

London Ambulance Service Report:

A local survey of patient
experience in Redbridge



January 2023

Introduction

Healthwatch Redbridge (HWR) collects the views and experiences of all people accessing local health and social care services. We want to ensure people get the best support possible by listening to what they like about services and what might be improved. We share these views with the organisations that have the power to improve the quality of those services.

The London Ambulance Service (LAS) recently invited Healthwatch across London to support the provision of input into its new organisational strategy for 2023-28.

To facilitate this work, LAS commissioned a number of Healthwatch to carry out engagement activities across their local emergency departments to understand how emergency care could be improved from a patient perspective.

Redbridge context

People living in Redbridge regularly use the three main Accident & Emergency facilities located at Whipps Cross Hospital (as part of BARTS NHS Health Trust), King George & Queens Hospital (part of BHRUT Barking, Havering and Redbridge University Hospitals NHS Trust).

According to our most recent available data, the emergency four-hour waiting time target of 95% was not reached by all three hospitals:

- **November 2022:** *King George Hospital = 54.62%*
Queen's Hospital = 57.62%¹

There were also 627 delayed ambulance transfers across BHRUT.

- **October 2022:** *Whipps Cross Hospital = 73.1%²*

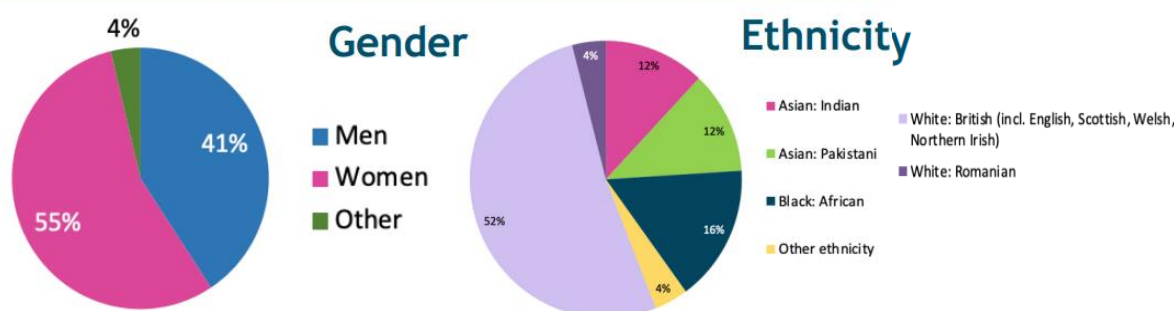
Information on ambulance handover's are not being reported at Whipps Cross as validation processes are currently being built and undergoing reassurance.

¹ <https://www.bhrhospitals.nhs.uk/our-performance/>

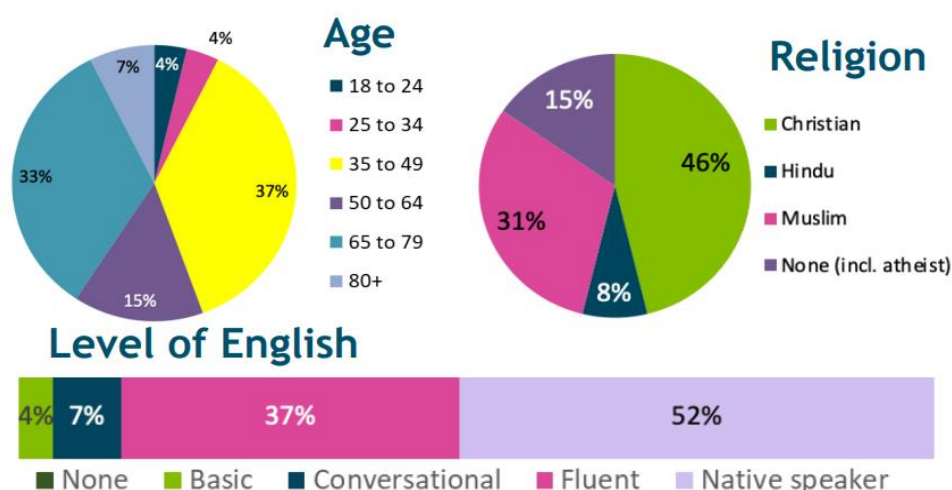
² <https://www.bartshealth.nhs.uk/download.cfm?doc=docm93jjm4n23252.pdf&ver=44446>

