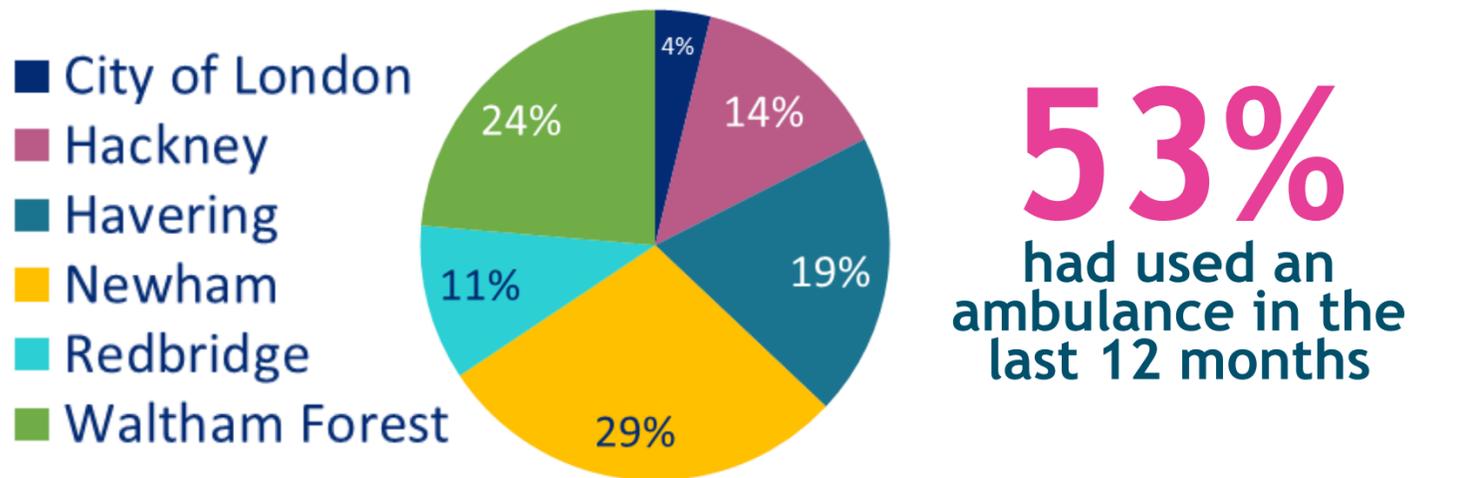


London Ambulance Survey

North East London- wide

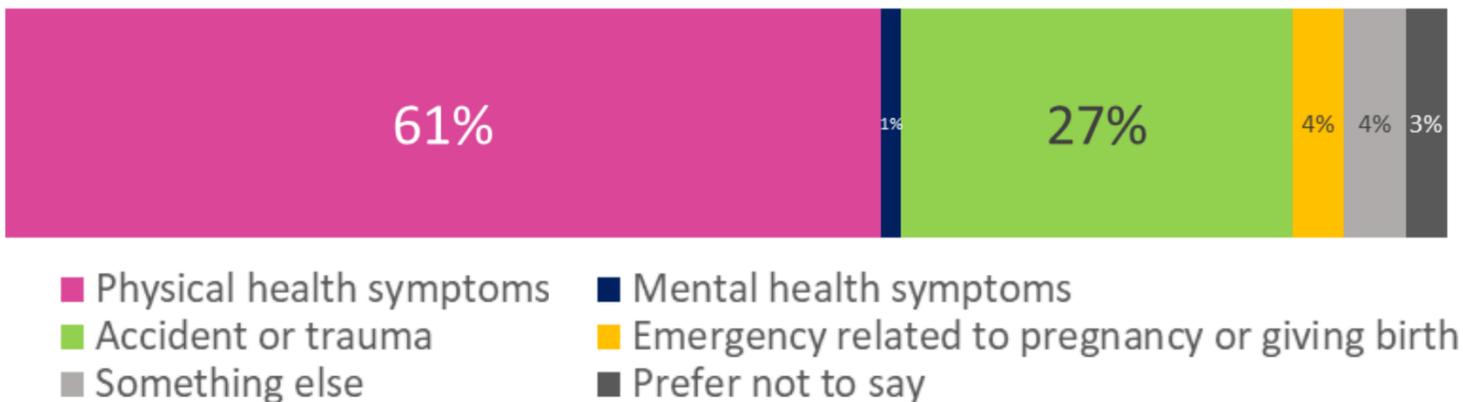


Healthwatch in North East London engaged with **262 local residents** on their experience with ambulance services



53% had used an ambulance in the last 12 months

Reason for calling an ambulance

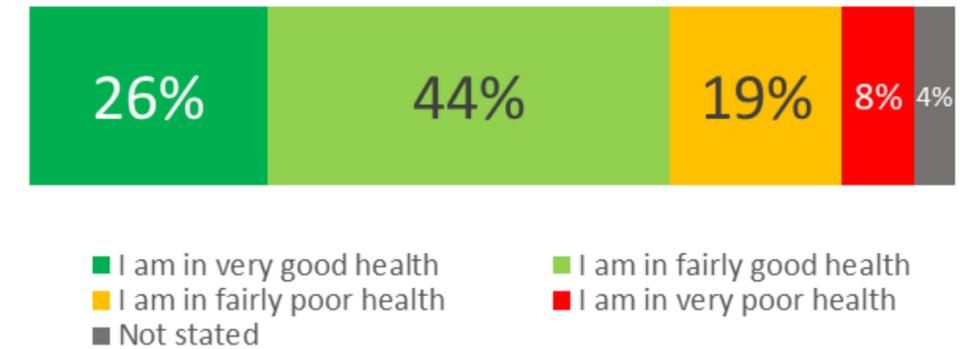


54% of those who called an ambulance for physical health symptoms were living with a chronic health issue

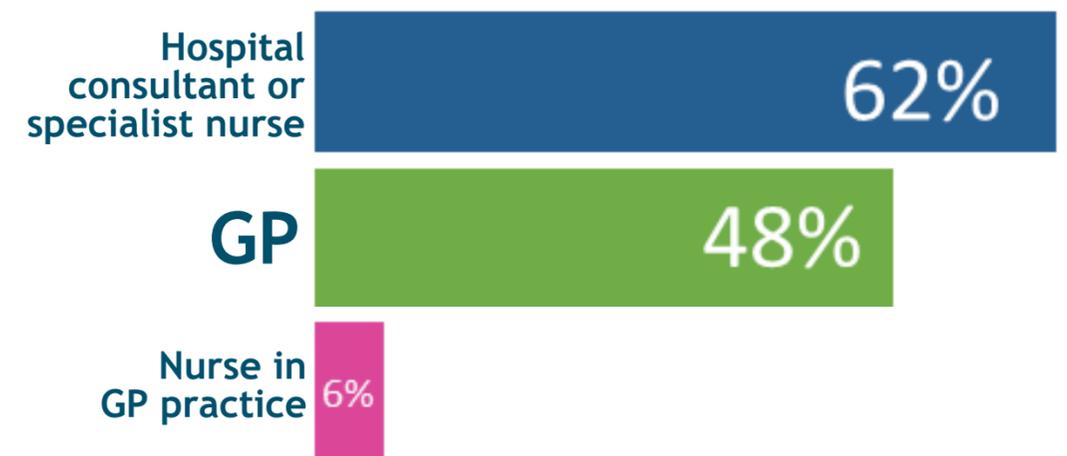
61% of those who called an ambulance for physical health symptoms had received medical treatment for it before.

50% of them did so within the last month.

State of health for patients who DID use ambulance:



Whom they received previous treatment from:



London Ambulance Survey

North East London- wide



healthwatch
working together

What we have learned

➤ Most people have a positive view of the London Ambulance service and its staff. They are, however concerned about ambulance waiting times and about the under-resourcing of the service; as well as about the state of the NHS in general. Those who used ambulance services gave positive feedback on care received from paramedics.

Patients who reported a reasonable amount of time for an ambulance were only slightly less worried about ambulance waiting times locally than those who waited too long; suggesting worry may be related to general awareness of the current NHS crisis.

➤ Most patients access the ambulance through calling 999, but a minority came through via 111. Patients who called 111 were more likely to be pregnant, elderly, disabled or living alone.

➤ Average ambulance waiting time was an hour and 21 minutes, with over 60% of patients waiting less than an hour. A small minority, however, report waiting multiple hours. Ambulance waiting times varied by borough, with shortest in the City of London and longest in Redbridge. Waiting times of under an hour are seen as acceptable by a majority.

