

London Ambulance Service Strategy 2023-2028: Healthwatch Kingston Community Engagement Report and Recommendations

Consultation: 17 November 2022 to 5 January 2023

Introduction

Along with other local Healthwatch across London, Healthwatch Kingston were invited by the London Ambulance Service NHS Trust as part of a pan-London consultation to inform a refreshed London Ambulance Service strategy for the next five years.

Summary and Overview of findings

Responses to the Healthwatch Kingston community engagement generally praised the service provided by London Ambulance Service public facing staff. Complaints and issues were often caveated with notes about how difficult things appear to be and an appreciation for the challenges the London Ambulance Service faces in delivering their services.

People were concerned about wait times for an ambulance but were appreciative of the barriers that paramedics face in moving from one patient to the next.

Improved communication was a recurring theme. This was a particular concern of people with a learning disability or neurodiversity who noted the importance of 111 or 999 staff asking if they have a learning disability or were neurodiverse so that when the London Ambulance Service turn up, they are prepared and aware of this. Of equal importance, there was an identified need for London Ambulance Service to share this information with other medical professionals, e.g. if a person with a learning disability or neurodiversity is attended to at home, then London Ambulance Service (LAS) should share this information with the patient's GP and/or other care professionals as the patient may not remember to do this.

Summary of what was learned:

- People are very appreciative of the quality of service provided by front-line LAS staff, but believe emergency services are being hampered by other parts of the health and care system as well as the public's lack of understanding about when to use the service and when to use alternatives.

- Feedback suggested 111 are often unable to support someone who was trying to avoid using 999 or A&E departments at hospital.
- People wanted more education for the community on how to support themselves before emergency intervention is required.
- They felt emergency support should be readily available, and that wait times were too long with most respondents believing this to be the result of people using emergency services when they could use their GP, pharmacy, or local voluntary/community sector organisation.

Methodology

Healthwatch Kingston created an online survey using the questions provided by London Ambulance Service and with support from 'Involve' we converted the survey into 'Easy Read' (see page 14 of this report) to ensure that people with a learning disability were able to engage. We also asked people filling out the survey to share other experiences of LAS, if they had one. Over 100 people responded to the survey but not everyone answered every question. 20% of respondents considered themselves to have a disability. 17% considered themselves to have a long-term condition and 14% shared that they were carers.

We also held a face-to-face consultation (20th December 2022) with 15 people. We used the opportunity to update attendees about what we had learned from the community engagement so far and asked people for their views on this feedback, encouraging those that hadn't completed the survey to do so.

Healthwatch Kingston shared our survey widely, including people from a range of ethnic and socio-economic backgrounds.

The survey asked the following questions, and demographic questions as requested by LAS:

- What is London Ambulance Service getting right?
- How can London Ambulance Service Improve emergency care?
- How can London Ambulance Service improve urgent care?
- How can London Ambulance Service work with other parts of the healthcare system to improve care?
- How can London Ambulance Service do more to improve life in London?
- We also asked people to share their experience of using London Ambulance Service

What we have heard

What is London Ambulance Service getting right?

Most responses praised the work of front-line LAS staff. How staff helped people, saved lives, and noted calm nature in stressful situations. These comments indicate how much respondents valued the service. Here is a selection of comments received sharing what the service is getting right:



The care I received from paramedics was excellent.”



They are professional, caring and although are very pushed for time, but never let the patient feel that way.”



Professional well-trained staff.”



The care they give to patients and the brilliant staff they have.”



We had need to call 999 for a London Ambulance 7 times between 2017 and 2021 (for our 2 young children). Each time they have been very quick to arrive (within around 6 minutes), except for the day there was snow, perhaps 20 minutes. Where appropriate they have sent a first responder (3 times). On every occasion we have found them to be very caring professional and thorough, respectful, very good at calming us (parents) down and helping us cope with the emergency.”