Demographic data

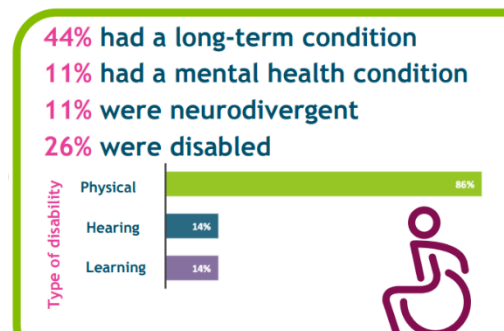
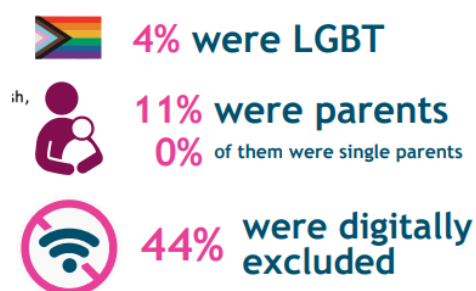
In presenting the demographic data for our survey respondents, we have included a link to current 2021 census data³ for context.



Our survey respondents, although not completely reflective in terms of ethnicity in the latest census, are diverse. We engaged with 52% White: British, 24% of respondents of an Asian ethnicity (12% Indian and 12% Pakistani), 16% Black African, 4% White Romanian and 4% other ethnicity.



Whilst most people we engaged with described themselves as being able to communicate fully in English, a small, but significant percentage (11%), told us their level of English was basic or conversational.



³ <https://www.ons.gov.uk/census/maps>

Methodology

To access the experiences of patients using London Ambulance Services in Redbridge, we used a mixed method engagement approach:

- Social media, including a link to the engagement survey was promoted on our Healthwatch Redbridge website, and through our Facebook and Twitter accounts.
- The survey was promoted on websites, and via e-newsletters, by many community and voluntary service organisations.
- We promoted the survey within the local weekly paper (Ilford Recorder, estimated reach 22,000 people). The promotion was also carried across their online publications.
- We sent information to the members of our Healthwatch Redbridge Community Network. The network has a reach of over 20,000 people.
- In-person engagement took place at Whipps Cross Hospital on 17th & 24th January, involving two members of staff and two volunteers on each occasion. Two wards and the Ambulatory Assessment Units (AAU1 & 2) were surveyed.