London Ambulance Survey

North East London- wide



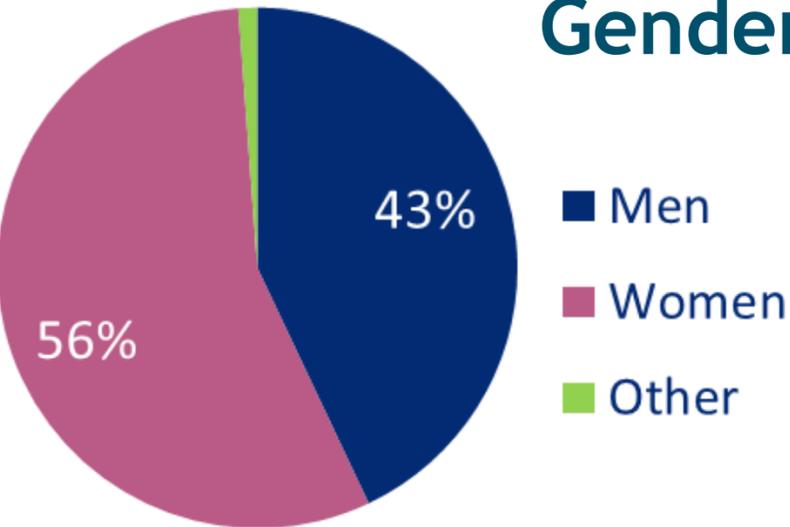
healthwatch
working together

What we have learned

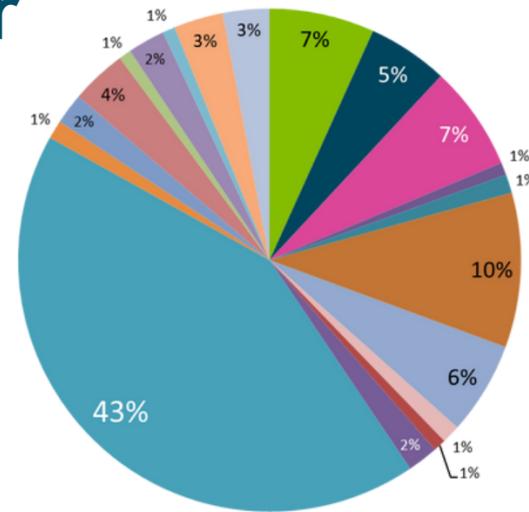
-  Most patients were taken to a hospital after being attended to by paramedics, with only 17% being treated exclusively at home. Patients in the City of London had longer journeys to the hospital. Most patients were comfortable in the ambulance and reported it to be clean and tidy.
-  Experience of A&E waiting times was mixed; patients at the Royal London Hospital experienced the shortest waits and patients at King George Hospital the longest.
-  In terms of improving the London Ambulance service, patients approached the issue in the wider context of the NHS. Main ideas coming from patients were around:
 - Increasing investment in the LAS, including better pay and conditions for staff.
 - Improving waiting times and service responsiveness, including streamlining triage at dispatch
 - Improving handover between ambulance and A&E.
 - Improving primary care services and alternative urgent care services for situations which are not life-threatening, to decrease pressure on ambulances.
 - Better training for 111/999 dispatchers and ambulance drivers.

Who our respondents were

Gender



- Men
- Women
- Other



Ethnicity

- Asian: Bangladeshi
- Asian: Indian
- Asian: Pakistani
- Asian: Sri Lankan
- Other Asian ethnicity
- Black: African
- Black: Caribbean
- Other Black ethnicity
- Jewish
- Mixed
- White: British
- White: Baltic
- White: Irish
- White: Polish
- White: Roma
- White: Romanian
- White: Turkish
- Other White ethnicities
- Other ethnicity



8% were LGBT

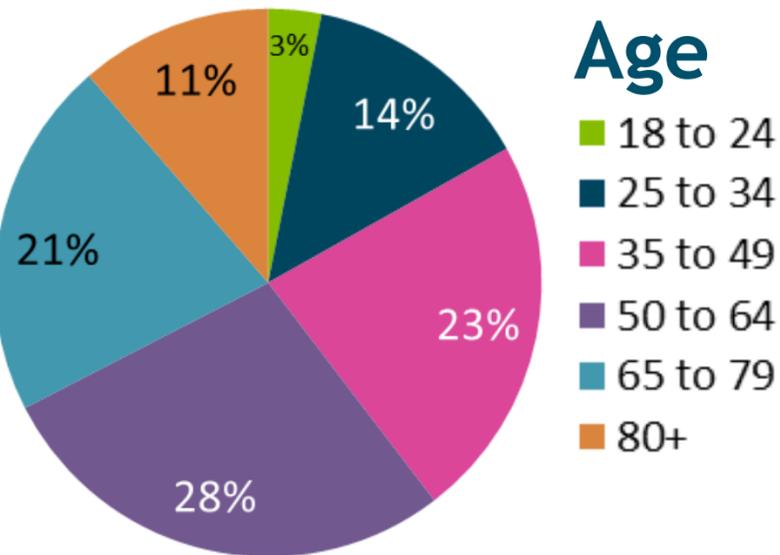


21% were parents
21% of them were single parents

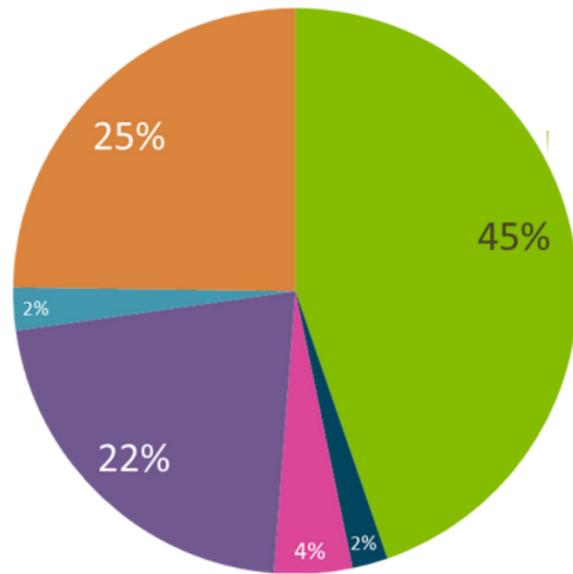


40% were digitally excluded

Age



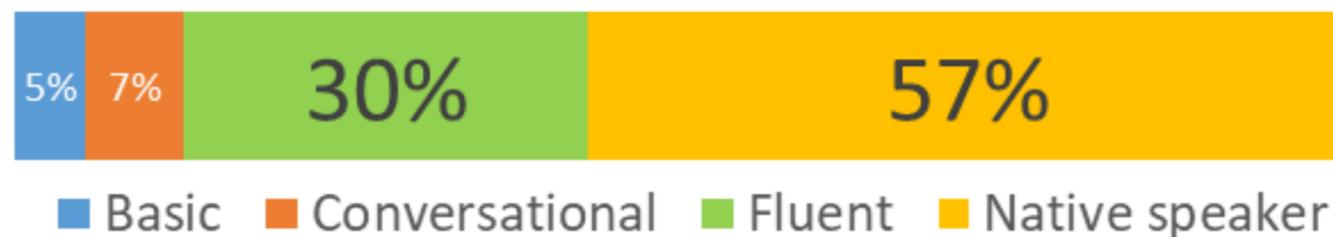
- 18 to 24
- 25 to 34
- 35 to 49
- 50 to 64
- 65 to 79
- 80+



Religion

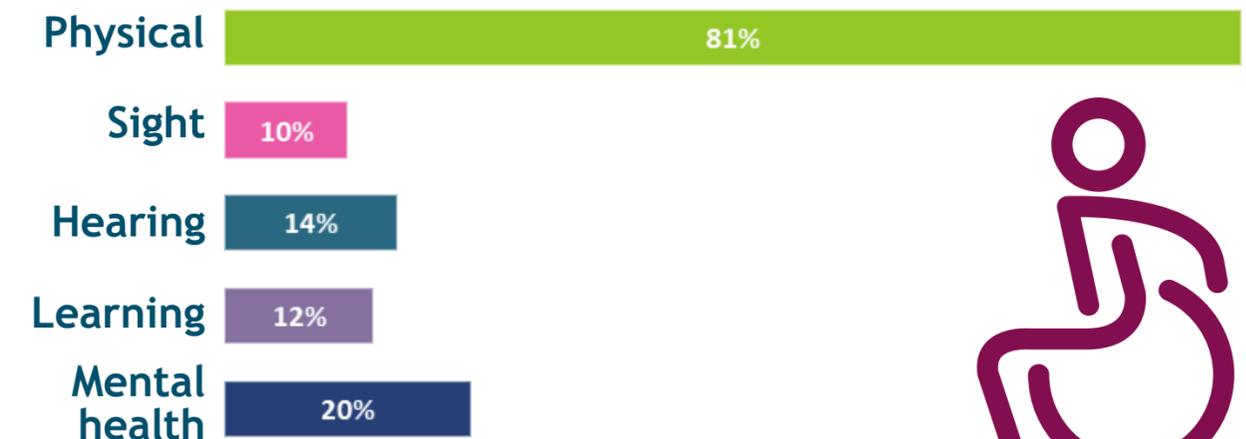
- Christian
- Hindu
- Jewish
- Muslim
- Other
- None (incl. atheist)

Level of English



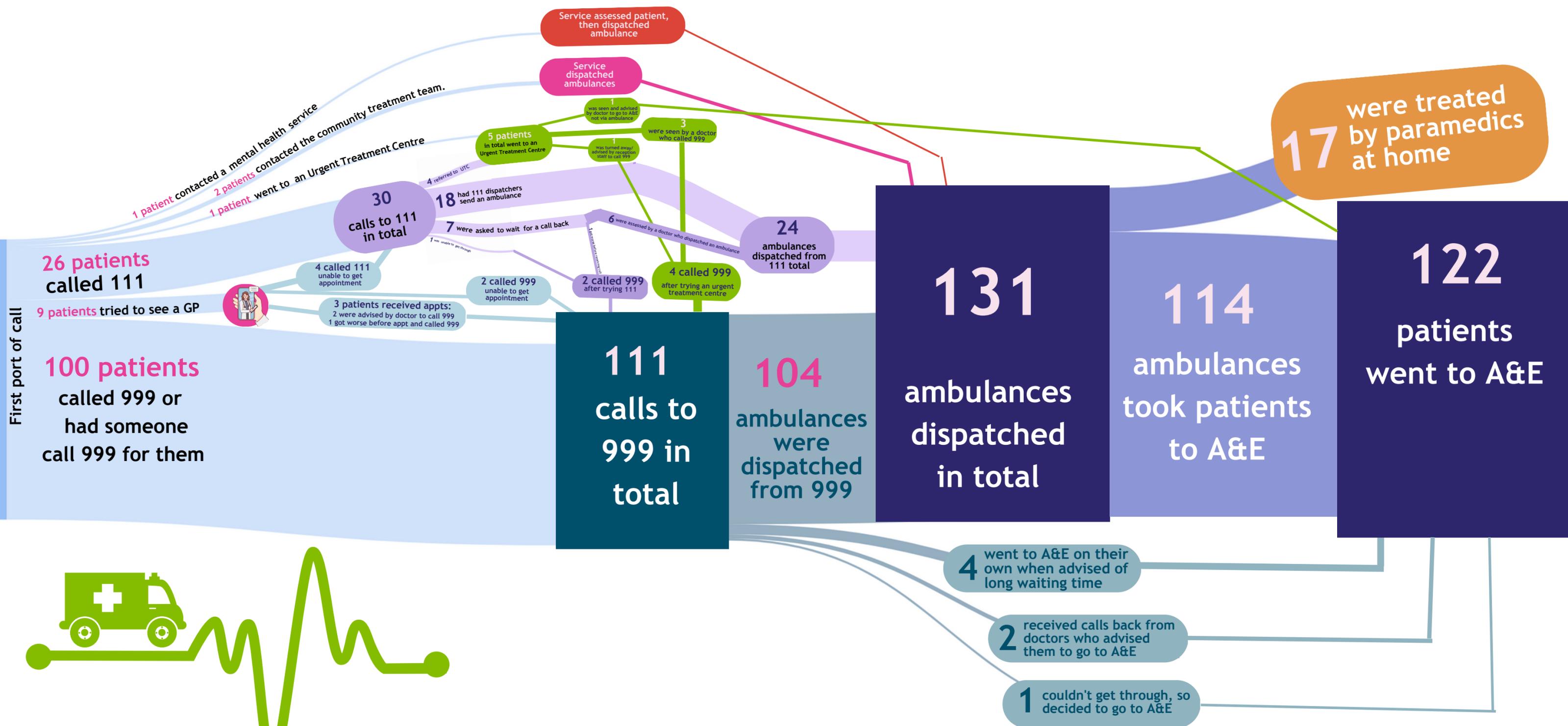
46% had a long-term condition
7% had a mental health condition
7% were neurodivergent
25% were disabled

