Norfolk Ambulance Survey

A Final Report on a public survey exploring views, expectations and experiences of the East of England Ambulance Service Trust in Norfolk

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About this report

This report sets out the findings and recommendations of a public survey exploring views and experiences of the East of England Ambulance Service NHS Trust in Norfolk.

Who this report is for

This report is intended for the Board of the East of England Ambulance Service NHS Trust and the five Clinical Commissioning Groups who commission ambulance services on behalf of the people of Norfolk. It will be also be of interest to:

- Residents of Norfolk
- People who have used the ambulance service
- Statutory, voluntary and community organisations who provide emergency and urgent care and support to their beneficiaries and the local population
- Norfolk Insight Team (local data observatory and Joint Strategic Needs Assessment)
- Norfolk Resilience Forum

Acknowledgements

We gratefully acknowledge the contribution of local people who completed our survey.

We would also like to sincerely thank the Healthwatch Norfolk volunteers for initiating this work, in helping us to administer the survey and carrying out telephone interviews.
Executive Summary

In early summer 2014 Healthwatch Norfolk commenced a public survey in partnership with the East of England Ambulance Service NHS Trust. The survey aimed to capture the views, expectations and experiences of local people in using the ambulance service. The objective was to gather feedback that could be used to make improvements to the service and ambulance response times.

A questionnaire used earlier in the year by Healthwatch Suffolk was modified and launched at the Royal Norfolk Show in June. The ambulance survey was open for a period of three months and could be completed on paper or online. The survey was promoted by Healthwatch Norfolk’s website, newsletter and networks and by the East of England Ambulance Service NHS Trust staff.

In total, six hundred and seventy three (673) people participated in the survey. Of them, 293 gave permission for Healthwatch Norfolk to get in touch with more questions leading to 185 successful follow-ups. These took the form of 66 telephone interviews and another 119 people responding to a further survey administered by email. Overall, respondents were slightly over-representative in terms of the older, White British population but not unusually so for the Norfolk population.

Nine out of ten people were aware that the ambulance service has targets to meet on emergency response times. Of all respondents, 66% had called 999 for an ambulance. Three quarters said that a person should call an ambulance for life threatening emergencies whilst the remainder said for any medical emergencies. Around a quarter of people believe that dialling 999 will mean they get treated more quickly in the Accident and Emergency Department.

There was mixed feedback on the time spent waiting for the ambulance arrive; a majority (70%) of those giving a time had waited less than 30 minutes with 28% waiting less than 10 minutes. When asked how long they’d be prepared to wait for an ambulance, 30 minutes was the absolute maximum with most people opting for 10 or 15 minutes waiting. Just over half were aware that they might be redirected to another service. The ambulance service offers a health care advice called the ‘Hear and Treat Service’ which 73% of people thought was a good idea but only a third had heard of. Around two thirds of people said they might accept being redirected elsewhere when they called 999. When it came to an ambulance being diverted away from their own situation to an emergency elsewhere, 87% said they’d rather this not happen but could appreciate it might.

Nine out of ten people said they would expect a paramedic to arrive with the ambulance or emergency response vehicle. On closer questioning, 32% said they would not expect a paramedic every time and that technicians or emergency care assistants may be a suitable alternative. In general, however, people said they expected the ambulance service control centre to decide and send the most appropriate member of staff in order to meet the patient’s needs. There are strong associations in the public’s mind between ‘proper ambulances’, paramedics and green uniforms.

The feedback from people on their treatment by staff of the ambulance services was significantly positive with 90% being either very satisfied (71%) or satisfied (19%) with the service they received. Confidence in the service was high (86% of people) and 90% said they had been treated with compassion, dignity and respect at all times by the ambulance crew. People’s comments on their treatment by ambulance crews were strongly complementary with many uses of the words ‘professional’, ‘caring’, ‘kind’ and ‘compassionate’. There were no ‘hot-spots’ of dissatisfaction with the service in any particular geographical area in Norfolk.

Most people (87%) thought that people in general were using the ambulance service when they didn’t need to do so and gave insightful suggestions as to how to define an emergency and what could be done to educate the public on the appropriate use of the service. A surprising number were in favour of charges or fines for people who misuse the service. Some suggested that if the public used the ambulance service more responsibly, more ambulances would be freed up to response to genuine emergencies and help the service meet its targets for response times.
1. Introduction

In our first year of operation (2013-2014) as Healthwatch Norfolk it became apparent that local people were concerned about the performance of the East of England Ambulance Service NHS Trust (the ambulance service). The Eastern Daily Press had been running a campaign called “Ambulance Watch” with regular reports on ambulance waiting times and photographs of ambulances queuing up outside the Accident & Emergency Departments of our county’s hospitals. Our volunteers informed us of their own observations and concerns, strongly recommending that Healthwatch Norfolk needed to find out what local people were experiencing when they called 999. Through an ongoing series of public events and comments received from the public, many other people told us that the ambulance service was important to them and that it should be to us. For the year 2014-2015 we chose ambulance services as one of our priority areas.

The information we received from several different channels construed to tell us that the experience of calling 999 and waiting for an ambulance might not be as expected (see Figure 1). Furthermore, we were told that waiting times were not always in accordance with the targets that are laid down for the ambulance service within the service contract, thus requiring exploration.

The ambulance service was also chosen as a service for exploration by our neighbours, Healthwatch Suffolk. A public survey was developed by their research team in collaboration with the ambulance service and the survey conducted in spring 2014. The Engagement Report: Public Perceptions and Experiences of Ambulance Services and NHS 111 in Suffolk\(^1\) was published in August 2014. In spring 2014 discussions between Healthwatch Norfolk and the ambulance service took place with a view to conducting a similar survey in Norfolk.

1.1 Why we did this work

The aim of this work was to gather the public’s views, expectations and experiences of the ambulance service as an emergency response service along with actual experiences of care; providing these as patient feedback to the East of England Ambulance Trust.

The objective of this work was to:

- Identify those elements of the service that the public say are poor or disappointing
- Identify satisfactory and excellent service experiences
- Pinpoint specific elements of the service that the ambulance service could improve upon
- Use the expectations, views and experiences of people in Norfolk to influence the commissioning - and improve the provision of - the ambulance service for local people

On the part of the East of England Ambulance Service NHS Trust, there was a desire to explore the public’s perceptions of the appropriate use of the ambulance service. The intention was to generate some actionable insights that could reduce inappropriate use of the service, in order to free up ambulances and staff to respond to people in serious and life-threatening situations.

This survey did not include experiences of non-emergency ambulance, hospital or community transport. This report describes what it feels like to be a patient using this service by some of the people who have used it recently.

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Figure 1. What happens when you call 999 for an ambulance in Norfolk

What happens when you call 999 for an ambulance?

A call handler answers and checks the caller's telephone number, address of the incident and reason for calling.

Depending on the nature of the call, the call handler will either advise the caller about the assistance they will receive and end the call, or stay on the line, offering practical help and advice where necessary.

Following a thorough clinical assessment using an internationally accredited system each call is given a prioritisation category based on the information given by the caller.

RED CALLS (Red 1 & 2)
These are calls that are classified as immediately life threatening and require an emergency response (with blue lights). The target is to arrive at these patients within eight minutes in 75% of cases.
Examples are:
Red 1: Cardiac arrest or life threatening traumatic injuries
Red 2: Serious breathing difficulties or suspected stroke with serious symptoms.

GREEN CALLS (Green 1 & 2)
Green 1: These are serious calls but not life threatening which require an emergency response to arrive in 20 minutes.
Examples are:
Green 1: Diabetic problems or suspected stroke with no serious symptoms.
Green 1: A suspected fractured arm or leg or a fall with injuries that may hamper mobility but are not life threatening.

GREEN CALLS (Green 3 & 4)
Green 3: These are non emergency calls which require a on scene response within 30 minutes.
Examples are:
Green 3: Overdose with no symptoms or a non serious casual injury
Green 4: Minor scalding, a fall with no apparent injuries or someone in pain but with no urgent symptoms.

Source: East of England Ambulance Trust
2. Approach

This work was undertaken in partnership with the East of England Ambulance Service NHS Trust. The ambulance service provided the knowledge and expertise on aspects of the service to explore and Healthwatch Norfolk provided the research know-how and practical effort.

Our approach was to use a mix of methods, both quantitative and qualitative. A quantitative approach, using a questionnaire, was chosen to assist in getting a large number of standardised responses from the public. It was agreed that greater detail would better be captured through qualitative approaches. For depth and detail, respondent follow-up was considered the best means. Those who chose to complete the questionnaire were asked if they would be happy for Healthwatch Norfolk to contact them by telephone or email and to give consent for this to happen at later date.

A questionnaire had been developed by the research team of Healthwatch Suffolk. In partnership with the ambulance service, this was further developed through a process of discussion and refinement. Conversations took place between Healthwatch Norfolk and operational and communications staff of the ambulance service, to ensure that the questionnaire was asking the right questions to find out what we wanted to know.

Figure 2. Questionnaire

The questionnaire was amended to ensure a focus on the respondents’ experience and expectations first and foremost. This was largely because the original survey had opened with questioning the respondent about calling 999, the right time to call 999, awareness of the service performance targets and so on. At Healthwatch Norfolk, we suggested that this might deter people from attempting to complete the questionnaire. We proposed a slightly less confrontational opening to the survey in order to encourage completion but to pose the more contentious questions later by probing deeper during the telephone and email follow-ups. In addition, we removed the letter from Chief Executives from the first page of the questionnaire; letters to the respondent work well in service-based patient research which tend to have a more paternalistic approach but are less meaningful in public research where the consumer comes first.

The questionnaire underwent five rounds of revision before a final version was agreed, see Figure 2 and Appendix 1.

The questionnaire was created and published on the online survey platform, SurveyMonkey®. The questionnaire was launched at the Royal Norfolk Show on 25th June by the Healthwatch Norfolk engagement team and the stand of ambulance service’s Community First Responders. The survey remained open for 3 months and was promoted by Healthwatch Norfolk and the East of England Ambulance Service NHS Trust through a variety of channels including community events, newsletters, websites and the local press by communicating the web address of the online questionnaire widely.