One comment asked for a way for to provide positive feedback about ambulance staff so they can get the recognition they deserve.



Make sure that ambulance staff get the recognition they deserve. E.G. if patients want to give feedback on the service make sure this goes back to them.”

We also received praise for LAS' cycling paramedics initiative. “Having cycle paramedics in busy, pedestrianised areas (i.e., Kingston town centre)”, “Innovative thinking (cycles)” and someone simply stated “cycle response unit” as what LAS is getting right.

How can London Ambulance Service improve emergency care?

We received several comments about how paramedics can improve the use of their time. Lots of people pointed out the issues staff have waiting at hospitals to discharge their patient to hospital teams rather than being back out in the community. Others have suggested alternative systems such as an emergency team and a non-emergency team and the suggestion of a mental health team.



I feel that emergency care in the form of trauma is very much their responsibility, however although mental health can be an emergency (e.g., in the event of an overdose or suicidal thoughts). I feel that there should also be an emergency mental health team available 24/7. There are perhaps incidences of where paramedics are called when essentially someone requires mental health support. This should not be a lift to hospital to see an emergency mental health team.”

This links to other people’s suggestions for more targeted services available through 111 and also better triaging in both 111 and 999. Some complaints about 111 are that too many calls end up with a referral to 999 or hospital and this was what people were trying to avoid. Further comments on 111 are provided later in this report in the ‘How can London Ambulance Service improve urgent care?’ section. Here are some comments shared about ambulance response times:



Turn up promptly and not spend hours waiting in hospital car park.”



Faster response times? Although understandably this isn’t always possible when there simply aren’t enough ambulances to meet the demands.”

People believed triaging is causing more work for ambulance staff and this could be handled by someone else.



By focussing on emergencies rather than non-urgent treatment of chronic conditions with no acute symptoms, or urgent care focus. By signposting non-urgent issues to other services, rather than spreading thin resources and delaying responses to actual emergencies”



By filtering out timewasters and non-emergencies before ambulances are dispatched so they are then free to attend real emergencies. Other healthcare providers and services such as Mental Health Teams and Community Support becoming 24/7 and with better, faster access to OOH (out of hours) GPs”

We received several comments pointing to issues with other parts of health and social care impacting on the work LAS can do. Healthwatch Kingston notes the [recent story](#) in the press relating to a leaked email where LAS state they will only be waiting 45 minutes before discharging stable patients. This is not yet confirmed by London Ambulance Service, and we recognise the issues this might create for patients and hospitals but understand the positives that LAS staff are not waiting around when they could be back in the community with other patients in need.

People with a learning disability, autism or neurodiversity asked for call handlers to ask if they had a learning need, disability or were neurodiverse. Respondents felt this would remove the need for someone to explain themselves which they may not feel comfortable doing and removes a barrier to their understanding specific needs. Asking the question ‘do you have a disability?’ would alert the call handler to how they need to speak to someone.



Asking the caller if they have a disability of any kind.”



How much training do paramedics receive in providing care for children and adults with additional needs e.g., autism, learning difficulty - particularly around communication?”

A positive response from a person with a learning disability about their experience of London Ambulance Service was:



Ambulance staff easy to understand. Went to Kingston hospital. Explained (to me) all the way what was happening.”

Other responses included:



It will be useful for there to be a way for Healthwatch to monitor the progress of ‘The Oliver McGowan Mandatory Training’. Introduced into the Health and Care Act in 2022 seeing this training and getting feedback from targeted groups to see an improvement in the experiences of those living with a learning disability/autism.”



Could the red bag system in care homes be extended for everyone? The red bag is filled with what you need to bring with you (medication, glasses, dentures, etc) when you go to hospital in an emergency. Having a sticker that goes on someone’s bag they take with them in an ambulance, with a space for adding someone’s name so all medical staff know who the bag belongs to.”