Type of disability



Patient journey mapping- how did they access urgent care?

139 patient journey mapped



Patient journey mapping- how did they access urgent care?

Patients who called 999:

- More likely to have an emergency related to accidental injury or trauma.
- More likely to be of Black or White Eastern European/Baltic ethnicities.
- More likely to share a household with adult relatives or housemates.



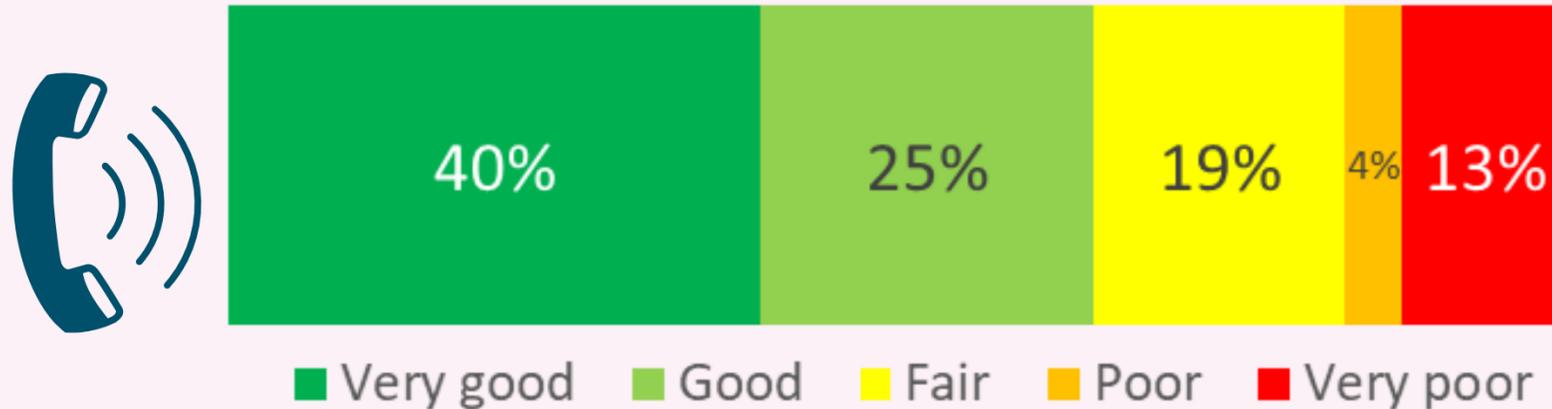
Patients who called 111:

- More likely to have an emergency related to pregnancy or giving birth.
- More likely to have received medical advice about their condition before, but not recently.
- More likely to be aged over 65.
- More likely to be disabled or neurodivergent.
- More likely to live alone.

** This refers to what patients did as the FIRST STEP in accessing care*

Calling 999

48 people gave feedback on their experience calling 999



Most positive experience calling 999

- Women
- In generally good health
- Parents of children under 18

WHEN THINGS GO WELL

"Brilliant experience! The person on the call was not only quick but also reassuring. The ambulance arrived quicker than I thought. "

"They kept me updated while trying to patch me through to the ambulance team. It took far longer than either of us expected. "

"They are very good, friendly, efficient - just nice people "

WHEN THINGS DON'T GO SO WELL

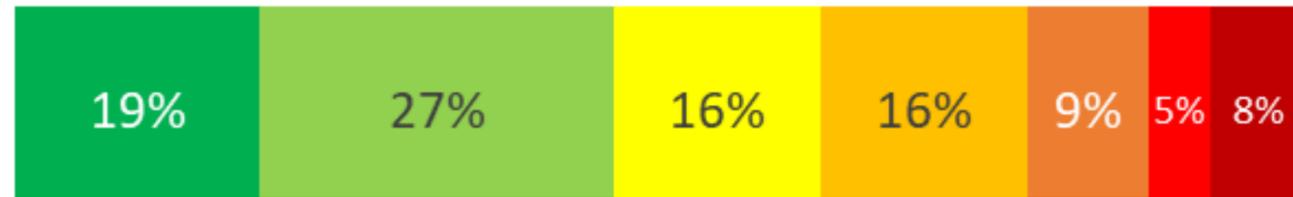
"Got told not serious enough to send LAS to a house bound 96 year old. Children were taking priority. Took her to hospital myself. "

"I waited along time for the call to be answered then had to ring 2 further times, during the next 2 hours, to ask where the ambulance was. "

"Nobody answered the phone for 15 minutes so stopped waiting . "

Waiting for the ambulance

29 people gave feedback on waiting for an ambulance



- Waited 10 minutes or less
- Waited 11 to 30 minutes
- Waited 30 to 59 minutes
- Waited 1 to 2 hours
- Waited 2 to 3 hours
- Waited 3 to 4 hours
- Waited more than 4 hours



The average waiting time for an ambulance was

1 hour and 21 minutes

Shortest waiting times

- Pregnancy-related emergency (35 min)
- City of London residents (21 min)
- Black ethnicities (36 min)
- In very poor health (35 min)
- Aged 50 to 64 (51 min)
- Living with children under 18 (39 min)



Longest waiting times

- Accident or trauma (1 hr 41 minutes)
- Redbridge residents (2 hrs 37 minutes)
- Pakistani ethnicity (4 hrs 9 minutes)
- Indian ethnicity (2 hrs 3 minutes)
- Aged 18 to 24 (4 hrs 15 min)
- Aged 25 to 34 (2 hrs 5 min)
- Aged 80+ (1 hr 51 min)



Waiting for the ambulance

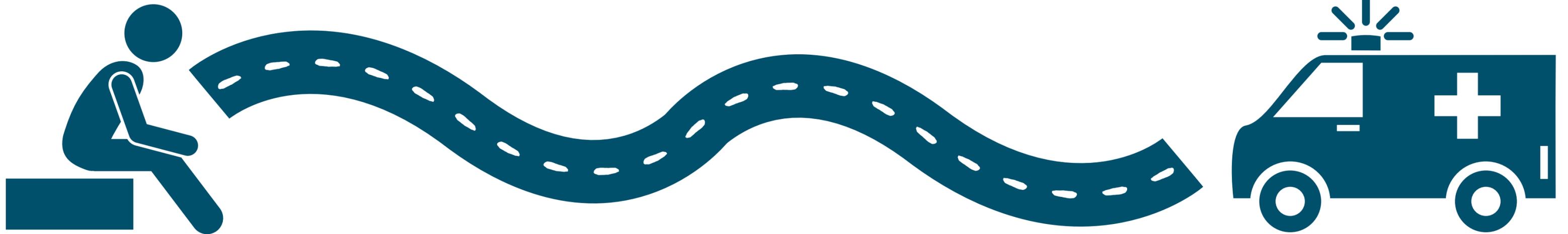
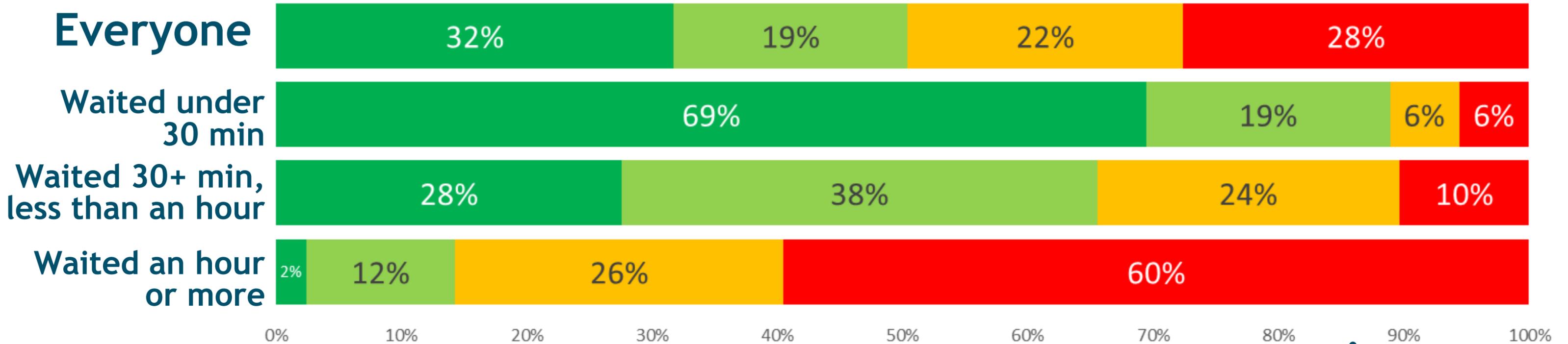
Average ambulance waiting time by borough