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2 https://www.surveymonkey.com/
3 This is the uniform resource locator, abbreviated to URL, commonly known as a web address. It is a specific string of characters that constitutes a reference to a resource. The web address for the Norfolk Ambulance Survey was https://www.surveymonkey.com/s/hwnambulance - please note this no longer open.
Paper copies of the questionnaire available through as many contacts and networks as possible and were included in the materials available to the public at a large number of community events over the summer period.

The follow-up questioning explored a small number of topics but in greater depth (see Appendix 2). These were: awareness of the healthcare advice offered by the ambulance service, appropriate use of ambulances and the 999 service, why people might call 999 when they don’t really need to and any other feedback that the individual wished to give. As responses were received, on a monthly basis all those agreeing to participate in follow-up were contacted by the respondent’s preferred means. This was done by telephoning those people who gave a number or sending a link to a further, brief questionnaire to those who provided an email address. For simplicity and speed, the telephone interview questions were similarly created in SurveyMonkey® to enable staff to enter responses directly during the interviews. All completed paper questionnaires were manually added to the online survey. The survey closed on 26th September.

2.1 Analysis

Following the close of the survey, all responses were downloaded from SurveyMonkey®. Some of the results were available immediately whilst other data required further analysis. A straightforward count of responses was suitable for some of the questionnaire data. The qualitative responses to the questionnaire, telephone interview and email follow-up questions were read in detail and subsequently imported into analysis software\(^4\). For the purposes of structuring and a systematic organisation of themes arising in the responses, a preliminary coding model containing a number of categories was developed (refer to Appendix 3). This model required only minor adjustments as the analysis progressed. The content of the comments provided by respondents was then coded and grouped into the categories displayed below in Figure 3.

Figure 3. A coding model to show how feedback was sorted and organised

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\(^4\) QSR International NVIVO v.10 - this a software package that enables a researcher to collect, organize and analyse content from interviews, focus group discussions, surveys, audio, social media, videos and webpages etc.
3. Results of the questionnaire

3.1 Respondents

In total, six hundred and seventy three (673) people completed the Healthwatch Norfolk Ambulance Survey. We asked respondents for the first part of their postcode, this is known as the ‘outcode’ e.g. NR25. Of 673 responses, 494 (73%) people gave us a valid outcode which we were able to map across Norfolk (see Figure 4). Each blue dot marks the centre of a postcode sector. The darkest dots show between 15 and 20 responses from a single postcode sector, the lightest dots, between 1 and 5). The only sector we did not receive any survey responses from was PE35 (most of which is covered by the Sandringham estate).

Two hundred and thirty seven respondents (44%) were male and 305 were female (131 choose not to give an answer). Women respondents were therefore slightly over-represented in our sample, compared to 2011 Census data on gender of the Norfolk population (Figure 5).

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**Figure 4. Map of Norfolk showing the postcode sectors of 494 respondents**

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**Figure 5. Gender of 542 survey respondents**
Figure 6 shows the spread of ages of survey respondents and tells us that our sample is under representative of 0-45 year olds and over representative of 46-84 year olds. One hundred and twenty people chose not to answer this question.

The ethnicity of respondents to the Norfolk Ambulance Survey was predominantly White British (96%) and a small percentage (1.7%) White European. Whilst this means that black, Asian and other minority ethnic communities are under-represented sample (see Figure 7), overall the diversity of our sample is not too far removed from that of the Norfolk population.

At the end of the survey, people were asked if they would like Healthwatch Norfolk to keep in touch with them about the results of the ambulance survey and another health and social care topics. Out of 673 people in total, 275 people said they’d like to keep in touch and 208 people gave us the means to keep in touch by providing a telephone number or email address for future contact. This means we have a way to keep in touch with around a third of our survey respondents for the purposes of feeding back what people told us and describing what action we will take.
3.2 Experiences of calling 999

Of the 673 people completing the survey, 439 (66%) had called 999.

3.2.1 Waiting for the ambulance to arrive

Three hundred and seventy three people (373 out of 439) gave a response to the question “How long did you have to wait for the ambulance to arrive?” A majority - 265 people - waited for less than 30 minutes and the waiting times supplied, using the categories most frequently employed by the respondents themselves, are shown below in Figure 8.

Figure 8. How 373 people described the waiting time for an ambulance to arrive

Of 373 people, 68 (18%) described their wait as longer than 30 minutes:

- Nineteen people had waited between 30 and 40 minutes - “The delay was with111 establishing what was wrong which took 30 minutes plus. In desperation called 999 because I knew it was an emergency. They came within minutes after [the] Community response”.
- Twelve had waited between 40 minutes and one hour, for example - “about 45 minutes; the police had 2 separate officer at the scene much sooner”, “About an hour. The
paramedic called for an ambulance but there was none available at that time” and “about an hour. We were told they had come from Wisbech we were in Fakenham”

- Twenty people had experienced a wait lasting longer than one hour “My Uncle laid on the floor for well over 1 hour” and “I had to wait an hour following a fall downstairs - when my son rang again they responded immediately”.
- Eleven people waited for over two hours and six had waited 3 hours or longer

A small number of people said that their waiting time had felt like ‘not long’ or ‘not too long’ (12 people) - “not too long to cause more concern”, “It seemed like no time at all”.

Others were not sure or they didn’t know (12 people). For example; “I had a helicopter. Not sure of timings”, “I gather about an hour as they were involved in a more urgent case. I am not sure because I was not conscious all the time” and “I was not watching the clock. However I felt it necessary to phone twice because of the time lapse. This was due to the unfamiliar situation and the blood loss of my wife. About 20 minutes”.

Some couldn’t remember (10 people) “Can’t remember very clearly”, “I do not recall exactly, but I know it was within a reasonable time”. One person said “at the time I wasn’t really able to be very aware of time but felt it was very good apart from the fact that I could hear it going back and forth in the village to find me (I was outside and unable to move)”.

Three people said that the ambulance did not arrive at all. The shortest waiting time reported was 3 minutes and the longest was 7 hours.

3.2.2 What it feels like to wait

When people were describing how long they waited for the ambulance to arrive after calling 999, they also described how they felt whilst they were waiting. Here are some examples of what people said:

- “Just wish… with my husband they could have arrived earlier. But unfortunately it was in the early hours of the morning and they were much further away”.
- “When they finally arrived the guys were very considerate and compassionate”
- “The ambulance crew were extremely apologetic for the delay and did put in their own report.Transported to hospital on blue light. Couldn’t fault the actual crew at all”.
- “The crew were very apologetic and treated her very well. A great shame that it took sooooo long to arrive”
- “first responder very kind and reassuring although I was waiting for the proper ambulance to come which they did but not until nearly one hour later”.
- “They refused to send one out. I put a complaint in about the service and they claimed they never received a call from me? They actually called me back, but claimed they had no record of it”.

3.2.3 Expected response versus actual response received

People were asked the question “Did the ambulance arrive as you expected?” in order to explore expectations of who would arrive in response to dialling 999 versus the actual response received.

Four hundred and nineteen people gave an answer to this question · which is 94% of those who said they had called 999. Of all of those giving an answer to this question, 386 responded ‘Yes, the ambulance had arrived as expected’ and 33 responded ‘No, the ambulance did not arrive as expected’. This means that 92% · 9 out of ten of people giving an answer · got the type of response that they were expecting. Along with giving a ‘Yes’ or ‘No’ response, respondents were also asked to indicate the type of vehicle (or mode of transport) and the person who arrived with the vehicle.
The answers to this question are shown below in Figure 9.

**Figure 9. Type of emergency response expected versus the type of emergency response received (experiences of 419 people dialling 999)**

When comparing the two groups, a larger percentage of people saying ‘No’ were attended by an ambulance without a paramedic (48% vs 8%), a Community First Responder (36% vs 10%) or a Cycle Response Unit (33% vs 2%).

When people are dialling 999, most are expecting to be attended by an ambulance with a paramedic on board.

### 3.2.4 Satisfaction with the service, confidence and treatment by staff

Ninety percent (90%) of people were either very satisfied or satisfied with the ambulance service they received (71% very satisfied, 19% satisfied, 5% dissatisfied, 5% very dissatisfied). Of the small percentage that were dissatisfied or very dissatisfied with the service they had received, on closer inspection many of these individuals reported long waiting times and amongst them those that had waited longest (between 3 and 7 hours) for the ambulance arrival. Dissatisfied individuals were also more likely to describe a series of different responses arriving e.g. the Community First Responder, then the emergency response vehicle and finally an ambulance with a paramedic.

Eighty six percent (86%) had confidence in the service. Ninety percent (90%) of people said they were treated with compassion, dignity and respect at all times by the ambulance crew. Overall, satisfaction with the service and confidence in the service were high and the majority of respondents said they were treated with compassion, dignity and respect at all times by the ambulance crew, which can be clearly seen in Figure 10 overleaf. Mapping service satisfaction by postcode has shown there were no particular ‘hot spots’ of concern relating to dissatisfaction in any particular area of Norfolk (please see Figure 11).
Figure 10. Satisfaction and confidence in the ambulance service and treatment by ambulance crews (439 people calling 999)
Figure 11. Levels of satisfaction with the service across Norfolk* (as described by 411 people)

*Note: each dot indicates the responses received from each postcode sector. The size of the dots indicate the number of responses - small dots indicate 1 response to the survey question ‘How satisfied were you with the ambulance service you received?’ and the largest dots indicate the highest number of responses from a single postcode sector (which happened to be 23). Distribution of satisfaction across the county does not indicate regional variations or a concentration of poor service in one area. Similarly, ‘very satisfied’ respondents appear equally spread across the county.
3.2.5 Treatment by ambulance service staff

“They saved my life quietly and confidently”

In total, 360 people chose to leave additional comments about how they were treated by the ambulance service staff. On balance, regarding the tone and content of the comments, 329 comments were positive, 22 were negative and 9 were neutral. The majority of comments giving feedback on how people felt they were treated by ambulance service staff were strongly positive and here some examples:

- “Called on behalf of my terminally ill father who was treated with respected and dignity at all times even though it was end of life care. As a family we were kept informed at all times and treated with the same respect and compassion”.
- “Called out the ambulance on behalf of an elderly neighbour. She was treated professionally but with great humanity and understanding”.
- “I consider that I was treated in an efficient and effective manner. The whole episode was conducted in a most re-assuring way. I was shown every consideration, I was treated with dignity and respect. Questioning style was not in any way aggressive but with the objective of ascertaining the real nature of my condition. A first class service”.
- “They made me feel like I was no trouble at all to them. They were friendly and chatty, and I didn’t realise they were asking questions among the chat till afterwards. They were very thorough. I would never have a bad word to say about them at all. When you are lying on the floor hurting, they are the most welcome sight in the world. They work so hard to help us”.
- “Excellent service. I had septicaemia and pneumonia and was very ill. The ambulance arrived very quickly and the paramedics were brilliant. I contracted pneumonia again 2 weeks ago... and following a call to our GP surgery an ambulance was requested. Again it arrived very quickly and the paramedics were very professional but also very compassionate”.
- “They were polite and appeared knowledgeable. They were reassuring, confident and explained everything they did or said we were respected and felt they were kind human beings”.