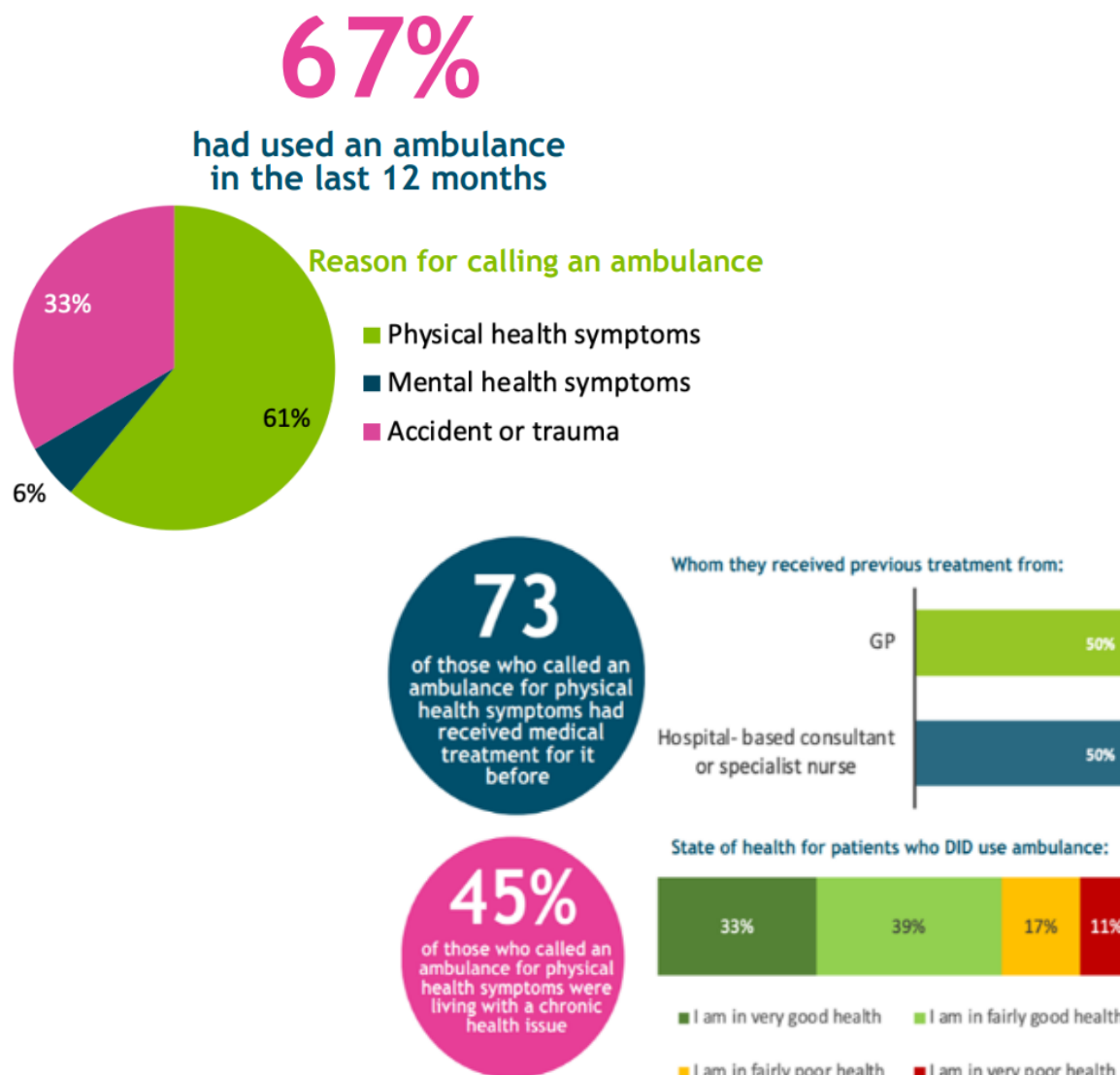
Limitations of the project

- **Impeded access** - at the time of the project and due to local industrial action by some members of the ambulance service; we were unable to conduct in-person engagement King George Hospital.
- **Short project timescales** - we believe a longer period of patient engagement avoiding the festive period would have facilitated a larger data sample.
- **Access to appropriate patients** - We were subject to the nature of patient transfers on the day and as discussed in our findings section below, we could not complete the survey with patients using alternative means of transfer to Hospital, however we have included any comments made by patients and families where relevant.
- **Lower than expected engagement** - In total, we engaged with 27 local people.

The data was analysed using our Community Insights Data System using Smart Survey software.

Findings

Our findings are consistent with other patient engagement reports we have completed across Health and Social Care insofar as most respondents were happy with the level of care when received but had difficulties initially accessing the service.



"Just treated me very well."

"More ambulance and more staff are needed..."

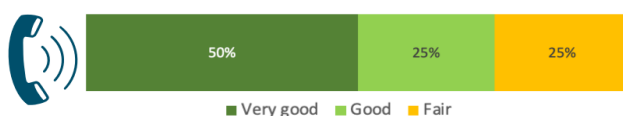
"...Staff at the moment are very helpful..."

There were several additional statements echoing the above sentiments.