As the following relates to the amount of funding LAS receives this will be difficult, but it's very important to point out that it has been identified by those completing our survey. They feel that the issues may need funding to bring in more staff, which will help with response times and also help with the stress of current staff who have the stress of reacting to current need without the extra resource.



The service needs to be better resourced to improve response times''



More staff in the service and across emergency departments to improve response times, and the amount of time patients have to wait to get treatment. Reduce stress of staff and improve staff retention. The issues around funding and wages need to be taken seriously by those funding services''

How can London Ambulance Service improve urgent care?

The overall feedback on 111 was that it doesn't always serve its purpose. People are calling to avoid 999 or hospital but end up being signposted to either of those services. Another respondent called for more resources to help improve wait times on 111. Including repositioning staff so there are more experienced staff dealing with 111 calls or more resources to recruit and train staff to be more confident in triaging/supporting patients to avoid 999 or hospital.



In my experience all answers lead to being told to call ambulance or go to a & emergency where I wait for 8 plus hours only to be told I didn't need to be there.''




Ensure that 111 is run by the NHS & LAS & not a private company. More clinicians answering calls to give advice by phone & better triage instead of 111 sending inappropriate patients to ED.''



Increase clinicians in call centres, as was done in the recent strike where more calls were appropriately diverted or did not receive a resource.''




Again we need more resources to enable people to get a response when they have a health concern. Hold times for 111 are far too long and people with serious concerns (including children and babies with possible serious illnesses) are left without consultation for too long.''

 *I have only used LAS for emergency. However, I find the wait times to talk to someone on NHS 111 too long, and the triage questions too long and then the advice is not always that helpful. Often, because we are most likely to ring about the children, it is ‘take them to hospital, but that is what we are trying to avoid doing. I am not sure why I would ring NHS 111 in the future to be honest.’*

One concern is people not knowing who to go to and when to go to them. Should you call your GP, should you call 999 or 111? This confusion can lead to clogging of systems by people who should not be there.

 *There still needs to be more clarity on the role of NHS111.’*


People felt that better promotion of what 111 does and how the NHS works will put less pressure on LAS. Healthwatch Kingston’s work with Migrant Advocacy Group and Kingston Refugee Action identified issues with people coming into the country not knowing how our healthcare system works.


 *Those in the group (migrant advocacy - Hong Kong) said they pay the ‘Immigration Health Surcharge’ to access NHS services but are given no information on what they are entitled to, how they access services or the different between the UK and Hong Kong’*

Again those living with a learning disability or neurodiversity wanted call handlers to ask if they had a disability to help with communication and understanding.

How should London Ambulance Service work with other parts of the healthcare system to improve care?

Many comments were focused on the work of LAS being made more difficult by other parts of health and social care system.

 *LAS seems to have sensible plans such as increasing the proportion of people who can be treated in their own home rather than conveyed, but at present these plans are swamped by issues elsewhere in the system- primarily social care- so that the ambulances are tied up outside the hospitals. Apart from the risks to patients, this must be demoralising for staff.’*

 *We tried to make an appointment with the doctor recently for ourselves, and the surgery insisted that we call 111 who is then insisted they send out an ambulance. An ambulance*

arrived and my wife was dealt with on site with great care and compassion but no more less than could've been achieved at the doctor's surgery!"

A few comments on how LAS can improve their work/channels of communication with other parts of the system included.



Front line LAS staff might have access to information (such as hoarding, blood pressure, unidentified unpaid carers) that could be hidden from others including GPs, hospital staff and more. Being able to share that with GPs, safeguarding teams, carers support (Kingston Carers Network) will support the patients better and also help those providing care as they will have more knowledge than previously available to them without this information from paramedics, but it needs to be easy for LAS paramedics rather than adding to their stresses."



By having more overall connection with GPs etc. Older people and people with learning disabled need healthcare providers to be talking to each other about events and issues."



My GP never seems to know I've been in hospital and if they do, they don't bother to follow up."