The professionalism of the crew was a strong theme:

- “Very professional crew, calm and ‘in charge’“.
- “They were extremely professional and knowledgeable”.
- “…friendly, professional, compassionate”.
- “Professional from start to end, explained everything, kept calm and explained everything”.
- “I found the ambulance crew were very professional in caring for me, their kind manner put me at ease”.
- “It wasn’t for me but my son. He collapsed in the house. They were very reassuring and professional”.
- “…ambulance crew were very professional, sympathetic, helpful and efficient”.

The terms most frequently used by people leaving more feedback on how they were treated by staff are shown in the world cloud in Figure 12, where the size of the font reflects the frequency of word appearing in the responses.
Some people described the interaction with the person responding to their emergency call. The tone and content of these comments were mixed; some people found the call centre personnel extremely helpful, others found them unhelpful and a few could not understand the way in which they were questioned.

Some examples of what people said are listed below.

- “I rang 999 because someone in church (in Thetford) had collapsed. I spoke with the 999 person throughout the waiting period, and so the ambulance staff spoke to others - but all parties involved were very professional and helpful throughout”.
- “I did find the second time [when I called an ambulance] the instructions from the ambulance telephonist extremely difficult to follow since my husband basically had died and to revive she wanted me to get him on to the floor from the bed. I could understand her reasoning but this was impossible to do even after I had raised a neighbour over the road to help me - this made me feel that I had failed him”.
- “The lady who answered the 999 call was calm and professional….Her advice was correct and taken. An excellent job. Thank you”.
- “I was once interrogated by a male nurse at control who seemed to expect me to diagnose the condition and then was aggressive. I had to say that I would not be spoken to like that. If I had had any faith in the complaints system I would have complained. Whenever I did all that I got was defensiveness and lies”.
- “The ambulance crew were brilliant it is the people on the phone who were belligerent. I had to ring 4 times and only when I said I would bring my husband to the hospital myself did anyone take any notice and said I might damage him further if I did that”.
- “Have had to call ambulance for both myself and my husband, on a few occasions, they arrived quite quickly and if not I was kept informed via phone on condition of my husband as to what to do until they arrived”. 

3.2.5.1 Call centre staff

respect  |  professional  |  paramedic
---|-----------------|-------------------
good  |  care  |  reassuring
considerate  |  help  |  well
efficiently  |  treated  |  compassionately
A few examples of how people described the call in relation to the telephone (the word ‘phone’) are shown below in Figure 13.

**Figure 13. Talking about the telephone conversation with call centre staff**

Excellent, while I was waiting for the ambulance to arrive, the person on the end of the phone kept me calm and informed me how long I would have to wait.

The ambulance crew were brilliant — it is the people on the phone who were belligerent. I had to ring 4 times and only when I said I would bring my husband to the hospital myself did anyone take any notice and said I might damage him further if I did that.”.

My younger son’s life was saved by instructions given over the phone.

They would remain on the phone until [the ambulance crew] arrive.

### 3.2.5.2 First responders

People referred to First Responders in several question responses, including their treatment by staff and in relation to waiting times. In general, comments about First Responders were positive;

- “First responder arrived who was very great (sic) with my son”.
- “First Responders in this area are wonderful but they do not have enough equipment and training as in other areas of the country I’ve experienced and they are not allowed to use blue lights!”
- “First Responders are brilliant — were very aware and knew how to reduce anxiety”.
- “We had a local emergency responder who attended within 5 to 10 min. She was very good. She assessed my situation and then chased up the ambulance. It took nearly an hour for the paramedic to arrive!”
- “Live in a rural area, push costs up if more ambulances 20-30 minutes to arrive. So having first responders if essential for rural areas”.

A few chose to comment on the speedy arrival of the First Responders:

- “First response arrived first within 5 mins then ambulance. Excellent service”.
- “First Responder 2.3mins”.
- “First Responders arrived within 12 mins”.
- “No more than 5 minutes for First Responder, who called for ambulance”.
- “First Response arrived first within 5 mins then ambulance”.

### 3.2.5.3 Ambulance crews

The feedback provided by the respondents suggests that people have differing views on the make-up of the ambulance crews and thus describe ambulance personal in differing ways. This is true of First Responders (some examples given above) and of other members of the emergency response services. Overall in the feedback, there were 100 separate references to ‘crews’ but 196 references to ‘paramedics’. Also, 33 people made reference to Technicians in varying context (but mostly this was in relation to the make-up of ambulance crews). When people are thinking about
ambulance service staff, in particular those who turn up at the scene after an emergency call has been made, they are thinking about paramedics.

The comments about ambulance crews and the individuals making up those crews are resoundingly positive:

- “My youngest daughter has been attended by a technician, when she had a febrile convulsion that went on for too long - the paramedic followed. My oldest daughter with brittle bones has been attended by a technician and also an emergency care assistant when she fractured her vertebrae. They were fantastic and looked after my children and reassured me too!”
- “Arrived quickly, acted fast, explained everything they were doing, courteous and kind”.
- “Excellent treatment and care, very competent giving confidence and showing a wealth of empathy and experience, we felt very safe in both the paramedic and ambulance crew’s hands”.
- “Extremely kindly, professionally and with a bit of banter - good for morale!”
- “I have had more than one occasion to call out an ambulance and I think the service and the crews are wonderful - really kind and helpful.”
- “...it was for my mum the ambulance crew made her feel calm and supported they were really lovely and took the time to explain to me all that was happening”.
- “They were outstanding and saved the life of my work colleague”.
- “The crew showed great dignity and did everything they could to put me at ease and feel less frightened”.

People gave feedback on the empathy shown by the staff and their care of patients, from the very old to the very young, for example: “I called the ambulance as my Mother had tripped and fallen over, and she is over 80. They treated my Mother with kindness and also showed concern for me” and “I rang because my young child was fitting, something that had happened once before. The
paramedic who came had young children of his own, and had [my son] undressed and sponged down before we went into our local hospital”.

Some people described a positive experience with the ambulance service which was followed by an unsatisfactory or poor experience in another service:

- “Well treated. But sat-nav not working. Didn’t know route to N&N. I took my car and led way to A140. I then pulled over and they led the way. Then spent 3 hours waiting for handover to A&E. Called Ambulance at 11pm. Father treated in A&E at 4:30am. Father discharged and we arrived home at 5:15am”.
- “They were fantastic, kind, considerate and very caring. The Air Ambulance was also called out, they were all so kind and professional, I cannot fault the care my grandmother received. Shame it went so wrong at the hospital”.
- “The crew were great but not from this area and got lost then didn’t know about the procedure in A&E. I don’t believe this was their fault but that of the [Norfolk & Norwich Hospital] not being able to get patients through A&E quickly enough and were stopping ambulances leaving”.

3.2.5.4 Paramedics

Overall, there were 196 specific references to paramedics in the comments supplied by our respondents. It became apparent that when people were describing their experiences of ambulance services (as shown in Figure 8) they were talking about paramedics first and foremost:

- “The crew and paramedic were fantastic. The only problems I can see with the health service is politicians have a say!”
- “I think it was a paramedic in a car that arrived. They were very friendly and helpful but extremely inappropriate at times! Just with the comments they made”.
- “The paramedic said to the driver that he hates suicide attempts- I am Bi-Polar rapid cycle, and having epileptic attacks”.
- “I had broken 5 bones in my pelvis and was in great amount of pain. The Paramedic arrived first well before the Ambulance crew. He requested that I move including walking when I was unable to put any weight through my left leg. In the overall time a Police Officer arrived and was more helpful and provided more care and compassion”.
- “My initial examination by the paramedics was professional and thorough. They were very sympathetic and reassuring. I was given pain relief and monitored closely during the journey to hospital where the paramedic stayed with me until I had been logged in”.
- “Very impressed with knowledge and professionalism of 2 paramedics”.

3.2.3 Expectations of emergency response staff

Some people shared views on the challenges facing the ambulance service staff and were largely sympathetic of the demands placed upon them.

- “I have a tremendous amount of respect for the staff of the ambulance service doing a difficult job for some very demanding and ungrateful people. Their patience and care for their patients is only marred by the reception they receive at A&E”.
- “Treated with courtesy and knowledge. Both crews worked well together and I was completely satisfied with the service I received. The amount of paperwork the crew have to fill in seems to be excessive although electronics does help. Is it all necessary and could
not further work be done to automatically fill in these forms”.

- “The crew were under pressure”.
- “Very well indeed. I was treated with care and compassion and with the utmost respect. The crew told me that they had had a very busy morning and hadn’t had their lunch, but they did not seem bothered. They were more interested in caring for me and making sure I was looked after”.
- “They were all very reassuring and respectful, but the patient - my elderly aunt - needed a saline drip because of very low blood pressure. The ambulance was run by a private company, brought in, I believe, because of heavy demands that day. The crew were not qualified to supervise the patient with a drip, so the paramedic had to travel in the ambulance and one of the ambulance crew followed, driving his car. This took the paramedic out of commission for some time - and had he not been there my aunt would not have been able to receive the treatment she needed”.

