they’ve finished they generally send an Ambulance that you don’t really need. The time I rang my mum had a urinary infection but we had to have an Ambulance because she was confused and ‘not alert’. We then ended up in A/e for 5 hours to be told to go home and see your Gp. All we really needed was an Ooh’s Gp appointment. But hey-ho there must have been a massive saving for the tax payer somewhere I suppose.”

Example: “Advice was to call an ambulance which seemed inappropriate to me so I called my GP.”

Responsiveness, action and continuity

5.73 Several respondents expressed concern at the level of response that they received from the service.

Example: “They never even rang back, Rubbish”
Example: “I used 111 to request a Doctor to certify a death so that the undertaker could attend to remove the body. I am still waiting for a ring back which was promised by the operator. People have no confidence in 111 as the people manning it are from private companies and are untrained in medical matters.”

6.0 INTERVIEWS

Method and Sample

6.1 Out of all 337 respondents, 158 (47%) reported that they would be happy to be contacted for a follow-up interview. Out of 158 respondents who reported that they were happy to be contacted, 124 (37%) provided contact details. The researcher contacted 75 respondents and invited them to take part in an interview.

6.2 The researcher used a random selection method in order to invite respondents to take part in an interview. This method was adopted in order to minimise potential researcher bias when inviting respondents, which has the potential to affect results.

6.3 Out of 75 respondents who were invited to take part in an interview, 23 responded and registered their interest. The researcher conducted interviews until data saturation was reached. As a result, twenty interviews were conducted. The sample is a medium sized sample and the opinions stated are useful in our wider understanding of issues that exist around the East of England Ambulance Service.

6.4 The Researcher followed the same interview script for every interview, however the interview scripts were implemented in a semi-structured way. This means that each interview followed the same basic structure but the dialogue was directed by the respondent. The interview script can be found in Appendix 3.

6.5 The following analysis identifies that the majority of respondents did not use an ambulance themselves but called an ambulance for a family member, friend or neighbour. SJ are the initials of the Healthwatch researcher.

Themes
Feeding directly from the broad feedback received in the survey data, respondents were invited to discuss matters relating to the amount of time that they had to wait for the ambulance to arrive, the level of service that they received from the ambulance crew, and their personal views on how the East of England Ambulance Service could be improved. The interview focused on the following two areas:

1. Public Perceptions and expectations
2. Alternative Support

**Public Perceptions and Expectations**

**Theme 1: Quality of treatment**

The first theme that was identified was the quality of treatment that respondents received. Quality of treatment covered the level of service from the ambulance crew and from the 111 service.

**Theme 1.1. High Quality of treatment**

15 respondents that were interviewed reported positive experiences of using the service and comments reported that the ambulance crew exceeded the respondent’s expectations and the ambulance crew could not have done any more. Respondents commented that the ambulance crews stayed around for longer than expected, and that the staff were professional, compassionate, efficient, polite, courteous, reassuring and understanding.

*PBD ‘Very high level of service and prompt.’
PRS ‘Yes, very, on all occasions really […] we’ve never had a problem with it’
PBL ‘Extremely polite and really listened to me, despite objecting their perfectly correct procedures […]’*

Within the comments around the quality of treatment respondents commented upon their positive experience of using the East of England Ambulance Service. Respondents commented upon the quality of service from the 999 operator, quality of service from the ambulance crew and quality of service from the 111 service.
Seven respondents that were interviewed reported positive experiences of using the service. Respondents commented that the ambulance crew provided a very high level of service, and it was recognised that the ambulance crew sometimes received unnecessary criticism within the press, which was considered not to be a true reflection of the service that was delivered by the ambulance crew.

**PJW:** ‘Just a big thank you for the very good service. I don’t know what we would do or where we would be without the service’
**PLE:** ‘Both services were very good and I had a very positive experience when I had to use them. They listened to us and they gave you the right information. Just really good’
**PSM:** ‘No just that I was perfectly happy and satisfied with the service and they were very considerate and compassionate. In that situation I really couldn’t have expected more’
**PYC:** ‘Just that they were lovely’
**PBD:** ‘I think this is an excellent service’
**PRS:** ‘I have to say that the whole experience [...] was really very good’.
**PCF:** ‘They were very good, the care side of it, each time. I think it is down to the management that are running it. I couldn’t fault the ambulance crew. The whole system of calling an ambulance needs to be rethought’

Three respondents that were interviewed reported negative experiences of using the service. All three respondents commented that they felt their negative experience was related to how the telephone operator had failed to listen to their requests. This often resulted in a delay of treatment for the patient.