This next comment shows the importance of this process being simple for paramedics as they need to work fast and move on to the next patient as quickly as possible, but the information still needs to be correct for both the patient and the next person providing support whether that's a GP, social worker, or nurse at hospital.



The paperwork is never quite right, and sometimes the details e.g., about what happened / how, home treatment given, other medical conditions / timings of things are not always accurately recorded."


Some respondents felt it may not be LAS who put out information on how to manage your health (i.e., anxiety, blood pressure, heart rate, etc.) and that the information LAS hold on why people are calling 111 or 999 is an important part of where public health teams need to focus to help improve prevention.




Work with voluntary groups, charities, pharmacies, to advise where people can get help from other services. Some of this messaging does go out on social media from the Local health systems, but we need to make sure the messages that will help the services are reaching the public and educating."

 *Could LAS give simple helpful indicators of what the lead up to e.g. what a hypo looks like, e.g. is this sepsis?"*


Some of the comments suggested how closer work with other parts of healthcare system could benefit LAS. Having faster access to GPs while on call instead of being delayed or having to take patients to hospital.


 *District nurses finish by 8pm. Then family members need to administer meds and then call LAS. Insulin fixed levels means can't deviate from the dose without GP permission. If this medicine isn't enough causes issues which require support from 999."*


 *Better fast track access for ambulance crews to these kinds of services."*

 *LAS paramedics should have priority on speaking to GPs. For example, if at a patient's house who needs a GP & not ED - GP receptionist should have to get the patient's GP to speak to paramedic about said patient. Taking a patient to ED because couldn't get through to GP to refer patient by phone is not acceptable."*

At a recent meeting between Kingston Hospital and Healthwatch Kingston (12th December 2022) the issues around hospital transport were discussed. This puts pressure on the ambulance service because people are not accessing other available hospital transport. It was noted:

 *We had an excellent presentation from the Transport Manager at the Hospital. This focused on patient transport issues. He said that there were no national guidelines on patient transport and there were significant differences across regions and countries."*

 *Matters can get distorted by patients over exaggerating their mobility issues or conversely by others underplaying their personal circumstances."*

 *The level of volunteers taking people back and forth from hospital had declined considerable over the pandemic period."*

Healthwatch Kingston notes that the 'Health Care Travel Costs Scheme' also has some challenges, and the hospital are trying to rectify, most notably the time it takes for patients to receive a refund for their travel.

Supporting hospitals to record/feedback when paramedics believe ambulances have been used as transport by patients will eventually help LAS become more efficient and not used in such a way.

Healthwatch Kingston notes the [NHS England » Better Care Fund](#) which will support the discharge of patients into the public, meaning LAS staff are waiting less time to discharge their patients into the hospital and it is hoped this will take some pressure off the NHS.

How can London Ambulance Service do more to contribute to life in London?



Promote self-care and encourage people to be responsible for their own health''

The above was part of an answer for improving urgent care, it also suggests how LAS can work with other healthcare providers and how LAS can improve life in London. The reasons people are seeking emergency or urgent care is a clear indicator of the health issues of local populations.

If LAS were able to share information with public health teams this would help shape preventative measures and public awareness campaigns for people to look after their own health.

Reducing emissions and improving air quality across London is an issue for many. Respondents wondered what LAS were doing to improve this as they have to have their vehicles on the roads to do their job.



What is the plan for air pollution, what is the timeline for this? Do they turn engines off when out on road doing 'paperwork' will computers still work without engine on?"



I would like to know more about the plan in LAS's strategy to become carbon neutral, since air quality is such an important issue in London. In the recent past I have observed ambulance crews working in their vehicles using a running engine to power their laptops. This may make air quality worse."




Do we need 49 ambulance stations when after speaking to them they leave straight away at the start of it and don't get back till they have finished shift. I would have thought one huge ambulance station i.e., central London SW, SE, NW, NE."