Waiting for the ambulance

How people feel about ambulance waiting times:

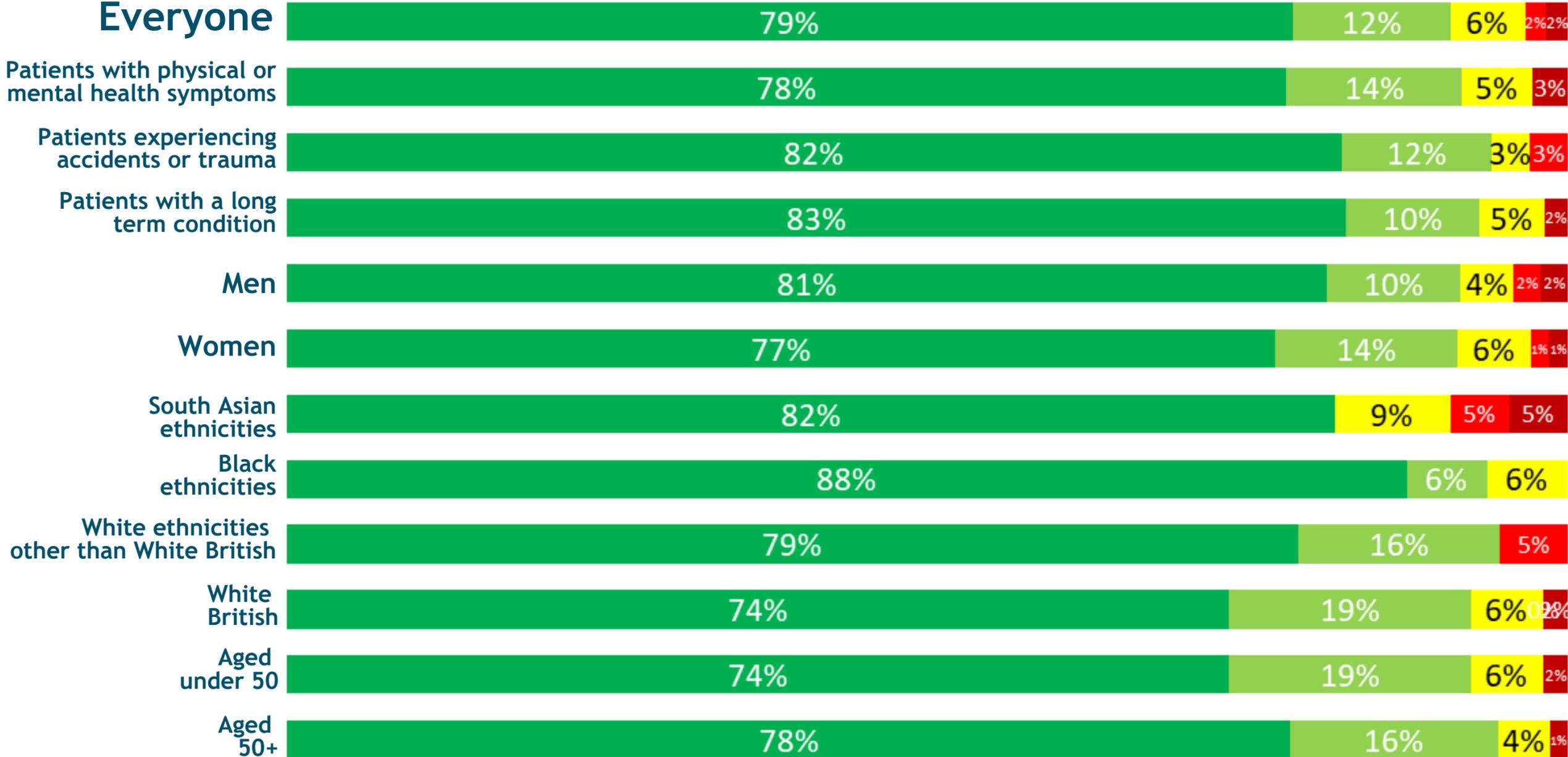
■ Entirely reasonable ■ Somewhat reasonable ■ A bit too long ■ Way too long



Experience of paramedics

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

Differences between groups were relatively minor.

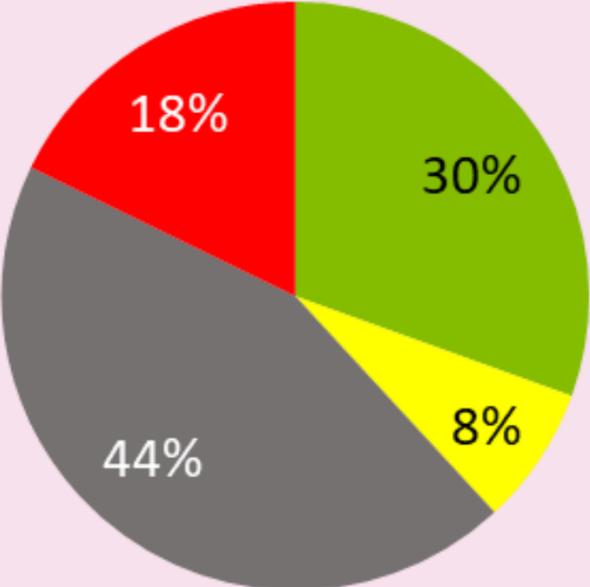


ONLY 2%
said paramedics didn't introduce themselves.

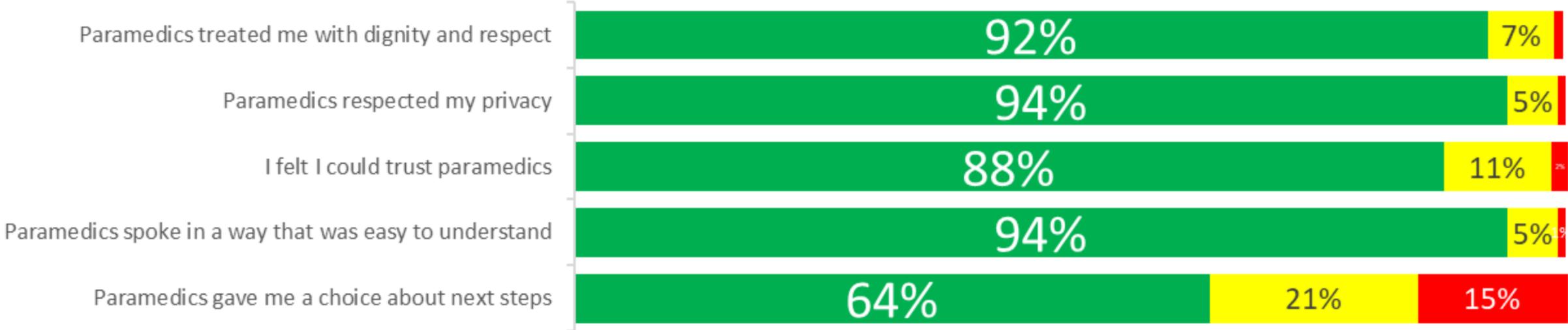
- Very good
- Good
- Fair
- Poor
- Very poor

Experience of paramedics

38%
received pain relief from paramedics.



- Yes, and it was effective
- Yes, but it was not effective
- No, and I didn't need any
- No; I would have needed pain relief but it was not offered



■ Definitely ■ To some extent ■ Not at all

- Across the board, felt that paramedics spoke in a way that was easy for them to understand, regardless of their ethnicity, disability, neurodivergence or English language fluency.
- Patients aged 50+ and those in a generally poor state of health were more likely to feel that they were given a choice regarding next steps.
- Patients of White Baltic or Polish ethnicities were slightly less likely to feel that they could trust paramedics.



Experience of paramedics

WHEN THINGS GO WELL

"I have status epilepticus. Generally become unconscious , sometimes my husband sees me going into deja vu, calls 999 and I don't have seizures . Crews are always delightful and kind."

"I received a full assessment and was taken to the waiting ambulance quickly - can't think of any more they could have done"

"They listened to what I was saying about my unconscious and unresponsive mum's background to get information to assist them to establish most likely cause of her condition whilst they were setting up to assist her. They were calming and in control and when they discovered it was potentially a first hypo they were really reassuring, sorted out the situation and gave me very clear instructions on what to do to build on the treatment they were able to provide to raise her blood sugars. They left us with her at a "normal" level but informed me it was a sugar loaded induced level and she would need proper food to nourish and sustain the blood sugars. I felt very confident when they left that mum would be safe if I followed their guidance. Brilliant team. They also informed me to question the level of the insulin being administered to mum with her tablet and her lack of interest in eating. "

WHEN THINGS DON'T GO SO WELL

"Only a minor injury, but as I'd recently completed a Coordinate My Care (CMC) plan, I took the opportunity to check that paramedics could see my CMC. They found it on their computer. BUT when I asked them to confirm that-- had my condition been serious - they would have checked to see if I had a CMC giving my wishes about resuscitation. They said "In an emergency we treat first and ask questions later". In other words, people's CMCs are not honoured. I strongly feel paramedics understanding needs addressing."