**PMH** ‘On the last occasion they didn’t seem to listen as they sent the first responder’
**PJW** ‘It is sometimes frustrating when I know what is going on with my husband but they don’t listen to me’
**PJW** ‘Sometimes they do but often they don’t listen to me because they are determined to go through their script’

One respondent’s comments reported an instance where the respondent felt that the ambulance crew had not treated each other with dignity and respect. The respondent reported that the ambulance crew had made unprofessional comments about a colleague to the respondent and the patient.

**PDE** ‘The ambulance crew did not treat each other with dignity or respect’
The same respondent reported that the ambulance crew recognised that an elderly patient did not need to go to hospital, however they commented that they would need to take her to hospital in order to protect themselves.

PDE: ‘They were happy with the cause of the fall and were happy that it wasn’t her heart that had caused it, but they said that they would have to take her to hospital to ‘cover their own backs’. They actually said ‘someone might criticise us if we don’t get you to hospital’ although we agree that you don’t need to go. I had to fight to ensure that she wasn’t admitted.’

6.13 One respondent’s comments reported an instance where the ambulance service’s lack of appropriate vehicle caused a patient to wait over 4 hours for an appropriate vehicle to arrive to transport her to hospital. The respondent clearly felt that they received a very poor service from the ambulance service.

PJR ‘[My Daughter] was kicked by a horse so we called for an ambulance. A paramedic arrived about 15-20 minutes later but because she wasn’t in a field they couldn’t get access to her. The air ambulance wouldn’t come out because it was getting dark and so they couldn’t fly. The paramedics that did turn up weren’t fully equipped, they only had thin blankets and they didn’t have silver foil blankets to keep her warm. They called for another ambulance which was an auto rain vehicle, which took another hour to get there. At one point she had three ambulances and 8 paramedics, when she was put into this vehicle 4 hours later, which then broke down on the A14. She spent 4 days in hospital with suspected hypothermia’

6.14 Finally, a respondent commented that a negative experience was caused by the excessive amount of paperwork that was required when the ambulance arrived. The respondent reported that she was a regular caller and she did not appreciate having to complete the same paperwork every time as she was required to answer the same questions on a regular basis. The respondent felt that there should be a more efficient way to record the patient’s data and the respondent felt that the ambulance crew should be able to access the patient’s medical records within the patients home.

PRH ‘The only thing that I would complain about, and that isn’t the crew’s fault, is that there is too much paperwork and too much time spent on filling the information in on the tablet,’
Theme 1.2. Issues with resources and communication/listening issues

6.15 Two respondents identified that there a lack of appropriate ambulances that offered emergency support within their local area (Haverhill and Ipswich).

‘PJE ‘Where I live [the ambulance service] pretty much doesn’t exist […] it has been cut down to one ambulance and there are 30,000 people where live in the town nearby’
PJR ‘There should be more 4x4 ambulances covering rural Suffolk’

6.16 Three respondents highlighted communication issues between services (the ambulance crew and GP’s). It was identified that the telephone operators and paramedics should be able to access patient’s medical records when the ambulance arrives. It was suggested that this might reduce the time spent explaining the situation, particularly when the respondent identified as a regular caller.

PDE: ‘The ambulance crew as part of routine should ring GP’s and get access to the patient’s medical records as a point of routine.’
PIB: ‘They should link up data with the hospital staff and the ambulance crew’
PJW: ‘It would be good if the system could flag up that I am a regular caller. If the telephone operators could access that information they might believe that I know what I am talking about.’

Theme 2: Improvements for ‘service’

6.17 Respondents highlighted that certain improvements should be made to the ambulance service. Comments focused on more resources and more training. Some respondents reported that they didn’t feel any improvements were needed.