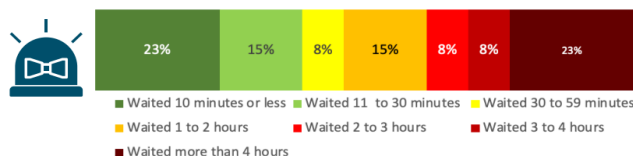
Patient journey

Accessing an ambulance

4 people gave feedback on their experience calling 999

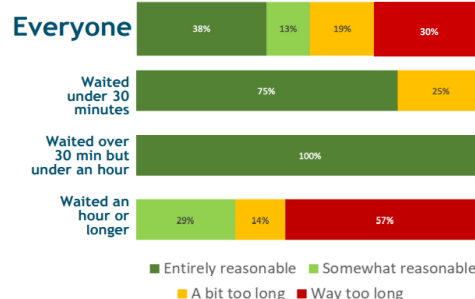


13 people gave feedback on waiting for an ambulance



The average waiting time for an ambulance was
2 hours and 37 minutes

Opinion of ambulance waiting times



The average waiting time for respondents was 2 hours and 37 minutes. Of the 27 responses, 13 gave feedback on their experience of waiting for an ambulance. Less than half of patients waited between 2 and 4 hours (39%). A similar percentage waited less than 30 minutes (38%).

"My wife brought me to hospital during the ambulance strike as it was not classified as life threatening."

Several patients told us they were told (by both 999 operators and GPs) to drive or to take taxi's to hospital as the wait would be long.

One patient who did so, was subsequently admitted to a ward, and his car has been left in the car park for 4 days.

Some patients we spoke to on the wards had not arrived by ambulance, making other transport arrangement after seeking medical advice assistance.

One of these was the First Response Service⁴ at Whipps Cross Hospital. Patients received a telephone call from a health professional who assesses the patient to identify the best support route. The assessment would also identify if a patient who needed to attend hospital; could safely make their way there by taxi or by a friend or family member.

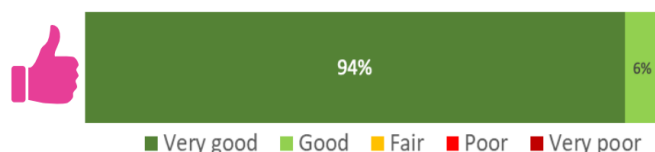
Those patients who had used this service, felt it had been a positive intervention, reducing the potential of a long wait for an ambulance.

⁴ <https://www.nelft.nhs.uk/services-waltham-forest-rapid-response/>

Experience of paramedics

Experience of paramedics

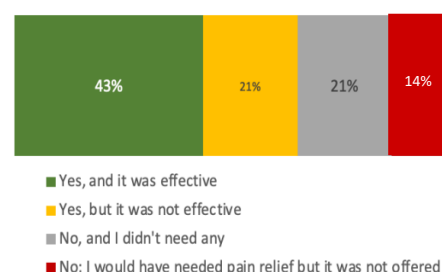
Most people had a **very good** experience of paramedics



Behavior of paramedics:



64% of patients received pain relief:



All survey respondents reported a very good (**94%**) or good (**6%**) experience of engaging with the paramedics. All patients agreed they had been treated with dignity and respect, that their privacy had been respected, and that the communication experienced was clear and easy to understand.

It was encouraging to see how many patients (**94%**) felt they could trust the paramedic.

And whilst many patients (**84%**) felt they had been given a choice about their next treatment steps; there were some (**13%**), left feeling uncertain about the plans made for their treatment.

A small number of patients (**14%**) would have preferred pain relief to have been offered, and a larger number (**21%**), felt the pain relief offered was not effective.

One patient told us that the paramedic team did not identify that she was visibly jaundiced. This was only picked up in hospital.

One patient felt communication could be improved as they had to call for an update after the initial 999 call. This patient waited **30** minutes to get through to somebody, and then a further **2** hours for the ambulance to arrive. He did add that the service was good once they had arrived.