"As soon as I explained I was at risk of deep vein thrombosis, they became very unfriendly-which I questioned them about their attitude. To which they replied that 11,1 who had requested them, had given them the wrong impression that this was a grade one emergency when on assessment it became clear I was only "at risk of a DVT. So they decided that the extreme pain I had reported before calling 111 must have been caused by- and I quote- "anxiety whilst I was sleeping. And I know that extraordinary remark can be traced back to a pre-covid misdiagnosis of my pain which was diagnosed at a different hospital "

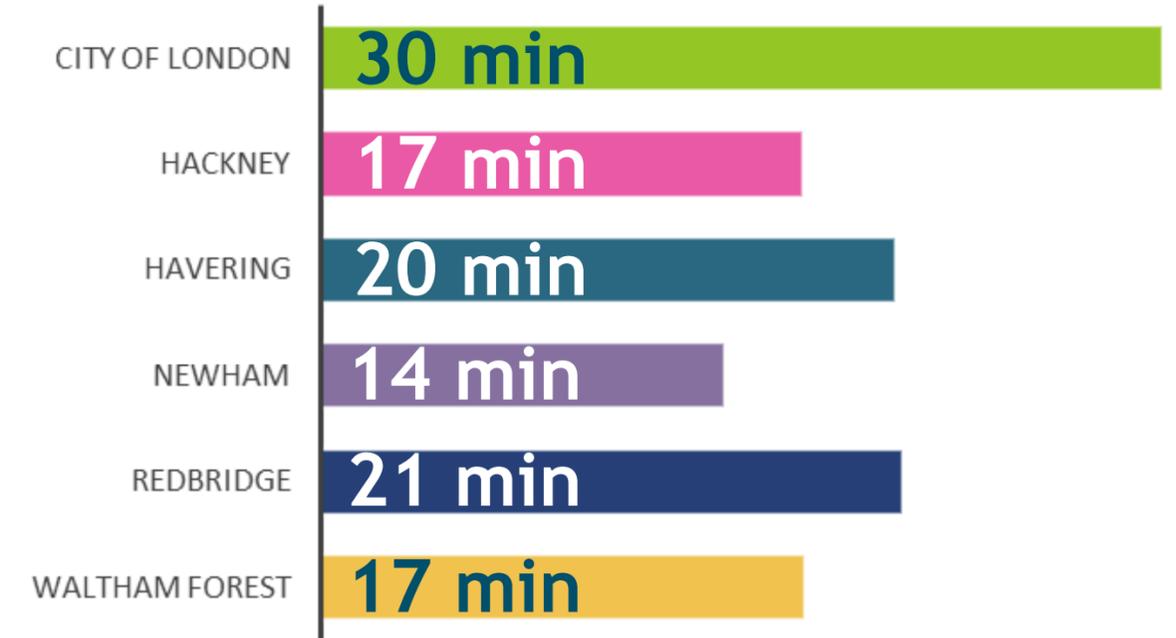
"The initial visit was great but once I was in the Ambulance it took around 40 minutes for them to actually depart from my road. I was in too much pain and needed to be seen ASAP."

Journey to the hospital

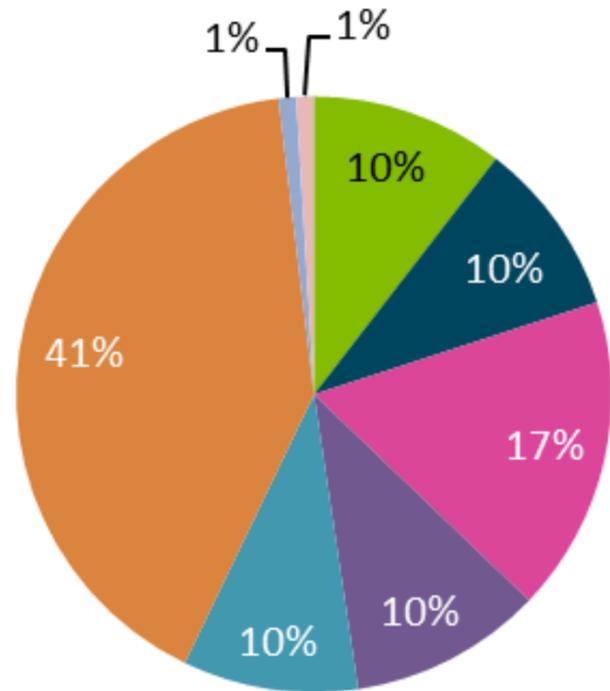
83%
of those seen
by paramedics
were taken to
a hospital



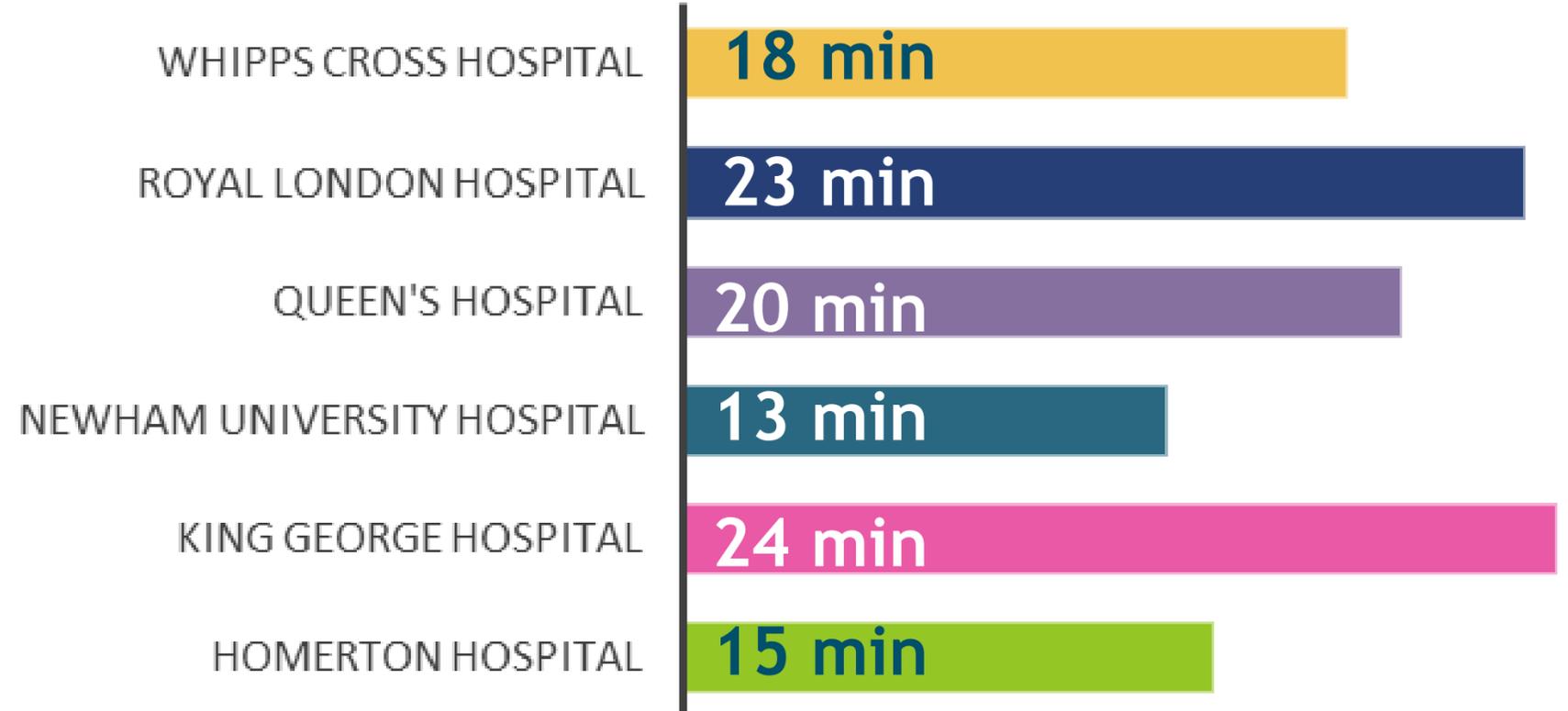
The average journey
to a hospital took
18 minutes