Theme 2.1 More resources

PBL ‘Erm, bluntly, a better calibre of management’
PDE ‘My overall outcome was positive as my Mother received very good treatment. The negative aspects could be used as a learning tool so I won’t class them as negative. Yes, I would say overall it was a positive experience of the service but improvements do need to be made’
PJ6 ‘More ambulances than cars with more paramedics on every ambulance. They are making the right changes and it will bring about the right results long-term so that is good’

PJR ‘More diverse range of vehicles e.g. 4 x 4, better organisation of vehicles’

PJ17 ‘There should be another service that helps respondents who are handicapped or not physically able to move themselves so that we don’t have to resort to 999’

PJ16 ‘Not to send it away or to make them wait on the A11. To actually have the ambulance within the town so that it can be here ready for when residents need it’

PJ11 ‘Perhaps get newer vehicles so that they could respond faster and less chance of breaking down’

PSM ‘I think more ambulances than cars should be on the roads with more paramedics on every ambulances’

PJR ‘They need to gear themselves up for rural Suffolk, we are a farming county. They have to system in place that enables them to deal with the situation as best. More vehicles that are better equipped’

PRS ‘Always short on ambulances these days, and they look very old’

PCF ‘There should be more ambulances available locally’

PJE ‘put it back to 2 ambulances and don’t keep dragging them away’

PRH ‘Access respondent data from the tablets. In cases where they are called out fairly regularly, they should ask for permission to be able to access respondent records, then they wouldn’t waste half an hour asking the same questions every time’

PRH ‘I do feel that there should be some other service that should help us with people with severe handicapped people who have had a fall. It is an expensive way, but when someone is desperate. I don’t necessarily think carers are the right answer’

Theme 2.2 More training

6.18 Two participants suggested that extra training for staff might be a useful way to improve the effectiveness of the ambulance service. One participant suggested that the telephone operators who respond to 999 calls should receive additional training, in order to avoid sending ambulances to respondents when it is unnecessary.

PBP: ‘It tends to be a one-size fits all (I have experience of being in the control room). The staff that answer the 999 calls make a good effort to
get all the accurate information - but often they send an ambulance and at least 2 paramedics to a case that doesn’t need it’

Another participant suggested that training for ambulance crews may help to improve the quality of the service that they deliver, however the participant did acknowledge that the ambulance service currently offer a good service.

PBD: ‘I think it is quite a good service, I guess times can be improved and there could be better training for crews as services can always be improved but there isn’t anything specific that I can think of’

Theme 2.3 No improvements needed

6.19 Four participants suggested that they did not think the ambulance service needed to be improved. These four participants clearly expressed that they had received such a high level of service from the ambulance crew that did not feel that the ambulance service needed to be improved.

RSJ: ‘Do you think the ambulance service could be improved?’
PLE ‘Well, no, not really. Not based on my experience anyway. If I base it on my experience when I phoned them then I don’t see that there is a need for improvements as both times they’ve been particularly positive, yeah’
PTT: ‘no need for improvements’
PYC: ‘I honestly can’t think of any improvements, because my experience has been that they [the ambulance service] are just really really good.’
PMD: ‘Based on my experience I don’t think there needs to be any improvements because it was first class. I didn’t have a negative experience at all. It’s the first and only time I or anyone close to me had to use it [the ambulance service]. It was such a positive experience which had a very positive outcome.’

Theme 2.4 Unfair/inaccurate media portrayal

6.20 Five respondents commented that the ambulance crew provided a very high level of service and commented that the ambulance crew sometimes received unnecessary criticism within the press, which was considered not to be a true reflection of the service that was delivered by the ambulance crew.

PBL: ‘We hear the horror stories about people that die from waiting times […] the media stories are always exaggerated. Every incident has been
reported incorrectly, for various reasons. I know from my personal experience that things aren’t that bad as my personal experience is that they are very good.’

**PBW:** ‘I get extremely annoyed because we are portrayed in a very bad light by the media. The politicians, and people from the Government should go out in the ambulances and experience what we do. We end up feeling very unloved if that’s the right word. When you get back from a long hard shift, the last thing you want to see and hear is the news telling us that we aren’t doing a good enough job’

**PMD:** ‘Purely it is what I read in the media which is not very positive. I mean I may have been lucky because it was a Saturday afternoon at 4pm but I honestly really couldn’t fault the crew or the service and my wife agrees’

**PBL:** ‘Very positive experiences and I am disheartened to see a bunch of good hearted people get such negative feedback all the time. It would be good to see the good feedback shared’

**PRH:** ‘I feel that the criticisms of the ambulance service in some ways are being very unkind’

---

**Alternative Support**

6.21 Nine respondents recorded positive experiences of using the 111 service. Positive experiences occurred when telephone operators reassured the caller, quickly provided the caller with accurate and relevant information, effectively signposted them to other useful services, offered an Out of Hours GP appointment or Hospital appointment and prevented patients from unnecessarily calling an ambulance.