 *If logistically achievable (space required, staff travel, how close to location covered) it may save money to pool resources for shared ambulance stations.”*


Several comments linking to previous suggestions of training for the public were submitted, e.g., when to call 999, and also how to look after yourself (prevention). Targeted training on things that might reduce reliance on a 999 call, could be set up with specific groups, such as parent carer organisations, diabetes support groups, stroke support groups, etc.

 *Cycle response unit providing healthy lifestyle. Cycle training for public”*

 *Free emergency training to unpaid carers - particularly parent carers - for things like anaphylaxis, seizure, burns, falls, signs of infection etc.”*

 *More education of the public on what an emergency is and when to self-care.”*


There were some suggestions that LAS to offer apprenticeships:

 *As well as helping people in London find work if the pathway is correct it will help with any staff shortages in the long term. There would be a financial cost to this and those in training will not be able to offer the services to the standard of trained and experienced staff, but will obviously improve with correct training and experiences.*

 *Offer more apprenticeships, and more public education in schools of how to use the service, and the diverse roles available and paths to get into working in the service”*

Share Your Story

Below is a selection of people’s experiences of using London Ambulance Service and the impact it had on them and their loved ones:

 *I called 999 after my father had chest pains and after around 4 hours two lovely paramedics came out to help but unfortunately my dad had passed away. They helped me sort out what to do next and they even called the police to make sure my dad was looked after he went to the morgue. They were so kind and thoughtful I can’t praise the London ambulance for all they did to help me and my dad. I really hope they get more pay from this government and*

get more staff to help them. I would not have known what to do if it wasn't for them. I was so panicked when my father passed unfortunately it was his time, but they did all they could trying to resuscitate him, but I know how long they tried and were so good with me and my son. Angels without wings.''



Each time we have called for an ambulance using 999. Our calls have been answered quickly and the call staff have been very good, helping us to remain somewhat calm while we waited. On one occasion our young baby was so ill the paramedics thought he had gone into cardiac arrest. It was the most traumatic experience of my life, but I have only positive memories of the care they provided once they arrived - I don't think I have ever seen someone move so fast as the paramedic did when we arrived at the hospital. The amazing ambulance crews and the incredible paediatric Resus team in Kingston hospital did save our baby's life that afternoon. He was later transferred to ICU at St Georges'. He is now 6 and we are still so grateful for the care we received and will be for the rest of our lives.''



In January 2022 my partner woke up struggling to breathe, and high heart rate. He had an infection but at the time we didn't know what was wrong with him. We dialled 999 and were told the wait time for 14 hours. It was very frightening. Luckily, we had paramedics arrive in five minutes. The wait time in the corridor was half an hour, with a 4 - 5 hour wait time in the ward. We are based in Surbiton''



We live in a retirement complex and a neighbour of mine had a fall just before Christmas. The service arrived very promptly my wife happened to be the one who let them in. They attended to my neighbour very quickly and even took the trouble to come down to us and explain that he had just had a fall but had recovered okay and they were on their way. We sort the customer service in that respect was excellent.''



We had need to call 999 for a London Ambulance 7 times between 2017 and 2021 (for our 2 young children). Each time they have been very quick to arrive (within around 6 minutes), except for the day there was snow, perhaps 20 minutes. Where appropriate they have sent a first responder (3 times). On every occasion we have found them: To be very caring Professional and thorough Respectful Very good at calming us (parents) down and helping us cope with the emergency.''