Hospitals patients were taken to

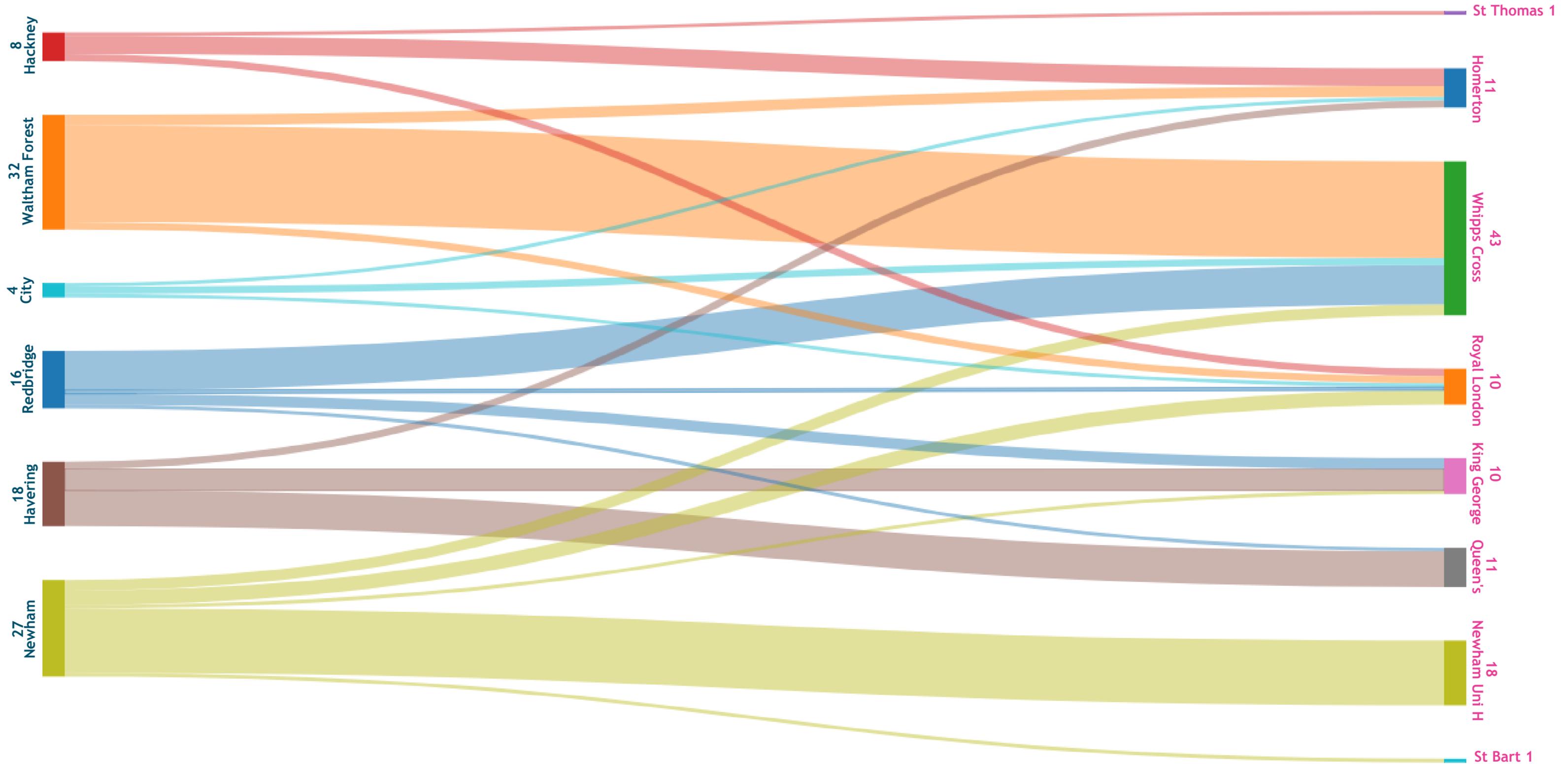


- Homerton Hospital
- King George Hospital
- Newham University Hospital
- Queen's Hospital
- Royal London Hospital
- Whipps Cross Hospital
- St Bartholomew's Hospital
- St Thomas' Hospital



What hospitals were patients taken to?

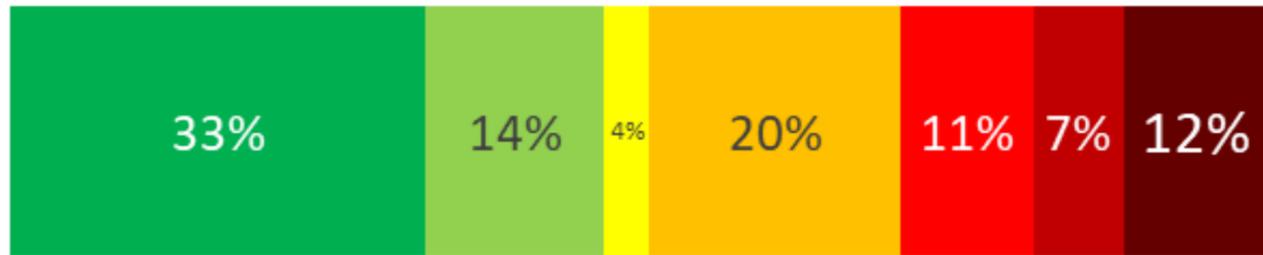
** based on patients from each borough who specified the name of the hospital they went to*



Experience of hospital A&E



The average waiting time in A&E was **One hour and 21 minutes**

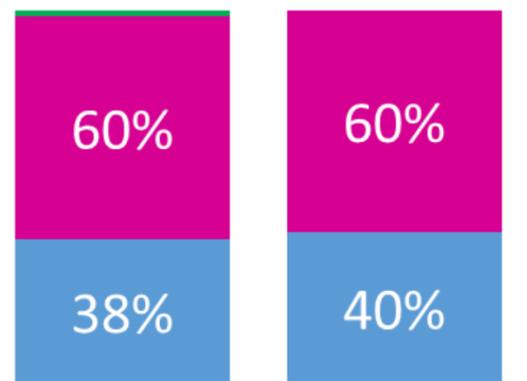


- Waited 10 minutes or less
- Waited 11 to 30 minutes
- Waited 30 to 59 minutes
- Waited 1 to 2 hours
- Waited 2 to 3 hours
- Waited 3 to 4 hours
- Waited more than 4 hours

Opinion of waiting times



- Entirely reasonable
- Somewhat reasonable
- A bit too long
- Way too long



■ Men ■ Women ■ Other



■ South Asian ■ Other Asian ■ Black
 ■ White British ■ White Eastern European ■ Other White
 ■ Other incl. mixed



■ 18 to 24 ■ 25 to 34 ■ 35 to 49
 ■ 50 to 64 ■ 65 to 79 ■ 80+

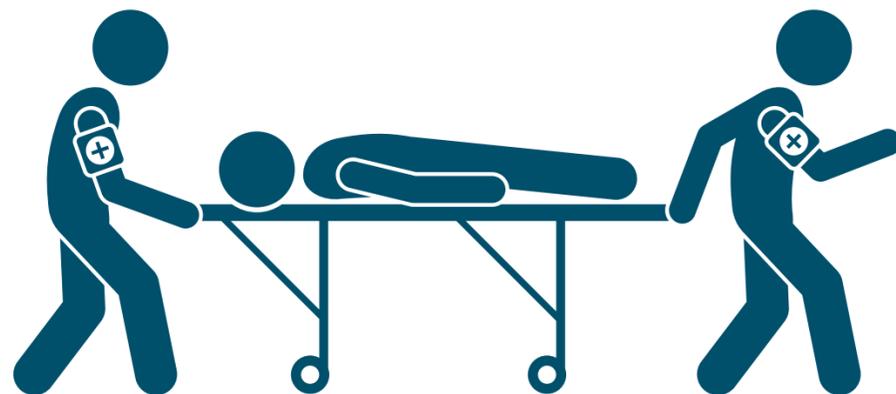
Do services work well together?



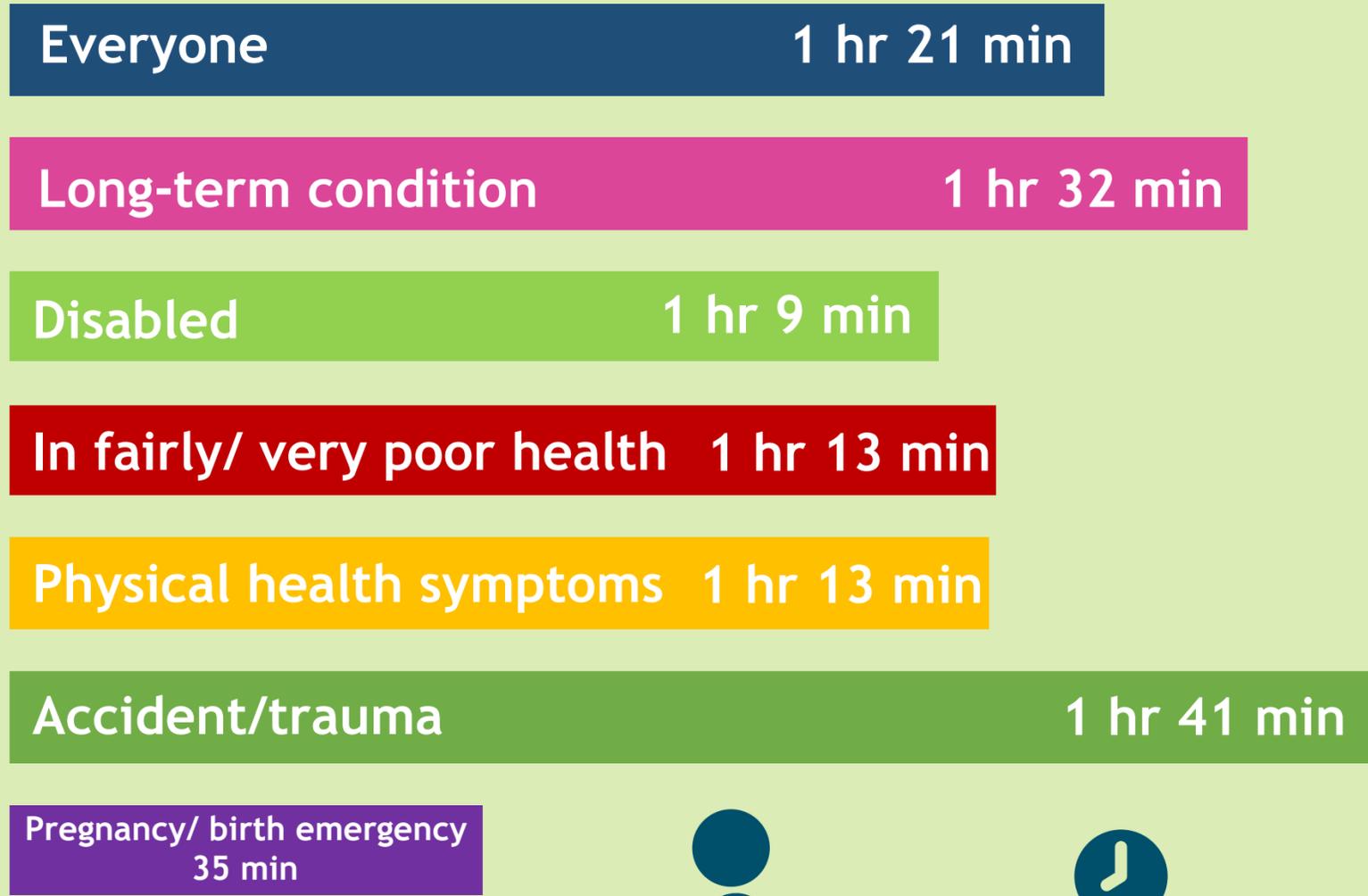
- Definitely
- To some extent
- Not at all