**P???:** ‘She was most helpful at providing reassurance for my wife as she was worried that it might be something much more serious’

**PJW:** ‘My experience of using the 111 service was a good experience overall. They gave me the info that I needed and were quite good really.’

**PJR:** ‘They were really good. My husband. No nothing negative, they were really good and quick to the point’

6.22 Two respondents recorded negative experiences of using the 111 service. Negative experiences were related to a long delay in patients receiving an ambulance and frustration when the telephone operators at 111 followed their scripts and refused to listen to the caller and tailor their questions.
PCF: ‘They said they would send an out of hours doctor, but when she actually arrived my mum had had another fall and because she was on the floor the OOH GP then had to call for an ambulance. That particular time we had to wait about another two hours for an ambulance to arrive’

PJW: The only negative thing is that sometimes they still don’t listen to me, and like the 999 call they just go through their script. As I am a frequent caller it can be frustrating that I am rarely listened to or treated like I know what I am talking about’

Improvements needed for the 111 service

6.23 One participant who was interviewed commented that the 111 service did not need to be improved.

PLE: I don’t think it needs to be improved. I have used it twice and on both occasions I was really pleased with the service that I received’

6.24 Two participants who were interviewed recommended that the 111 service could be improved by allowing telephone operators within the 111 service to have access to respondent’s medical files. It was suggested by two participants that this would enable telephone operators to identify regular callers and could prevent repeating the same unnecessary questions each time the caller uses the 111 service.

PJ14 ‘Should listen to me if I am a regular caller, not just follow their processes, they should be able to look on their system and identify that we are regular users of the ambulance and that I know what I am’

PMH ‘If the person [who is] calling doesn’t seem to know what they are talking about, then they can go through their usual processes, but if the person who is calling knows what they are talking about, they need to listen to them instead of just following their processes.’

6.25 For additional comments as extracted in telephone interviews please see appendix 4.
7.0 CONCLUSION

Understanding When to Call for an Emergency Ambulance

7.1 It is clear that there is a mixed understanding amongst our sample about when it is appropriate to call for an emergency ambulance and under what circumstances it might be more appropriate to call NHS 111 for advice. Indeed, 12% of our sample felt uncertain about differentiating between the two services.

7.2 Many respondents reported an “immediate threat to life” as their definition of an emergency however it is considered that individual differences will mean that people respond to urgent situations in different ways and a person’s decision to call an ambulance will be influence by how they react “in the moment”.

7.3 These individual differences are reflected in the range of reported definitions for what constitutes an emergency on page 14 with themes ranging from “a threat to life” to “broken bones”. Other factors may also have influence such as a person’s personality traits (e.g. having a particularly cautious nature) however these were not accounted for in this research.

7.4 There is evidence to suggest that the current system of public education is ineffective. 92% of our sample indicated that EEAST could do more in this area.

7.5 Where attempts have been made to educate the public such as the “Wise up for winter” campaign, it is clear that a majority of our sample has not been reached (246, 73%).

7.6 It might be inferred therefore that more could be done to educate people about appropriate use of the ambulance service in general and alternative advice sources such as NHS 111. Certainly, 269 out of 337 participants agreed with this as a principle and a proportion of our sample did not even know that the 111 service exists.

7.7 Five themes became apparent when the sample were prompted to suggest ways through which the service could achieve such an aim and these were as follows:
- Use of advertising: This included suggestions for the service to launch media campaigns such as television advertisements.
- Charge/Prosecute for inappropriate use of the service
- Improve working with other providers and better access to alternative services: There is strong support for joint working across different agencies. This included ensuring that there are “greater resources across the board”, improved access to GP services and better working with the voluntary sector.
- Public ignorance: This included suggestions that there will always be people who abuse the system regardless of advice issued to the public.
- Education of the public: This included suggestions of ways through which better public education could be achieved such as use of a leafleting campaign, educating health and care professionals so that they can in turn educate others, outreach into schools and use of case study examples regarding appropriate use of the service.

Public Perceptions and Expectations

7.8 With regard to service performance, our sample were generally informed that the service has targets to meet with regard to its response times to emergencies. Only 14% of our sample were not.

7.9 A high proportion of the sample (83%) were happy for the service to divert ambulances to higher priority calls.

7.10 There is an expectation amongst our sample that the service should ensure that a paramedic is available on every vehicle. 223 (73%) individuals had this expectation although many are happy to wait for it to be achieved with just 36 individuals expressing otherwise.