Some people wondered if the ambulance or crew had been brought in from elsewhere to ease pressure:

- “The paramedic who arrived was so good, and did every thing he could to help my husband who was having great difficulty breathing. The ambulance came half an hour later, it was not a Norfolk Ambulance, but one that had been brought in because of the high rate of use of the service that night. But with the help of the paramedic they carried him downstairs, and took him to the QEH at King’s Lynn”.
- “The person who attended my son when he had his accident went to the wrong place, did not have a clear vehicle (Range Rover) she needed to shift plasters, dressings, syringes and so on before he could get in the car. She then delivered us to the QEH, but instead of taking my son through to be attended to immediately because he had sustained a serious head injury, she sat him in the waiting room and disappeared to find someone to help. In the meantime my son was becoming more unwell and losing consciousness. Had it not been for the presence of mind shown by the receptionist, who was very concerned that he hadn’t been delivered to the right place, I shudder to think what may have happened to him”.

It should be borne in mind that for a proportion of people requiring an emergency call, recalling the exact nature of their care and treatment by response staff is simply not possible due to the severity of their condition at the time “I was drifting in and out of consciousness, and was pumped full of morphine due to a severe fracture, so I can’t remember much about the crew, I’m afraid (bet they were marvellous though!)”.

The responses also showed some awareness of the conflict between waiting times and perceived pressure upon ambulance crews:

- “Treatment excellent. Wait disgusting”.
- “Very kindly, they worked very hard to revive my husband which was successful at the time, unfortunately he died the next day in hospital but I have every confidence that they couldn’t have arrived any sooner or done any more to save him”.

There were a few occasions when frontline staff appeared only too aware of any current delays in the response times of their service, and when arrived the crew were “Full of apologies for being delayed and they were very considerate to me and to my husband who was with me”.

Page | 20
3.2.3.1 The meaning of emergency response vehicles

There were a few references to the comfort of the vehicles used by trust, for example “I was treated with extreme kindness, compassion and cheerfulness. I had 100% confidence in the team who were totally caring, waiting with me until hospital staff took over. The only thing I didn't like was the journey - ambulances must be quite the most uncomfortable vehicles to travel in!!”

Throughout many answers to the questions posed, people made references to a number of vehicles used by the ambulance service namely; ambulances, cars, motorbikes, cycles.

The mode of transport used by the ambulance service personnel and the individual(s) who arrived at the scene appear to be quite strongly associated in people’s minds. As a general observation, it is apparent that there is a common understanding and expectation of the word ‘ambulance’ and a clear association between the word and the type of vehicle that a person expects to arrive after calling 999. Questions in the survey and telephone interviews relating to the various members of the emergency response teams created some confusion. For a proportion of the public, ambulance crews, and ambulances and paramedics go together. Other classes of personnel and vehicles do not appear to have this basic association in people’s minds. This is an important association for the ambulance service to bear in mind for the purposes of verbal and written communications about the service, its vehicles and personnel. This is also discussed in the sector pertaining to paramedics on every vehicle (section 4.4).

- “...I don't think someone who isn't a paramedic should have an ambulance, just a car or a bike”.
- “…Paramedic should be available via fast response car or bike (motor bike preferable)”.
- “Both the first responder and the ambulance crew were excellent first responder very kind and reassuring although I was waiting for the proper ambulance to come which they did but not until nearly one hour later”.

3.3 Awareness and expectations of the ambulance service

3.3.1 Defining an emergency and when to call 999

Three quarters of people (405 people, 73%) said that a person would call an ambulance for life threatening emergencies whilst just over a quarter (147 people, 27%) said a person would call for ambulance for any medical emergency. Overall, 533 people chose to give further detail on how they would define an emergency, which is the highest response of any of the more qualitative questions. This suggests that the public do think of the ambulance service as an emergency service. What constitutes an emergency, however, appears to vary quite considerably in people’s minds. It is possible to create a spectrum of events or need from the definitions observed, for example:

“Death” →“life and death situation” → “life threatening situation” → “heart attack or stroke” → “stopped breathing” → “collapse” → “when someone is unconscious” → “severe injury” → “car accidents” → “collapse” → “feeling very unwell” → “untreatable by a first aider” → “not able to get up off the floor” → “situations requiring urgent attention” → “situations that can’t wait for the doctor's surgery”

It is also possible, however, to identify a number of frequently occurring expressions, terms and themes and these are shown overleaf in Figure 14.
Figure 14 Defining an emergency

282 people out of 533 (53%) defined as an emergency in terms of being a

**Life threatening**

- “anything where life is in danger”
- “life and death situation”
- “suicide attempt”
- “a serious life threatening event”
- “life threatening injuries”
- “danger of loss of life”
- “life threatening situation”
- “Life threatening or severe distress”

209 people made a specific reference to a -

**Heart attack**

- “life threatening like cardiac arrest”
- “a serious threat to health e.g. a heart attack”
- “severe heart attack”
- “a heart attack”
- “suspected heart attack”
- “heart attack or other cardiac problem”

106 people said any kind of -

**Serious injury or situation**

- “serious injuries or illness”
- “severe head injury”
- “head injury with vagueness or severe hit”
- “Serious incidents leading to shock”
- “like anaphylaxis”
- “potentially damaging to long term health”

87 people said a -

**Stroke**

- “having a stroke”
- “likely stroke confirmed”
- “severe stroke or seizure”
- “symptoms of a stroke”

69 said

**Stopped breathing, breathing difficulties**

- “needing acute medical help e.g. not breathing”
- “stopped breathing”
- “breathing problems”
- “when someone cannot breathe (probably asthma)”
- “choking...not breathing”

60 said

**Accidents & road traffic accidents**

- “Fire”
- “road traffic accident”
- “when an accident has occurred”
- “someone is trapped under rubble”
- “Trauma”
- “severe burns, any spinal injury”
- “fall of an elderly person”

59 said **Pain**

- “angina, severe chest pains”
- “casualty is in great pain”
- “diabetic coma”
- “when the patient is unconscious”

45 said **Unconscious**

- “when there is an immediate need for medical assistance”

46 said **Immediate help**

- “someone who is bleeding heavily and unable to stop”

37 said **Bleeding**

- “broken bones other than arms”
- “break with a fall e.g. hip”

33 said **Broken bones**

- “chest pain and collapse”
- “collapsed, gone limp”

23 said **Collapse**

- “possibility of the victim dying”
- “risk of death”
- “you think you are dying”
- “whereby my child is at risk of death”

27 said **Death, dying**
Awareness of the targets set for ambulance response times according to the categories of emergencies was high, with 9 out of 10 ten people (89%) indicating that they were aware that the service had targets to meet on response times.

3.3.2 Getting seen in the Accident and Emergency Department

People had varying perceptions of the speed at which they might be seen in the Accident and Emergency Department if they were to call 999. Just less than half (45%) thought that dialling 999 would not mean they would be seen any quicker in Accident and Emergency Department whilst a quarter (25%) thought it meant they would. Just under a third of respondents were not sure either way. Overall, this suggests that around a quarter of people believe that dialling 999 will mean they get treated more quickly in the Accident and Emergency Department.

3.3.3 Expectations about who will arrive

When asked about the composition of the ambulance crew, 90% said that they would expect a paramedic to arrive with the ambulance and 62% said they would expect a driver (as shown below in Figure 15). By comparison, 20% said they would expect an Emergency Care Assistant and 16% said they would expect a Technician whilst 128 people didn’t give an answer.

![Figure 15. Expectations of 545 people regarding who will arrive to help](image)

The difference between a Paramedic and Technician for example, is not clear to the public and for some this is not a question easily answered without some further explanation. Some of the description contained within the responses indicated that people view the vehicles and personnel of the Ambulance Service in different ways, suggesting that there is not a shared understanding of who does what, and why. For example; “Treated very well once the paramedic arrived. First Responders came first, they were very good but we were anxious for the paramedic”, “There was no ambulance just a car, treated well, but he needed admitting so car inappropriate” and “Both the first responder and the ambulance crew were excellent first responder very kind and reassuring although I was waiting for the proper ambulance to come which they did but not until nearly one hour later”. There are further findings and discussion on this topic in section 4.4.

3.3.4 Preparedness to wait

People were asked the question “How long would you be prepared to wait for an ambulance to arrive?” One hundred and eighty three people chose to give an answer to this question, which is around 27% of the total number of respondents. This suggests that people did not want to answer this question, for a number of reasons, some of which can be derived from the content of the 183 who did give a response. Those who considered the question to be difficult or nonsensical said things like; “silly question if it was needed as long as it takes”, “stupid question - one waits for as long as it takes”, “Until it got to me”, “Difficult to answer honestly”.
The most frequently used words in the answers to this question are shown in alphabetical order below in Figure 16, the largest words were those most frequently used.

Figure 16. Most frequently used words when describing preparedness to wait

<table>
<thead>
<tr>
<th>minutes</th>
<th>ambulance area arrive attack case choice circumstances condition depends emergency get heart help hope hospital less life like live long longer max nature need obviously one pain patient person phone possible quickly really reason response rural seems serious severity situation soon sooner stroke takes think threatening wait within</th>
</tr>
</thead>
</table>

The categories of answers as used by the respondents themselves are shown in Figure 17.

Figure 17. How people described their preparedness to wait for ambulance to arrive

- **Minutes**
  - Less than 10 minutes (14)
    - “10 mins max”
    - “On a 999 call 10 minutes”
    - “10 - 15 mins if not life threatening road accident”
    - “As I live in the country I know it would take around 20 minutes if there was no traffic and that they could leave at once”
    - “Depending on traffic conditions and time of day - up to 30 minutes”
    - “Depends on injury/illness I reckon”
    - “Depends on the emergency type. Minutes for heart attack and up to an hour for a fall for an elderly person”
    - “As long as it takes when you are paralysed!”
  - 10 minutes (28)
  - 15 minutes (27)
  - 20 minutes (17)
  - Up to 30 minutes (34)
    - “If someone is dying - 5 minutes?”
    - “In a full emergency within 10 mins max”
    - “Fifteen minutes max but as I live 30 minutes from nearest hospital, even this is too long”
    - “I think in the city centre where I live I would expect an ambulance within 10 to 15 minutes at the most”
    - “Depends on the reason for calling. Couldn’t give exact time”
    - “as soon as possible under emergency conditions”
    - “Difficult as in rural area but only as long as it saves lives”
    - “Not long at all time really drags whilst you’re waiting and the anxiety increases”

- **Other**
  - It depends (28)
  - No longer than necessary (16)
  - As long as it takes (11)

“Depends on the reason for calling. Couldn’t give exact time”

“as soon as possible under emergency conditions”

“Difficult as in rural area but only as long as it saves lives”

“Not long at all time really drags whilst you’re waiting and the anxiety increases”
3.3.5 Diversion and redirection

People were asked if they were aware that the ambulance service might direct them to an alternative service. Just over half (55%, 301 people out of 548) said ‘yes’ they were aware and 45% (247 people) said ‘no’. Regarding the acceptability of being redirected to an alternative service, two thirds said it would depend on the situation and third said it would be acceptable. A minority (4%) said it would not be acceptable (see Figure 18).