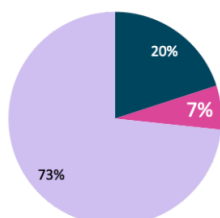
Journey to the Hospital

Journey to the hospital

100%
of those seen
by paramedics
were taken to
a hospital



The average journey
to a hospital took
21 minutes



■ King George Hospital
■ Royal London Hospital
■ Whipps Cross Hospital

The ambulance
was clean
and tidy

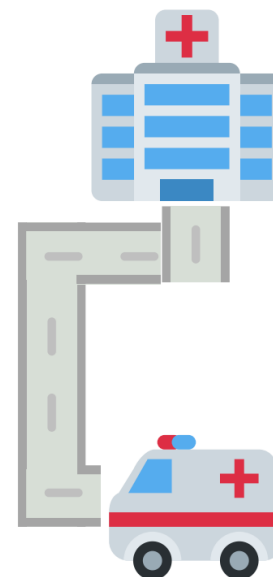
100%

The journey
to the
hospital was
comfortable

73%

27%

■ Definitely ■ To some extent ■ Not at all



All the patients in our survey were taken to hospital when seen by paramedics and felt that the ambulance was clean and tidy. The average journey took **21** minutes and **73%** of patients felt this was a comfortable experience. Given our findings about pain relief, it would be interesting for further study to identify if effective pain relief might be a factor in this.

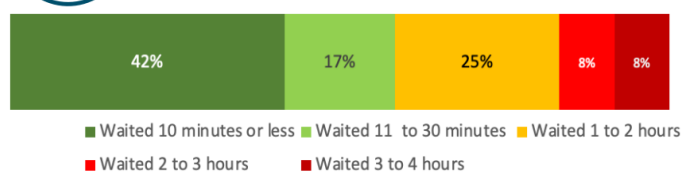
More than one patient waited in the ambulance queue for as long, or longer than their initial journey time to the hospital, but felt they were treated very well by paramedics during this period.

Experience of Accident and Emergency (A&E)

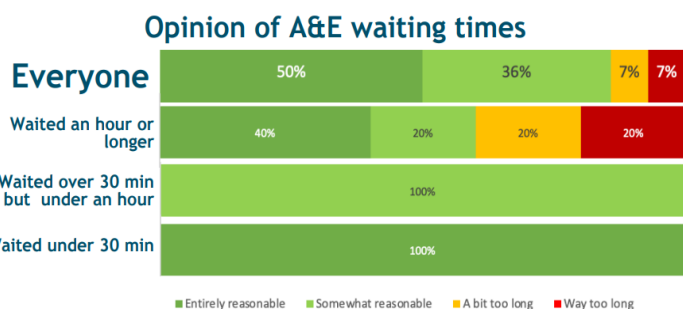
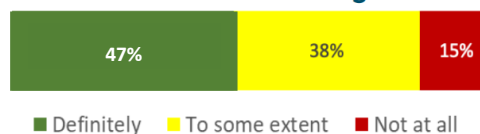
Experience of A&E 12 people gave feedback



The average waiting time in A&E was
47 minutes



Do services work well together?



The average waiting time in A&E was **47 minutes**. Of the **12** respondents who gave feedback about their waiting time experiences, some patients (**16%**) told us they had waited between two and four hours.