7.11 Comments and subsequent interviews have highlighted that some patients feel that, based on their personal experience, there is an unfair and inaccurate portrayal of the service in the media.

7.12 The results of this survey have confirmed our established understanding that patients tend to feel positive about the crews and their treatment once the ambulance arrived. Indeed, there is a recurring theme of “Staffing” that is evident across discourse related to perceptions of treatment and service quality. A majority had confidence in the service and felt they were treated with dignity, compassion and respect by the crew at all times.
7.13 There was negativity expressed about the following areas:

- Waiting for ambulances
- Equipment failures
- Catchment delays
- Specific negative incidents regarding staff behaviour that should be attention by the service (see page 22)
- Lack of appreciation for the experience and knowledge of carers who support patients with long term conditions.
- Reported examples of delays in the region of CB9 postcodes (Haverhill). A number of participants located in this area have described serious incidents where they considered the response from the service to be too slow.

**NHS 111 as a form of Alternative Support**

7.14 Whilst a majority of our sample were aware of the NHS 111 service (297), there was a small number of individuals that were not. We believe that there is scope for greater publicity in this area so that people have a clear understanding about alternative services and where they can get advice to self-care if appropriate.

7.15 Overall, there are mixed experiences of NHS 111 services in Suffolk. Analysis of the commentary identified a number of themes including positivity and negativity regarding:

- The consistency and quality of advice and information: Some participants questioned the quality of the advice offered. Positivity is correlated with receiving helpful and prompt advice from the service.
- Access to the services
- The length of time spent on triage (NHS Pathways) and the actions determined.
- Waiting for the service to respond (at base or on the telephone)
- Decisions on appropriate times to dispatch an emergency ambulance
- The general responsiveness of the service
8.0 RECOMMENDATIONS

8.1 We consider that all of the findings and recommendations within this report are relevant to the current review of the health and social care system in Suffolk. The three Clinical Commissioning Groups in Suffolk should use this report to inform this review and the future design of urgent care services.

8.2 We would encourage better education and campaigning regarding use of NHS 111 and emergency ambulance services. This will ensure that people have knowledge and resources available that help them to self-care and ensure better use of services.

8.3 There is a need to review the effectiveness of current campaigns.

8.4 Individual differences will mean that regardless of definitions set by “professionals”, people will determine their own threshold as to what constitutes an “emergency”. It is therefore important that the urgent care system is responsive and organised in such a way that it accounts for these differences.

8.5 NHS 111 services in Suffolk should be improved with regard to access, responsiveness and triage tools. The re-commissioning of the service in the near future provides an ideal opportunity to enhance the service in Suffolk.

8.6 Other ways to discourage abuse of the ambulance service should be considered to maximise limited resources.

8.7 The ambulance service should align the findings of this report to the six priorities of its service improvement plan (see 2.7). We consider that the areas of concern highlighted in 7.13 above are being addressed within these priorities and should be implemented as soon as possible.

8.8 We have anonymously highlighted several comments about incidents regarding the behaviour and conduct of staff to the Trust and these should be used for the purposes of service improvement and learning.

8.9 There is strong evidence of positive experiences with ambulance crews and staff. We would like to encourage continued high standards in the areas identified and recommend that the Trust feeds this back to relevant teams.
8.10 We do not have sufficient evidence to determine whether the commentary regarding the “decimation” of the service in Haverhill may be generalised to the population of the area. It is therefore recommended that evidence is provided to confirm or challenge the local perception regarding inequality of service. Commissioners should ensure that any new model for urgent care enables fair and equal access to the service regardless of locality.

8.11 Healthwatch Suffolk will be working with the Trust, commissioners and providers to take forward the findings and recommendations of this report and track improvements.
# APPENDICES

<table>
<thead>
<tr>
<th>Appendix 1:</th>
<th>The Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EEAST Survey Final.pdf</td>
</tr>
<tr>
<td>Appendix 2:</td>
<td>List of locations to which surveys were circulated</td>
</tr>
<tr>
<td></td>
<td>Appendix 2 Survey Distribution List.pdf</td>
</tr>
<tr>
<td>Appendix 3:</td>
<td>Interview script</td>
</tr>
<tr>
<td></td>
<td>Qualitative Semi-Structured Ints</td>
</tr>
<tr>
<td>Appendix 4:</td>
<td>Additional transcript from telephone interviews</td>
</tr>
<tr>
<td></td>
<td>Appendix 4 Transcript.pdf</td>
</tr>
</tbody>
</table>