Figure 18. Views of 548 respondents on being redirected to an alternative service

When asked how they would feel if they knew the ambulance had to be diverted to a higher priority elsewhere:

- 12% (65 out of 549) indicated ‘Fine, I am happy that in an emergency elsewhere my ambulance be diverted’
- 84% (459 out of 549) indicated ‘I would rather this not happen, but I can appreciate that in exceptional circumstance this may occur’
- 4% (25 out of 549) indicated ‘Disappointed, it should be dealt with on a first come, first served basis’

Figure 19 below shows some of the ways in which people were describing the diversions they had experienced and also their views.

Figure 19. Talking about diversions

“In Norfolk there is an urgent need for more Ambulances so they are not being diverted”

“When they get here, asap. Hoping they have not been to another call (this was 3am on a Monday morning)”

“We waited over an hour - they were disappointed, it should be dealt with on a first come, first served basis”

“7 HOURS FOR A SUSPECTED PULMONARY EMBOLISM ON A PERSON OF 89 YEARS OLD!...were rang 3 times to see if patients condition had changed and told on 1 occasion the ambulance had been to an emergency and on another occasion that they were really busy”
3.4 Awareness and satisfaction of the NHS 111 service

Respondents were asked about their awareness and experiences of using the NHS 111 service and their responses are shown in Figure 20. A significant majority (95%) of our respondents were aware of the NHS 111 service and almost 40% had used it. A small number indicated that they were unaware of the NHS 111 service and a very small number said they were aware but didn’t know how to access the service.

**Figure 20. Awareness and use of the NHS 111 service of 546 people**

People were asked how satisfied they were with the service they received from NHS 111. Of those 244 people that had some experience of using the NHS 111 service, overall 72% were either satisfied or very satisfied with the service they had received (see Figure 21).

**Figure 21. Satisfaction with the NHS 111 of 244 people**

Largely our respondents indicated that they knew when it was the right time to call 999 and when they should call the NHS 111 service instead. Just over three quarters (75%) of people said ‘yes’ they knew when call 999 and when to call 111, however 18% said they were not sure and 6% said they did not know. Overall, this means that around a quarter of people either didn’t know or were unsure of the best service to call.
### 3.5 Views on responsible use of the ambulance service

When asked if they thought that people might be using the ambulance service when they don’t need to, 87% of our respondents said ‘yes’. Eleven percent (11%) said they didn’t know if that was the case and only 2% said ‘no’.

Four hundred and ninety (490) people gave suggestions in response to the request “Please tell us how you think we can educate people on the appropriate use of the ambulance service”. A minority (15 people) said “I don’t know”, “Almost impossible to answer”, “I cannot offer advice on that I’m afraid” and “I have no idea”. A few appeared to find the question irritating e.g. “You are the experts try talking to people” and “Stop making us feel guilty for looking for help”. Some (33) were not at all optimistic about educating the public on the appropriate use of services:

- “A really tricky one”.
- “Top question”.
- “Difficult one! There are sadly people in this world who think rules are for others and not them and that will not change but it needs to”.
- “Doubt you ever will”.
- “I think it’s very hard some people won’t listen and abuse the service”.
- “No amount of education will change some people”.
- “Sadly, some people will call 999 regardless”.
- “Hard to say there are a lot of idiots around who don’t listen or learn”.
- “Hard to say, people are often very selfish/ignorant”.
- “I think you do all you but some people just try it on anyway”.
- “It would be difficult - because 999 is the first number that comes to mind”.

The great majority, however, offered suggestions. The strongest themes emerging from the wide variety of ideas on how to educate the public on the appropriate use of ambulances are shown below in Table 1. The numbers will not sum to 490 as people gave more than one suggestion.

#### Table 1. Educating people on the appropriate use of ambulances

<table>
<thead>
<tr>
<th>Suggestions</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>182 people said stress that ambulances are for emergencies only</td>
<td></td>
</tr>
<tr>
<td>97 said that some form of education was needed</td>
<td></td>
</tr>
<tr>
<td>86 said that publicity was needed</td>
<td></td>
</tr>
<tr>
<td>65 said be clear about what is appropriate and what is not</td>
<td></td>
</tr>
<tr>
<td>61 said be clear about 999 situations</td>
<td></td>
</tr>
<tr>
<td>60 said charge people or fine them for using the ambulance service</td>
<td></td>
</tr>
<tr>
<td>53 said give people information about the right service to contact</td>
<td></td>
</tr>
<tr>
<td>51 said get people to think about their choices</td>
<td></td>
</tr>
<tr>
<td>49 said promote the NHS 111 service more</td>
<td></td>
</tr>
<tr>
<td>“only to call in emergencies i.e. accidents, heart attacks, stroke etc”</td>
<td></td>
</tr>
<tr>
<td>“teaching people the difference between 111, 999, doctor and A&amp;E”</td>
<td></td>
</tr>
<tr>
<td>“continuous publicity with example using simple language”</td>
<td></td>
</tr>
<tr>
<td>“for reasons such as heart attack, stroke, diabetic coma, severe accidents etc”</td>
<td></td>
</tr>
<tr>
<td>“what the Ambulance Service is for, and when/when not to dial 999”</td>
<td></td>
</tr>
<tr>
<td>“bring in charges for inappropriate use of the ambulance service” “fine people who misuse it”</td>
<td></td>
</tr>
<tr>
<td>“examples of when to 999 and when you should call 111”</td>
<td></td>
</tr>
<tr>
<td>“making people aware that inappropriate use of 999 may endanger someone else's life”</td>
<td></td>
</tr>
<tr>
<td>“let people know that they should use their GP or NHS 111 in certain circumstances”</td>
<td></td>
</tr>
</tbody>
</table>
It is interesting to note the numbers of people who suggested imposing fines upon those who misused the ambulance services. Twenty two people used the word ‘fine’, ‘fines’ or ‘fined’ and a further 38 used the word ‘charge’, ‘charging’ or ‘charged’. Below are some examples of what people said about the use of fines for misusing the ambulance service:

- “I think there are those who will always dial 999 regardless. Perhaps they should be charged if not an emergency”.
- “Fine deliberate misuse”.
- “Fine them in inappropriate cases”.
- “Fine people who call 999 for stupid things”.
- “they need to wait in circumstances that are not emergencies and be charged appropriately for wasting time and resources, why are people allowed to get away with it, hit them where it hurts, in the pocket”.
- “Define emergency very clearly and charge those who deliberately call 999 knowingly without just reason”.
- “Give clear advice the 1st time, then if appropriate charge the caller for the error call”.
- “Having to pay later always helps to make decisions more carefully considered”.
- “I think if there is inappropriate use there should be some consequence e.g. a fine”.

As well as giving suggestions on the type of content which needs to be given to the public, respondents also had views on the ways in which this could be done e.g. the tools and materials such as mailshots, leaflets, posters and publicity campaigns. The people, routes and channels that our respondents thought could work for educating the public on the appropriate use of the ambulance service are displayed in Figure 22. The top suggestions were television, radio and newspaper advertising and leaflets in GP surgeries followed by social media and online film clips.

It is apparent from the numbers of people giving a response and the breadth of suggestions that respondents had fairly strong views on the need to inform and educate the public on correct use of the ambulance services. This is something which the East of England Ambulance Service NHS Trust, in conjunction with local commissioners of health services, should consider pursuing further.
3.6 Views on the East of England Ambulance Service NHS Trust

At the end of the questionnaire, telephone interviews and follow up email questionnaire, people were asked if they had any further comments they wanted to share. Twenty five people chose to give further positive feedback on their personal experience of using services by the ambulance service, for example:

- “Absolutely no complaints at all. I live quite close to the hospital so I think that meant when I called an ambulance it arrived really quickly”.
- “Ambulance service does a very good job”.
- “I cannot fault the crews at all they were absolutely amazing”.
- “No complaints, they do excellent work”.
- “Service helpful and people kind”.
- “The ambulance crew were excellent and I can’t speak highly enough of them”.

There were a few additional comments on response times:

- “Response times - getting somebody to the call, speed is important”.
- “Response time too long”.
- “There should be more ambulances especially in the Dereham area”.
- “Too many ambulance crews arriving at the response to one house call”.
- “Response times must be improved”.
- “Once waited over 5 hours to get an ambulance, to get my husband up. No point in complaining - all lies!! All paramedics lovely”.
- “Responding to too many alcoholics, consistently wasting time and money, and diverting away from emergency”.
- “...the police have PCSO’s as school liaison officers, perhaps you would find this more productive than duplicating (unnecessarily in my view) services provided by more competent providers and use the money saved to improve ‘The Ambulance numbers and Response Times’”.

There were some references to the reports of performance of the ambulance service in the media

- “The Ambulance Service should keep the public up to date with what goes on as one hears so much negative stuff particularly in the local press. It can be worrying”.
- “My view of EEAST, excellent. See TV stories. Not my experience, manner in which treated was excellent”.
- “Point, so much criticism of ambulance service, but personally it’s excellent, couldn’t fault it, brilliant”.
4. Results of follow up activity

Two hundred and ninety three (293) people indicated that they would be happy for Healthwatch Norfolk to contact them in order to discuss their views and experiences in more detail. Some provided a telephone number as a preferred means of contact, some an email address and some both. Of those, 185 were contacted successfully:

- 66 respondents were interviewed by telephone
- 119 people responded to a follow up email

4.1 Awareness of the health care advice service provided by the Ambulance Service

In both the follow up telephone interviews and email survey, all respondents were asked if they were that the ambulance service offered a health care advice service (also called the ‘Hear and Treat Service’). Figure 23 shows just under two thirds of people that we followed up were not aware of the healthcare advice service.