Experience of hospital A&E

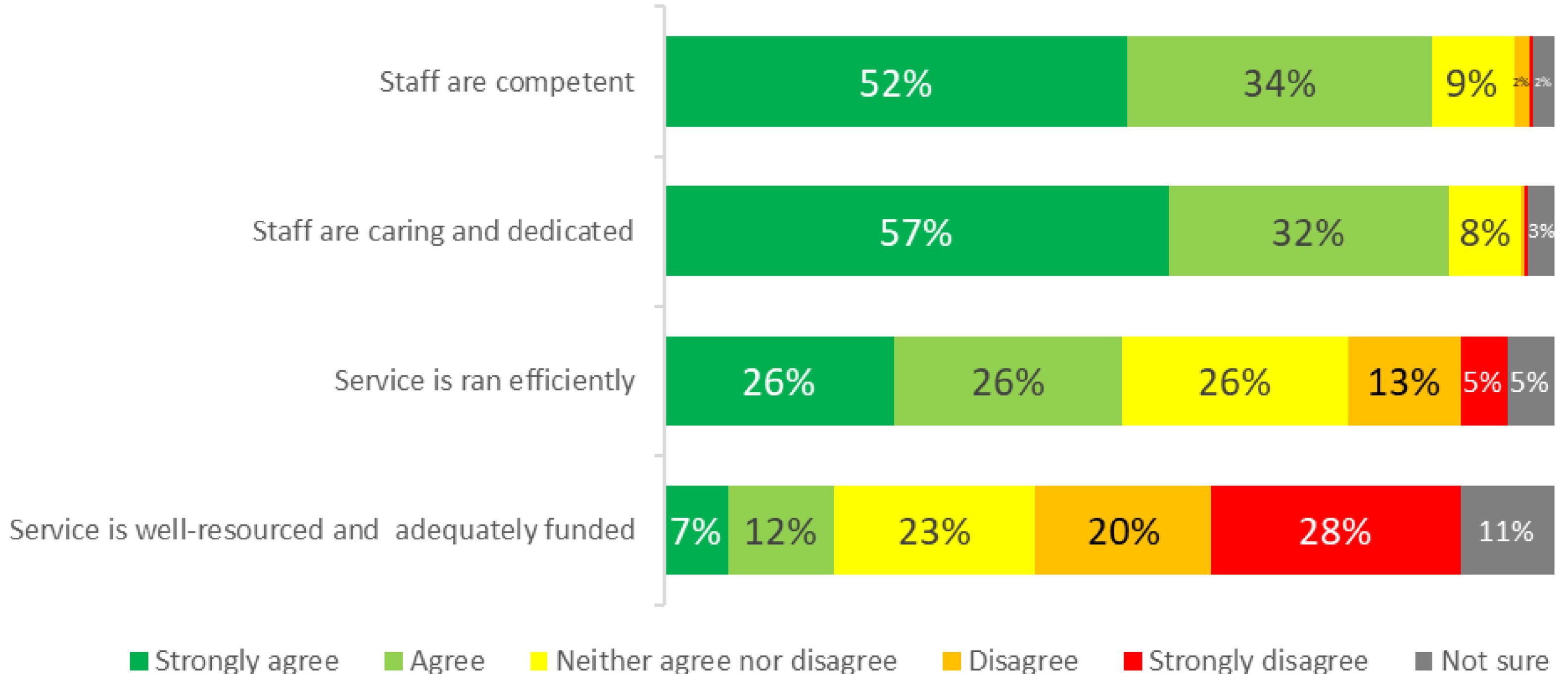
Reported waiting times by hospital



Reported waiting times by circumstance

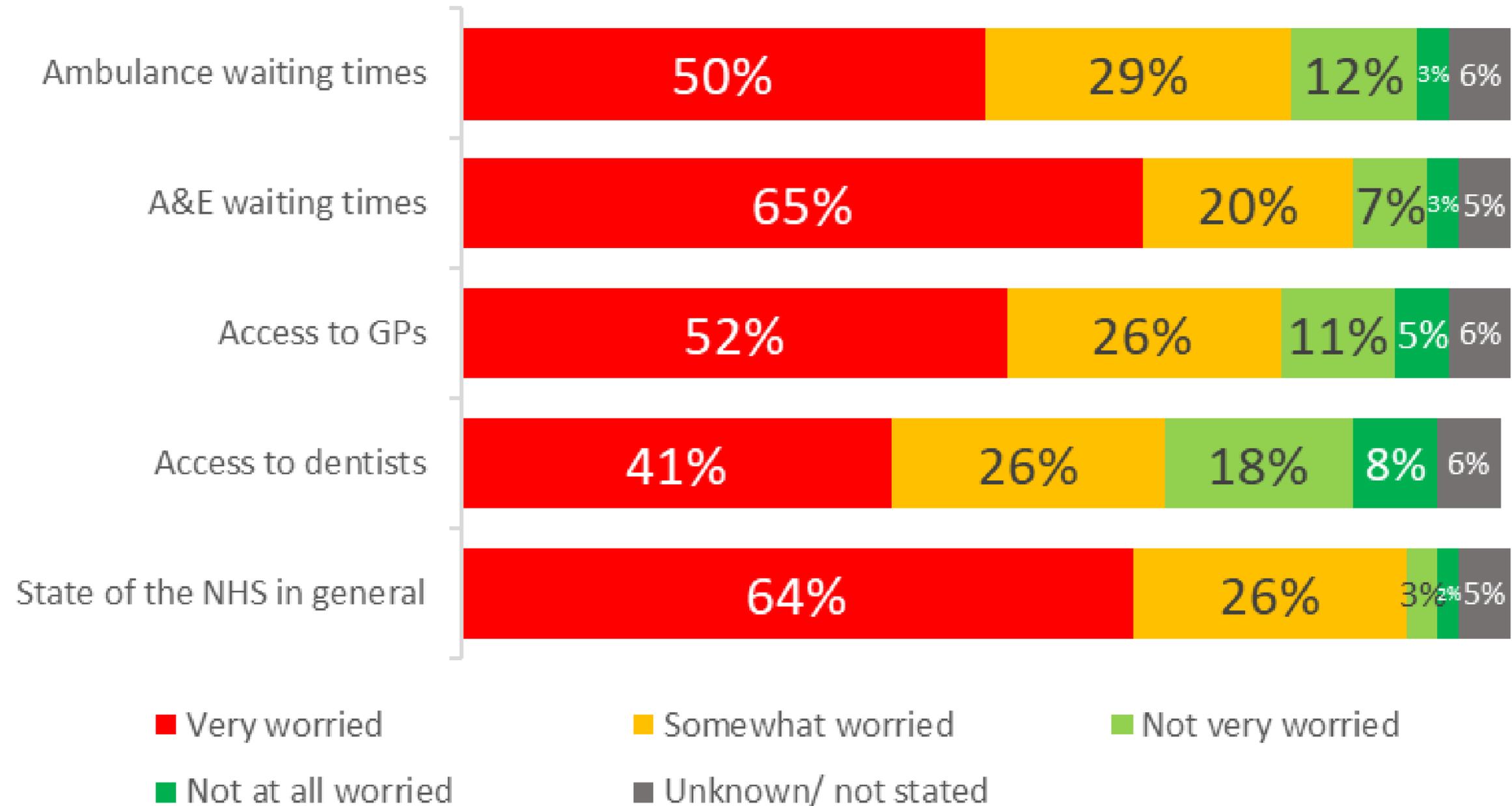


Perception of the London Ambulance Service



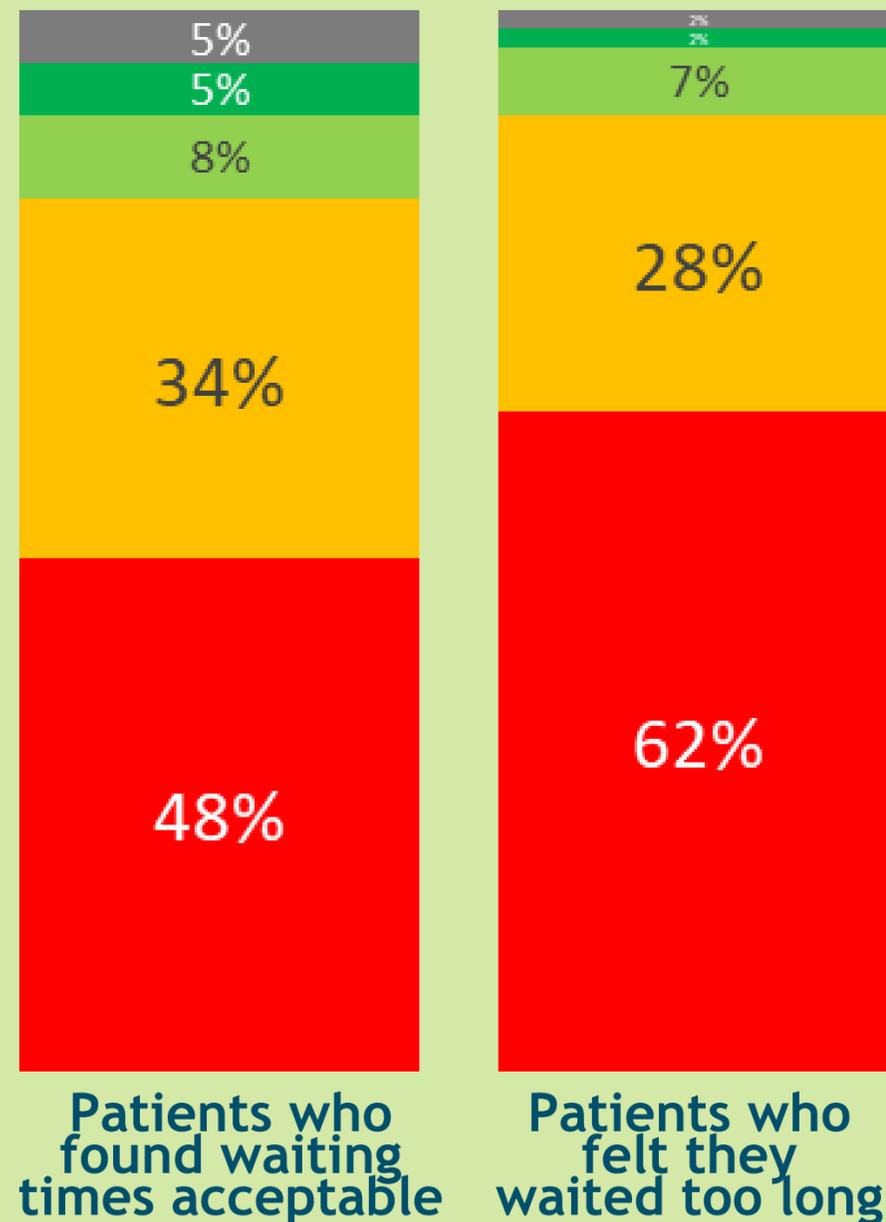
Perception of the London Ambulance Service

To what extent are you worried about the following?