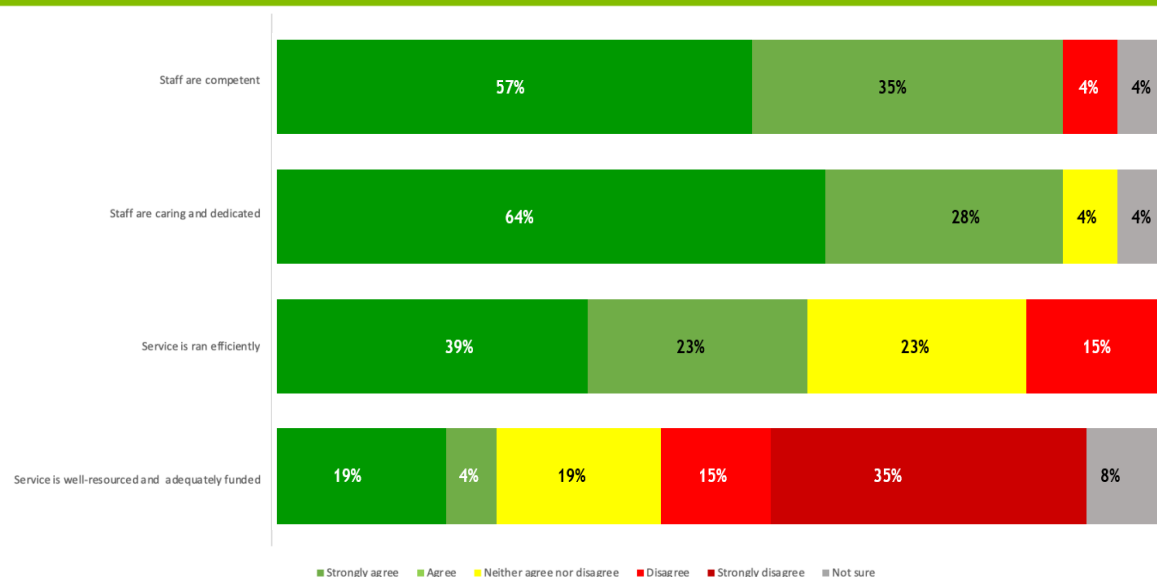
Respondents had a mixed view as to whether services worked well together. Whilst just under half (**47%**), felt services did work well, over half were unsure or not at all sure (**53%**).

There was a mixed view of A&E waiting times with all those respondents waiting under one hour feeling this was entirely reasonable. Waits of over one hour appeared to decrease satisfaction in respondents. Of those who waited over one hour, **7%** felt this was “way too long”.

One patient who was in ill health at the time and identified as a disabled person, told us she felt she had received an excellent service in relation to response and care. She felt so strongly that the paramedics who spent some time in her home, went beyond their call of duty that she wanted to thank them personally.

Perceptions of the LAS

Perception of the London Ambulance Service



The patients that we interviewed had an overwhelmingly positive view of the competence of London Ambulance paramedics with **92%** of respondents agreeing, or strongly agreeing that staff were safe and effective.

Respondents gave a similar evaluation of the caring and dedicated nature of staff who cared for them (**92%**), with respondents saying they either strongly agreed, or agreed with this statement.

However, when asked about the competence of the London Ambulance Service as a whole, **38%** felt the service was not run efficiently.

Furthermore, half of respondents (**50%**) felt the service was not well resourced or adequately funded.

Conclusion

Our report demonstrates that once patients were seen by a paramedic, they felt safe and respected.

Many people were very positive about the support they had received from LAS staff; it was unclear whether staff received direct feedback.

Although a small data sample, there were some concerns raised where patients felt they did not receive adequate pain relief. Additionally, a small number of patients felt decisions were made without their input.

Additional contextual insights demonstrated that many patients we spoke to were content to seek alternative means of transport to hospital. This would indicate a strong public perception of the barriers to accessing an ambulance.

With the pressures on service, local up-to-date information should be provided to local communities about waiting times and advice about seeking appropriate medical help. Communication would need to be available in appropriate languages, through a variety of media.

Recommendations in brief

Communicate positive feedback to paramedic teams as gaining trust and generating a context of safety in emergency is a highly skilled and valuable quality of the service.

Draw attention to the value of discussion, where possible, about pain relief in ensuring ongoing patient comfort.

Draw attention to the need for careful negotiation of next steps in the patient journey where this is possible and in the best interests of the patient.

Given the diversity of our borough, it might be worth considering exploring the nature of accessible communication and language services. For example, through our work with local mosques, we are aware they use their own social media platforms to engage with their communities.

Acknowledgements

Healthwatch Redbridge would like to thank participants who engaged with Healthwatch staff and volunteers, or took part in the survey. We were also grateful for the support received from Barts Health and BHRUT staff to organise the hospital visits.

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