Figure 23. Awareness of 185 people of the health care advice (‘Hear and Treat’) service

4.2 Views on the health care advice service

People who responded to the follow-up email survey were probed further on their views on the ambulance service offering a healthcare advice service. Table 2 shows the responses that 119 people gave to the question “Thinking about people’s awareness of the Hear and Treat service provided by the Ambulance Service, please tick any of the statements below you consider to be true”.

Table 2. Views on the ambulance service health care advice service

<table>
<thead>
<tr>
<th>Statements considered to be ‘true’ as chosen by respondents</th>
<th>No of people (%)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>A few people might be aware of the health care advice service</td>
<td>88 (73%)</td>
</tr>
<tr>
<td>Most people are aware of the health care advice service</td>
<td>3 (2%)</td>
</tr>
<tr>
<td>Everyone is aware of the health care advice service</td>
<td>0</td>
</tr>
<tr>
<td>Most people wouldn’t think of contacting the ambulance service for advice</td>
<td>99 (82%)</td>
</tr>
<tr>
<td>The health care advice service sounds like a good idea</td>
<td>88 (73%)</td>
</tr>
<tr>
<td>The health care advice service sounds like a bad idea</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>Other services are better for providing health care advice</td>
<td>13 (11%)</td>
</tr>
</tbody>
</table>

* Percentages will not sum due to respondents being able to select more than one statement.
The figures in Table 2 suggest that, in our smaller sub-sample, people were of the view that the health care advice service sounded like a good idea. They also thought, however, that only a few people might be aware of health care advice service and that most people wouldn’t think of contacting the ambulance service for health care advice.

4.3 Perceptions of inappropriate use of the ambulance service

In the follow up email survey and during the one-to-one telephone interviews, we repeated a question asked in the main survey “Do you think some people call an ambulance when they don’t need to?” The main purpose of repeating this question was to ask a subsequent question “why do you think that?” in order to explore views on inappropriate use of the ambulance service.

In the main survey, 87% of our respondents said ‘yes’, they thought people did call an ambulance when they didn’t really need to. Eleven percent (11%) said they didn’t know if that was the case and only 2% said ‘no’. In the follow up survey and interviews, 63% of people said ‘yes’ and 32% said ‘no’.

When asked to explain why they had replied ‘yes’ or ‘no’ to this question, 170 people out of 185 chose to give further detail. The main themes arising from these responses are shown in Figure 24 with examples. Some thought that was easy for people to dial 999 because it was a well known number and a quicker response was likely:

- “Yes - because nearly everyone is aware of ‘999’. -if you call your gp you are not likely to get much help; out of hours you will be given another number to ring and this can be difficult if you are under stress, in surgery hours my local practice is unlikely to be able to give prompt advice or assistance - of course, a few people are lazy/thoughtless/ignorant and expect the ambulance service to deal with trivial problems”.
- “Yes they do because it always responds quickly whereas other providers are not always available”.
- “Still do 999, older generation know 999”.

A few respondents said the question was not straightforward to answer “This is a difficult question. Certainly some people call an ambulance unnecessarily, but this may be because they are in some way vulnerable, and perhaps frightened by some worrying symptom, especially if living alone and have no-one else to turn to for advice or support. (Others, I am equally sure, will not call one when they ought to do so as they do not wish to be a nuisance or some such reason”.

Some people were simply unsure of why others might call an ambulance unnecessarily or did not want to make a judgement about the actions of others. Some of the responses were related to the urgency of the event or situation itself:

- The natural reaction to an accident or serious health condition or event (such as a heart attack or stroke)
- Not knowing what to do in a health emergency
- Not having anyone else to turn to or on hand to give information and advice
- Panic and fear can mean that people want to get help straight away
- Someone consuming large amounts of alcohol

Others were related to a lack of knowledge or access to other sources of treatment and help:

- Unable to get help from other health services such as GPs, NHS 111 or a Walk-In Centre
- Lack of public education on the right service to use at different times of need
- Ignorance, laziness or selfishness on the part of individuals
<table>
<thead>
<tr>
<th>Natural reaction to a medical emergency</th>
<th>Not sure why, wouldn’t wish to judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>“...immediate response to a medical situation”</td>
<td>“Probable, cannot really comment”</td>
</tr>
<tr>
<td>“General question...human nature will do it...”</td>
<td>“Can’t answer for other people. We don’t abuse, nor do my friends”</td>
</tr>
<tr>
<td>“Most people call one when they really need to”</td>
<td>“Probably yes, I can imagine people do”</td>
</tr>
<tr>
<td>“Yes, when in pain or unsure, they need to contact someone”</td>
<td>“Yes but not sure why”</td>
</tr>
<tr>
<td>“Not really sure, each case must be different”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not knowing what else to do</th>
<th>No-one else around to help</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Not everyone has first aid training and can assess the situation”</td>
<td>“Yes reassurance, didn’t know who else to phone”</td>
</tr>
<tr>
<td>“Yes, some people call 999 when they should call NHS 111 instead but not everyone knows about it”</td>
<td>“Yes, some people do not have anyone else to turn to. This is especially true for the elderly and people with dementia. When you are elderly, live alone and are unwell, even small problems seem significant and you can’t cope with them alone. My mother in law would call 999 when she was lonely and wanted to talk to someone”</td>
</tr>
<tr>
<td>“Yes out of ignorance, not knowing what 999 is really for”</td>
<td>“Yes, no-one else to contact”</td>
</tr>
<tr>
<td>“I think this means some people don’t know the basic stuff about what to do in an emergency and don’t feel confident enough to handle certain situations”</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Panic and fear are the cause</th>
<th>Unable to get help from other health services</th>
</tr>
</thead>
<tbody>
<tr>
<td>“People on their own often panic”</td>
<td>“Yes, when they panic and the GP surgery is closed”</td>
</tr>
<tr>
<td>“Yes, new mums panic, first time mothers too”</td>
<td>“Yes...not a lot of GP care, NHS 111 not aware of that and slagged off in national press”</td>
</tr>
<tr>
<td>“In fairness to some, the general public is not always able to assess a problem accurately. Panic can set in especially with young children and the elderly”</td>
<td>“Yes, lots of people do. Something minor but no proper out of hours GPs. Still do 999, older generation know 999”</td>
</tr>
<tr>
<td>“I think that people panic and 999 is the number that everyone knows so that’s what they use”</td>
<td>“Many people call 999 as the only option for medical help because they cannot get a doctor’s appointment”</td>
</tr>
<tr>
<td>“Probably from panic and an inability to assess the seriousness of an accident or illness”</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Selfishness or laziness</th>
<th>Because of alcohol use</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Definitely yes! Seen reports in newspaper, toothache or taxi, someone?! Just because service is there”</td>
<td>“I know they do. I used to go in the pub and there was one man who would get regularly drunk and who would call an ambulance for a lift home and use the ambulance like a taxi”</td>
</tr>
<tr>
<td>“Yes because [they’re] stupid, lazy, can’t be bothered to get an appointment, easy way round. Should be an inappropriate call out charge. Sense of entitlement sickens me”</td>
<td>“Yes I think they do sometimes. Like when on a night out and people get really drunk and off their faces on drugs and all that. Sometimes things get out of hand. Maybe a fight starts or even the girls can kick off having a go at each other. I’ve known a few mates to fall down steps or into the road in front of cars. My girlfriend fell down the stairs at the [Nightclub on Princes Street, Norwich] and broke her elbow and lost two teeth”</td>
</tr>
<tr>
<td>“Yes, it’s the easy option”</td>
<td></td>
</tr>
<tr>
<td>“There are always unintelligent or selfish people in every walk of life who think they and their situations are of the utmost importance”.</td>
<td></td>
</tr>
<tr>
<td>“They certainly do. It’s because they are mainly inconsiderate, selfish people. You don’t have a chance of preventing them....”</td>
<td></td>
</tr>
</tbody>
</table>
4.4 Expectations of a paramedic on every vehicle

In the follow up interviews and online survey, we asked people if they would expect to see a paramedic on every East of England Ambulance Service NHS Trust vehicle. This question differed slightly from that asked in the questionnaire, as the focus shifts away from personnel experiences towards asking respondents what should happen as standard for all those using the ambulance service.

The responses of 185 people answering this question are shown in Figure 25.

**Figure 25. Expectations of a paramedic on every vehicle**

<table>
<thead>
<tr>
<th>Did not answer</th>
<th>Yes</th>
<th>No</th>
<th>Did not answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Telephone interview</strong></td>
<td>38</td>
<td>26</td>
<td>2</td>
</tr>
<tr>
<td><strong>Follow up email</strong></td>
<td>79</td>
<td>33</td>
<td>7</td>
</tr>
</tbody>
</table>

In total, 140 people chose to give further comments on the reasons why they would expect a paramedic on every emergency response vehicle or why they wouldn’t. This questions posed some challenges because it became apparent during the telephone conversations and within the survey responses, that there wasn’t a common understanding of the word, or role, of the paramedic.
In the main survey, ninety percent (90%) of respondents said they would expect a paramedic to arrive with ambulance or emergency response vehicle. During follow up, after having been given information on the competencies of emergency response staff, people said other staffing arrangements may be acceptable. On closer questioning, 32% said they would not expect a paramedic on every vehicle whilst 62% would (see Figure 26).

Figure 26. Views on paramedics on every vehicle

Together with the responses collated through the main questionnaire and follow-up telephone interviews, it is possible to observe a sense of confusion amongst the public regarding perceivable differences between the roles. A summary of the main themes arising from the 140 additional responses given to this question are shown overleaf in Figure 27.

4.4.1 Waiting for the East of England Ambulance Service NHS Trust to put this in place

During the telephone conversations and email survey pre-amble, “Would you expect a paramedic on every vehicle? If yes, this would cost the service more money, as well as taking time to train the additional paramedics, would you be happy to wait for the services to achieve this?” Just 18 people (out of 185) said they would be happy to wait for the services to achieve this but for 11 of the 18 their answer was conditional, for example:

- “Yes, but it’s a funding issue again - the greater the funding the faster the training I guess”.
- “Yes as it is essential to have the right personnel for any eventuality”.
- “Yes I would but it is not likely to happen because of the cutbacks to the whole NHS...”.