Healthwatch Kingston upon Thames recommendations to help inform the London Ambulance Strategy 2023 - 2028

1. Improve ways to share patient data gathered by the London Ambulance Service in a timely manner across other health and care professionals to raise awareness of the need for seamless pathways of care for patients.
2. Improve awareness of what the London Ambulance Service is doing locally (such as the cycling paramedic in Kingston upon Thames) and how residents and businesses can get involved (such as becoming volunteer community first or emergency responders).
3. Improve the accessibility of public messaging about when to call 111 and 999 through different media, including but not limited to, Plain English, Easy Read, short information films and translations into languages other than English. In addition, the London Ambulance Service should work with NHS and Local Authority partners to explore ways to work more effectively with Voluntary Community and Social Enterprise organisations to support improved understanding about 111 and 999 across all local communities.
4. Work with NHS and Local Authority partners to provide public guidance about what belongings might be needed by a patient when travelling by ambulance into hospital. (Explore learning from the care home 'Red Bag' scheme).
5. Continue to learn from locally gathered insight about specific community health and care needs that might create additional demand upon LAS.
6. Work with 111 to improve triaging and signposting to non-emergency services (including Voluntary Community and Social Enterprise organisations) to help reduce escalation to urgent care and emergency departments.
7. Improve support for London Ambulance Service staff to help ensure the retention of workforce.
8. Ensure issues affecting efficient delivery of the London Ambulance Service are represented at appropriate meetings within SWL Integrated Care System and Kingston Hospital and similar bodies across London.
9. Share statistical London Ambulance Service data with local public health teams to support increased understanding about demand for services.
10. Provide a clear plan and timescale on when the London Ambulance Service will become carbon neutral.
11. Introduce a process to support London Ambulance Service staff to identify if the person needing emergency care is supported by an unpaid carer/young carer, so that they included in communications relating to the patient. Also, consider if London Ambulance Service staff might provide information to local carer organisations (such as Kingston Carers Network) to flag up that a patient may now need support from an unpaid carer after being discharged back into the community.

12. Ensure public facing London Ambulance Service staff are provided training about how to engage with and support people with learning disabilities and autism.
13. Introduce a process to support London Ambulance Service staff identify if a caller/person needing emergency support has a learning disability or autism so staff can then communicate appropriately.

Next Steps

As well as providing this letter as feedback to the London Ambulance Service. Healthwatch Kingston will also share this letter/report and recommendations with Healthwatch England, the Care Quality Commission, NHS England, SWL NHS, Kingston Council, Kingston Hospital and other partners in the SWL Integrated Care System.

Easy Read Survey





London Ambulance Service

Easy Read Questionnaire

 	Healthwatch Kingston wants your opinion on the London Ambulance Service. We would like to know what you think is good and we would like to know what you think could be better.
2023 2026	The London Ambulance Service is making a new strategy for the years 2023 to 2026. A strategy is a list of things they want to do.
	If you want help with this questionnaire please ask a member of the Healthwatch team or someone you know to help.

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What do the London Ambulance Service do?	
	London Ambulance Service provides emergency care for people. This happens when someone calls 999.
	They provide non-emergency care. After a phone call, staff at the hospital will make a choice if it's an emergency or not.
	They will give you other ways to find care such as a GP or pharmacy. This helps keep ambulances free and people out of hospital.
	They do have an emergency bed service. This means they find hospital beds for very ill patients. This also includes moving patients from one hospital to a different hospital.

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	The London Ambulance Service deals with emergency incidents. An emergency incident is where lots of people have been hurt and need help.
	
	The London Ambulance Service might tell hospitals if an incident has happened and make sure the hospitals are ready to help. - They help people on the scene where the incident has happened - Take people from where it happened to a hospital.




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If you would like to help please answer the questions below.

Use the spaces below to give feedback on the London Ambulance Service.

	Question: What is the London Ambulance Service doing well?	
	Question: How can the London Ambulance Service improve emergency care? Emergency care is normally after a 999 call	
	Question: How can the London Ambulance Service improve urgent care? Urgent care is not life threatening and can include talking on 111	

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	Question: How can the London Ambulance Service work with other healthcare staff? Other healthcare providers could be hospitals, GPs, mental health services, charities and others.	
	Question: How can London Ambulance Service do more to improve life in London? They have Transport, buildings, and can offer training.	
	Question: What things would you like to see happen across London and in Kingston?	

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Tell us what you think about NHS and social care.

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