Perception of the London Ambulance Service

Worry about ambulance waiting times



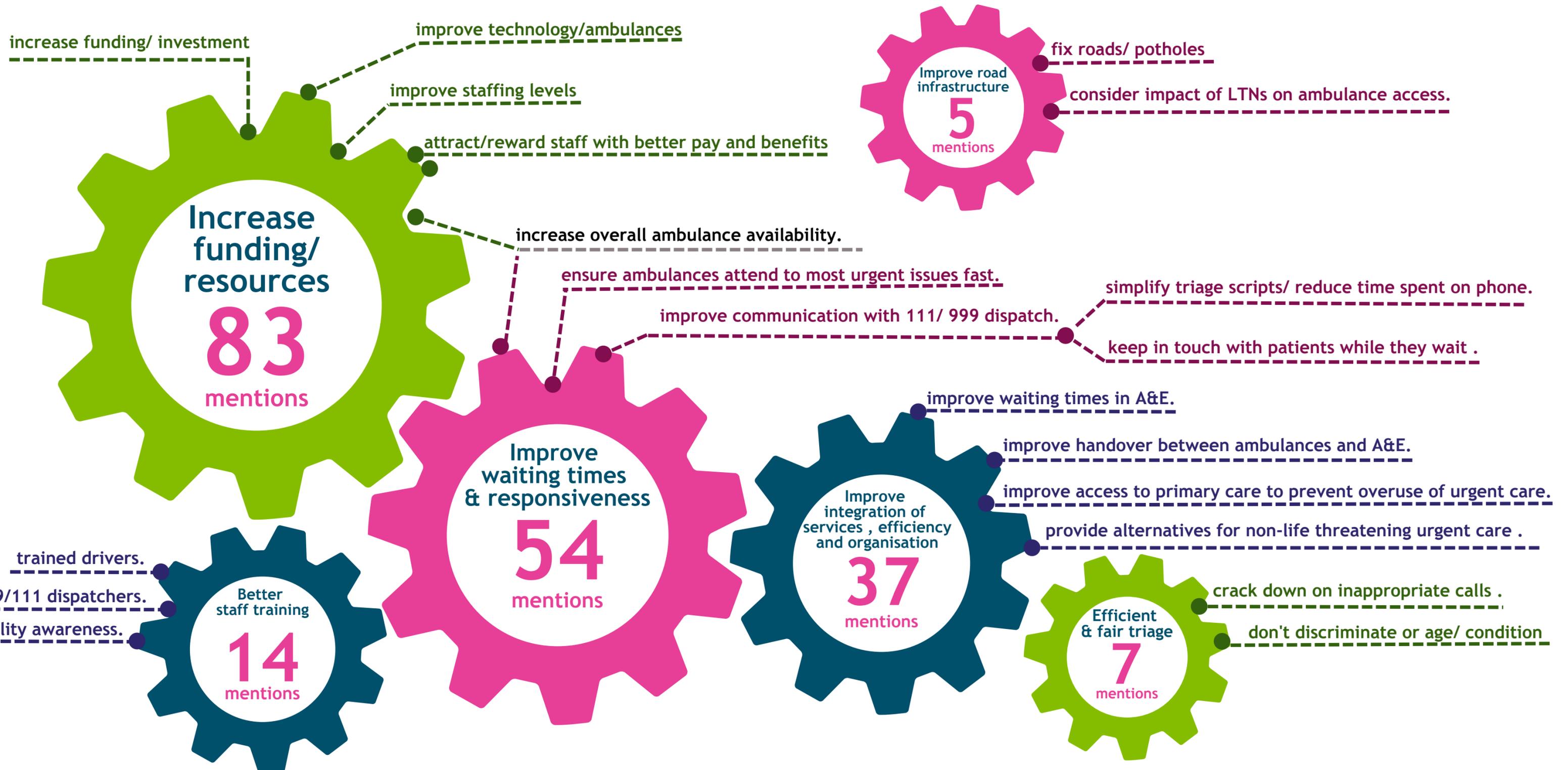
Most worried about ambulance waiting times:

- Women
- Bangladeshi or Pakistani
- Aged 50 to 79
- Living with a long-term condition
- Living with a sight impairment

Least worried about ambulance waiting times:

- Men
- White Polish
- Aged 18 to 34
- Living with a learning disability
- Autistic

How to improve the London Ambulance Service



How to improve the London Ambulance Service

What patients are saying- increase funding/ resources

You can improve ambulance services for everyone by hiring enough staff, paying them a good wage based on the increase in the cost of living and inflation, calculated on a yearly basis, and negotiated, not an imposed amount that will only lead to discontent, strikes and loss of staff, and an extra amount to thank them for remaining in their jobs. Ensuring they have the conditions, required equipment and necessary means of protecting themselves from becoming ill during their work, e.g. from Covid. Ensuring they are not forced to work overtime because not enough staff are available, and ensuring that the hospitals and A&Es are well enough funded and staffed and have enough beds to be able to take in patients who arrive by ambulance after a very short or preferably no waiting time. This is the job of the government, who are treating the whole NHS like they are lackeys and deliberately destroying the NHS with NOTHING to put in its place. It's disgraceful. I support the ambulance staff and all NHS staff who do an incredible job in spite of the government's stinginess.

Pay them the right money. Staff and everything. You can't run it on show strong budget. You train them up and they run abroad. No one does anything to keep them here. Whatever they do is not working they need more ambulance. Government need to sort their act out.

Look after the staff, make sure services are adequately resources, more pay and benefits, more flexible hours to make ambulance jobs more attractive to people.

In the States they have gurneys that come straight down we need to improve the system of lifting patient into ambulance. It's a very old service in that sense. Inside ambulance is state of the art in every other sense of patient experience is good. Can be very depressing with some bits of resources.

What patients are saying- improve responsiveness/ waiting times

If the problems had not gotten better while waiting I would have been so so so much more anxious. So more resources for quicker response times would be better. The staff themselves were wonderful though!

The response questions last long on phone before accepting to move. Ambulance service must ignore so many details before moving to victims house. The waiting time is not rapid.

I have life threatening condition. I need paramedics always near me to administer meds and then be taken to hospital. They need to have better wages, so I appreciate why they are striking, but can't reduce services.

I think they have to be on point, because if you're not feeling well and you call an ambulance, they will ask you so many questions and after that they will tell you to wait- they will come to pick up you and you've been sitting down waiting for them .

The time delay is very important in the elderly time makes a great difference to the damage in heart attacks and stroke victims The current situation is very stressful for the elderly and also for families with children

It would be helpful if it was possible to update paramedic by phone if condition deteriorates rather than have to dial 999 again & risk being held in a queue & then having to start again with different call handler.

How to improve the London Ambulance Service

What patients are saying- improve service integration/ efficiency

More funding for A&E so there are more beds & more doctors so that ambulance staff are not waiting in limbo to hand over patients tying them up so that they can't attend more call outs. Better organised system of hand-over. Better pay for all of them because they're all amazing and deserve to live comfortable lives for the amazing work they do.

In my opinion, there are too few ambulances serving people who are ill served by primary care providers, who have not sought help at the earliest point because of lack of GP appointments, including face to face. This then impacts people calling ambulances for minor issues, or by them turning up at A&E for more minor ailments, causing longer waits at A&E, which then directly impacts on those being brought in by ambulance.

The ambulance is great but the hospital is holding it back - they can't hand patients over quickly enough - waiting times come from them. Everyone is blaming ambulances but it's not their fault.

We need to free up the crews' time when delivering patients at the hospital, can we have a triage crew handing over so they can be back out on the road. I know the rationale for holding crews up is because the hospitals cannot cope with the level of patients. Therefore, if more crews are out on the road, they could possibly bring in more patients which will cause a bigger problem in A&E. However, crews/staff could be better resourced and deal with patients at home rather than bringing to A&E possibly straight to fracture clinics or polyclinics rather than A&E. IF GP appointments were more readily available perhaps LAS would not be called upon so much! A&E is being overused and clogged up by people who should be seen by GPs or other clinicians and not as an emergency. Our ambulance crews are overworked, waiting times for a response unless Cat A is several hours. People are dying waiting for ambulances because of unnecessary calls and drain on resources.

What patients are saying- improve staff training

There needs to be a clear road map if we need to go to urgent care. Number of us don't want to burden the A&E so we need more doctors available to confide in the patients and clinically judge if they should or should not go to urgent care. Language app would be useful for paramedics if they speak to patients/families who are unable to understand or speak English.

Be more aware of accessibility needs upon arrival at hospital. Some sort of liaison during the handover to ensure needs are met.

More trained call handlers. That will prevent a lot of mistakes and misunderstandings among people and the service providers .

Be more aware of accessibility needs upon arrival at hospital. Some sort of liaison during the handover to ensure needs are met.

I feel that all Ambulance staff should be trained how to respond to adults with learning disability and be patient and listen to staff in the care home.