Some people said no; they wanted to see paramedics on all ambulance service vehicles and they did not think waiting for this to happen was acceptable. “No I wouldn’t, if I fall and I don’t need a paramedic with broken leg...?” whilst others thought they did not have a choice “I’d prefer it and I’m prepared to wait, I guess I’ll have to wait, it’s a no brainer, really”. It was evident that some of our respondents had a much wider view and understanding of the health care system;

- “Yes provided that the service shows evidence of pace and direction in achieving this level of cover. I can see that each level of responder is well trained to attend to specific levels of need of a patient. Which level of responder dispatched would I presume depend on the ‘opinion’ of individual within your response centre taking the call and their decision will be in turn be determined in some measure by the communication skills of the caller. I would be happier knowing that whoever arrived on my doorstep was able/qualified to attend to whatever the situation was awaiting them. The situation has multiple layer variables - the communication skills of the patient and of the caller, the assessment skills and biases of the call receive and the skill of the despatched responder. I know that I am recommending one size fits all but that surely is better than having a size that is too small. Obviously the best solution would be to have the right size in each case that will not always be possible for a number of reasons”.
- “Yes but priorities for expenditure across health services should be examined”.

Yes ✓ 63%
No x 32%
Figure 27. Themes on paramedics on every vehicle

Absolutely would expect a paramedic on every vehicle!
• “If I call an ambulance it would be an absolute emergency and I would expect a highly qualified person accompanying it. I believe that should be an aim without a doubt”
• “I would expect someone to be fully qualified when attending alone”

I always assumed there was a paramedic on every vehicle...isn’t there?
• “So who is on an ambulance? If there are no qualified people on board, surely times is wasted on arrival at the patient’s home?”
• “It never occurred to me that there was not a paramedic on every ambulance”

If it’s an emergency then there should be a paramedic sent
• “I think ambulances should be used for emergency cases (where immediate treatment is needed or the patient can’t sit in a car/bus/taxi). Therefore, a paramedic should be on every ambulance.”
• “Yes, it’s important to have a paramedic for each visit just in case”

If everyone used the ambulance service properly then it should be possible
• “If the public is educated in the appropriate use of ambulance services, there will be money freed up from not attending unnecessary calls”
• “If people only called an ambulance in a major emergency then a paramedic would already be there and not have to be called... If the public only called in a true emergency, this would be ideal”

The control centre should decide according to the patient’s needs
• “What I think is really needed is an assessment of what type of healthcare officer is needed on the vehicle, dependent on what the operator has learned from the caller as there are definitely different degrees of emergency care needed”
• “Depending on the call made, the ambulance service would determine who would be required in the ambulance crew”

Other emergency health care workers are just as appropriate in some cases
• “A technician or emergency care assistant that was in full control of any situation that may arise”
• “It would not necessarily have to be a fully qualified paramedic. But would have to be someone with some basic medical skills. Also someone qualified to use all the equipment carried on a ambulance used for answering emergency calls”

How should I know? I don’t know what different members of the team do...
• “Referring to my recent (and only) experience of calling an ambulance...in all honesty I’m not sure who did what. Not knowing how it is decided who attends an emergency I don’t feel qualified to answer the question. If the calls are screened and the most appropriate crew is dispatched then that’s fine”
5. Summary of findings

5.1 Appraisal of our approach

- From the onset Healthwatch Norfolk were keen that this be conducted as a public, not solely patient, survey. We should be mindful that not all patients can remember their care and treatment by the ambulance due the severity of their condition when the ambulance was called. This undoubtedly presents an additional challenge for the East of England Ambulance Service NHS Trust in gathering self-reported patient feedback in an appropriate and sensitive way. Family members, relatives and friends need to be viewed as a reliable proxy in these cases.

- We recognise that, collectively, our respondents are slightly under-representative of younger people and non White British communities in Norfolk. In future, public surveys on the experiences of the ambulance service would require an increased focus on obtaining the views of younger people and from people from black, Asian and minority ethnic communities in Norfolk. Notwithstanding this, however, it is still likely that our sample is representative of ambulance service users in the county (which would be different to the wider population profile). In any future surveys, we will request an age, gender and geographical profile of ambulance service users and compare our sample with that.

- At the onset of this survey, we aimed to achieve a sample size of between 800-1,000 people, given the size of the Norfolk population. We did not meet our expectations and will need to do more in future to increase response rates. Having a structured communications plan in partnership with the East of England Ambulance Service NHS Trust would have enhanced the promotion of the survey. This is something we will act upon in future.

- The responses provided in relation to the question “Would you expect a paramedic on every vehicle?” suggests there is not a shared understanding of the qualifications, training and roles of the different personnel making up an emergency response team or ambulance crew. This meant that some people felt they could not answer this question because they either a) assumed that all staff on board ambulance were paramedics and/or b) did not know enough about the qualifications and training of Technicians or Emergency Care Assistant in order to make an informed decision. In future, this question would be better answered by giving people some detail about the roles of different team members first. In turn, this would add length and complexity to an otherwise reasonably straightforward questionnaire which may reduce the numbers completing it. Alternatively, the public’s views around their knowledge and trust in different personnel could be more deeply explored through conducting a series a focus groups, where there would be an opportunity to give people much more information and discussion upon which to develop their preferences.

5.2 Experiences

Six hundred and seventy three people completed our survey, of whom 439 had called 999 for an ambulance. Of the 439, 373 told us how long they had waited for that ambulance to arrive. Seventy percent (70%) had waited 30 minutes or less, with 28% waiting less than ten minutes. We don’t know the ‘category’ of the call (as described in Figure 1 at the beginning of this report) because we didn’t ask nor did we expect people to know this. The mapping of satisfaction levels did not any reveal any hot-spots of dissatisfaction with the service in any one particular area of Norfolk.
A significant majority of our respondents were aware of the NHS 111 service and almost 40% had used it. Of those 244 people that had some experience of using the NHS 111 service, overall 72% were either satisfied or very satisfied with the service they had received.

The majority of respondents who had used the service were either very satisfied (71%) or satisfied (19%) with the service they had received. Confidence in the service was high and 9 out of ten people said they were treated with compassion, dignity and respect at all times by the ambulance crews. Correspondingly, 91% of people’s comments about how they were treated by staff were strongly positive with the heavy use of words such as ‘professional’, ‘caring’, ‘kind’ and ‘compassionate’ when talking about ambulance service staff. The Control Centre staff were recognised for the support and reassurance they provided over the telephone to people who had dialled 999 but were alone and frightened. First Responders were praised by respondents for the speed at which they arrived and the reassurance they provided. People spoke of paramedics as being ‘professional’, ‘knowledgeable’ and ‘thorough’.

Ten percent (10%) in total out of 466 of respondents dialling 999 for an ambulance were either dissatisfied or very dissatisfied with the service they had received. Those who were dissatisfied with the service they had received were much more likely to report ambulance delays, longer waiting times (for example waiting longer than 2 hours) and inappropriate comments or behaviour from emergency response team members.

5.3 Expectations

When asked about the composition of an ambulance crew, 90% of people said they’d expect a paramedic to arrive with the ambulance and 65% said they’d expect a driver. Just less than half of all those responding thought that if a person dialled 999 they could expect to be seen quicker in a hospital Accident and Emergency Department.

One hundred and eighty three people chose to tell us how long they might be prepared to wait for an ambulance to arrive if or when they dialled 999. Some said they did not know, some hoped ‘no longer than absolutely necessary’ whilst others said it would largely depend on the nature of their emergency. Of those who specified a period of time, 30 minutes was the absolute maximum with most people opting for 10 or 15 minutes waiting. Out of 120 people, 14 said they’d expect to wait less than 14 minutes.

There is a level of awareness regarding redirection to alternative services, with 55% of people saying that they were aware the ambulance service might do this. Around two thirds might tolerate being redirected elsewhere but it would very much depend on situation happening at the time whilst a third said it would be quite acceptable to them. Regarding the public’s acceptability of an ambulance being diverted away from their own emergency to a greater emergency elsewhere, there is a degree of understanding and altruism, in that 84% of people indicated ‘I would rather this not happen, but I can appreciate in exceptional circumstances this may occur’. Within their comments, some people made references to the perceived pressure upon ambulance crews and staff of the ambulance service.

People were asked the question “Did the ambulance arrive as you expected?” in order to explore expectations of who would arrive in response to dialling 999 versus the actual response received. Four hundred and nineteen people gave an answer to this question - which is 94% of those who said they had called 999. Of all of those giving an answer to this question, 386 responded ‘Yes, the ambulance had arrived as expected’ and 33 responded ‘No, the ambulance did not arrive as expected’. This means that 92%, 9 out of ten of people giving an answer - got the type of response that they were expecting. Along with giving a ‘Yes’ or ‘No’ response, respondents were also asked
to indicate the type of vehicle (or mode of transport) and the person who arrived with the vehicle. By looking at responses to several questions collectively, it became apparent that respondents were using the terms ‘paramedic’ interchangeably with other members of the emergency response team e.g. Technicians and Emergency Care Assistants. To the public, when someone arrives to attend an emergency - and is wearing a green uniform - *that person is paramedic*.

The mode of transport used by the ambulance service personnel and the individual(s) who arrived at the scene appear to be quite strongly associated in people’s minds. As a general observation, it seems that there is a common expectation of the word ‘ambulance’ - a clear association between the term to describe a mode of transport for an emergency response team and the type of vehicle that a person expects to arrive after calling 999. For a proportion of the public, ambulances and paramedics go together. Other classes of personnel and vehicles do not appear to have this basic association in people’s minds. This is an important association for the ambulance service to bear in mind for the purposes of verbal and written communications about the service, its vehicles and personnel. It should not be assumed that the public perceive an emergency response car to be ‘an ambulance’, for example; “...I was waiting for the proper ambulance to come”.

The question posed to the public “Would you expect to see a paramedic on every vehicle?” turned out to be not so straightforward after all. Together with the responses collated through the main questionnaire and follow-up telephone interviews, it is possible to observe a sense of confusion amongst the public regarding perceivable differences between the roles. What is clear, however, is that the public associate a green uniform with the ambulance service and with paramedics.

### 5.4 Views

A significant majority (95%) of our respondents were aware of the NHS 111 service and almost 40% had used it. Around two thirds of people who were followed up after the main questionnaire had not heard of the healthcare advice service - called the Hear and Treat Service - offered by the East of England Ambulance Service NHS Trust. People generally thought that awareness of the Hear and Treat Service would be low amongst the public and that most people wouldn’t think of contacting the ambulance service for general health care advice. A majority of people (73%), however, thought that the health care advice service sounded like a good idea.

Three quarters of people (73%) said that a person would call an ambulance for life threatening emergencies whilst just over a quarter (27%) said a person would call an ambulance for any medical emergency. Nine out of ten people (89%) indicated that they were aware that the service had targets to meet on emergency response times. Half of all those giving a definition of an emergency (282 people out of 533) used the term “life threatening”, with a third stating ‘heart attack’ as an example. Eighty seven people made specific reference to a stroke, 60 said road traffic and other accidents such as house fires were examples of emergency situations and over 100 people referred to a serious injury or situation such as someone in shock or with a serious head injury.

When asked if they thought that people might be using the ambulance service when they don’t need to, in the main survey, 87% of our respondents said ‘yes’, they thought people did call an ambulance when they didn’t really need to. Eleven percent (11%) said they didn’t know if that was the case and only 2% said ‘no’. In the follow up survey and interviews, 63% of people said ‘yes’ and 32% said ‘no’. In the follow up interviews and questionnaire, 170 gave us an explanation of their views. Mostly people thought it happened because a person did not know how to handle the situation or what to do, and wanted help straightaway. Respondents thought that people might be alone, would likely be frightened and panic. Some suggested that inaccessible services were a factor when people couldn’t get to see their GP or they weren’t aware of the NHS 111 service.
Some considered it to be laziness and selfishness on the part of individual and that dialling 999 could, for some, be an easy option. A smaller proportion brought up the topic of alcohol misuse and could describe incidents where an ambulance was called for a person who was heavily intoxicated. There was a common agreement that too many people in general were misusing the service and this ultimately meant fewer ambulances were available for true emergencies. This is turn, in the minds of our respondents, impacts upon satisfactory response times.

A further 490 people were happy to give suggestions in response to the request for ideas on how the public might be educated on using the ambulance service appropriately. People thought the ambulance service needed to stress that ambulances are for emergencies only and to help by giving people a list of what is considered to be an emergency and what is not. Some proposed that only television or similar large scale advertising would work (with 86 separate uses of the worked ‘publicity and 68 of ‘advertising’) whilst others suggested more localised approaches using leaflets and posters in GP surgeries and mail shots to households. Some suggestions focused on younger audiences acknowledging the need to use digital media and social media networks. Evidently, the public think that education is a good idea and necessary at this time.

The proposal of charging individuals or issuing fines for the misuse of the ambulance was surprisingly popular with 60 people proposing charges or fines.

Additional views expressed about the East of England Ambulance Service NHS Trust centred around praising ambulance crews, for the service to improve emergency response times and the unfortunate impact of negative reporting by the local media.

5.5 Next steps

1) The findings of the Norfolk Ambulance Survey will be shared and discussed with the East of England Ambulance Service NHS Trust and partner NHS organisations in Norfolk, and actions on any recommendations agreed. Healthwatch Norfolk will undertake to keep the public informed on progress against recommended activities. The findings of the Norfolk Ambulance Survey will be launched at the November 2014 meeting of the Healthwatch Norfolk Board, which is a meeting held in public, and published and disseminated thereafter.

2) Healthwatch Norfolk will work on a supplementary report of this survey by extracting and preparing a brief (anonymous) report on the sub-set of 41 respondents who indicated that they were dissatisfied or very dissatisfied with the service they received. We will look to see if the respondent’s disappointment related to the length of time spent waiting for an ambulance to arrive or to their treatment by staff. If not already represented in the ‘dissatisfied’ sub-group, we will also extract the information about the eleven individuals who had waited longer than 2 hours and three who said the ambulance did not arrive at all - as we feel there may be something extra to learn from, in order that the East of England Ambulance Service NHS Trust can act upon the feedback on these specific experiences and improve the service.
### 6. Recommendations

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Recommendation</th>
<th>For</th>
<th>Follow-up action</th>
</tr>
</thead>
<tbody>
<tr>
<td>This survey attracted 673 respondents which is not truly representative for a service covering the population of Norfolk.</td>
<td></td>
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<tr>
<td><strong>Expectations of ambulance response times</strong></td>
<td>If commissioners of the service review existing emergency response times (and tolerances within the service specification) and propose changes, they should do following a full public consultation so that the public has the opportunity to influence any decisions taken.</td>
<td>Acute Commissioning Network, representing Norfolk’s 5 Clinical Commissioning Groups</td>
<td>The Acute Commissioning Network to notify Healthwatch Norfolk of any variations to the contract agreed for the Norfolk population.</td>
</tr>
<tr>
<td>The public are able to clearly articulate their expectations on emergency response time: Waiting up to 10 minutes was deemed acceptable for life-threatening emergencies and up to 30 minutes acceptable for serious incidents. We did not ask people if they wanted ambulance response times to change, however, the public want ambulances to arrive on time.</td>
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<tr>
<td><strong>The right kind of response</strong></td>
<td>The East of England Ambulance Service NHS Trust is best qualified to decide on the composition of emergency response services and ambulance crews, according to the service demand and patient needs - bearing in mind that the public trust the service to send the appropriately qualified, trained and competent member of staff. All communications about the different team members should be clearly and consistently communicated to the public.</td>
<td>Board of East of England Ambulance Service NHS Trust</td>
<td>Healthwatch Norfolk to contact the East of England Ambulance Service NHS Trust in February 2015 for an update on numbers of paramedics, reporting back to the public in March 2015.</td>
</tr>
<tr>
<td>Our results shows that between 70% and 90% of respondents said they would expect a paramedic on every vehicle. There is limited common understanding, however, of the difference between the roles of paramedics, technicians and emergency care assistants. In general, the public view is that the East of England Ambulance Service NHS Trust and control centre are best placed to make the informed decisions about the composition of emergency response teams and their vehicles.</td>
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<tr>
<td><strong>Choosing the right service at the right time</strong></td>
<td>When or if considering to develop a communications or behaviour change campaign, NHS Trusts should adopt the actionable insights in this report to encourage the public choose the service most appropriately meet their needs. This should be done with the support of Healthwatch Norfolk Volunteers, who are ready and willing to make a contribution to such a campaign.</td>
<td>Chairs and Chief Executives of Norfolk’s 5 Clinical Commissioning Group, in partnership with the East of England Ambulance Service NHS Trust</td>
<td>Healthwatch Norfolk to contact Chairs &amp; Chief Executives in February 2015 for an update, reporting back to the public in March 2015.</td>
</tr>
<tr>
<td>The majority of respondents (87%) said they thought that in general people called an ambulance when they probably didn’t need to. Many gave feedback on how best to define an emergency and were happy to provide suggestions on how the public could be educated on appropriate use of the ambulance service.</td>
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Appendix

Appendix 1. Public Questionnaire

Tell us what you think about The Ambulance Service in Norfolk

Healthwatch Norfolk is your local consumer champion for health and social care services. We find out what you think about health and social care services in Norfolk so that we can use your views to improve services for everyone.

We are working in collaboration with the East of England Ambulance Service to obtain your views about the service. The results of this survey will support current and ongoing service improvement plans. Feedback from the public about ambulance services have been used to create this survey. Your comments will be anonymised to protect your identity in our final report and will not affect your care in the future. We will publish the results of this survey in November 2014.

The survey closes on 26/09/2014.

If you have any questions about this survey please contact us by e-mailing enquiries@healthwatchnorfolk.co.uk or by calling 01603 813904.

For more information please also see our website www.healthwatchnorfolk.co.uk.

1. Have you ever called 999? (If no, please skip to Question 8)

   Yes ☐        No ☐

2. Did the ambulance arrive as you expected?

<table>
<thead>
<tr>
<th>Ambulance with paramedic</th>
<th>Ambulance without paramedic</th>
<th>Emergency response vehicle</th>
<th>Community first responder</th>
<th>Cycle response unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

3. How satisfied were you with the service you received?

   Very satisfied ☐  Satisfied ☐  Dissatisfied ☐  Very dissatisfied ☐

4. Were you treated with compassion, dignity and respect at all times by the ambulance crew?

   Yes ☐  Not sure ☐  No ☐  I don’t remember much about it ☐
5. Did you have confidence in the service?
   - Yes □
   - Not sure □
   - No □
   - I don’t remember much about it □

6. How long did you have to wait for the ambulance to arrive?
   ………………………………………………………………………………………………………………………………………………………………

7. Please tell us more about how you feel you were treated by ambulance crew or paramedic:
   ………………………………………………………………………………………………………………………………………………………………
   ………………………………………………………………………………………………………………………………………………………………

8. In which situation might you call for an ambulance?
   - Life threatening emergencies □
   - Any medical emergencies □

9. How do you define an emergency?
   ………………………………………………………………………………………………………………………………………………………………
   ………………………………………………………………………………………………………………………………………………………………

10. How long would you be prepared to wait for an ambulance to arrive?
    ………………………………………………………………………………………………………………………………………………………………

11. Who would you expect to arrive in the ambulance?

<table>
<thead>
<tr>
<th>Paramedic</th>
<th>Technician</th>
<th>Emergency care assistant</th>
<th>Driver</th>
<th>Not sure (don’t know)</th>
</tr>
</thead>
</table>
12. How would you feel if you knew the ambulance has to be diverted to a higher priority elsewhere?

| Fine, I am happy that in an emergency elsewhere, my ambulance be diverted |  |
| I would rather this not happen, but I can appreciate that in exceptional circumstances this may occur |  |
| Disappointed, it should be dealt with on a first come first serves basis |  |

13. Are you aware that the ambulance may direct you to an alternative service?

Yes ☐ No ☐

14. If you were diverted to an alternative service that had been deemed to be more appropriate would this be...?

Acceptable ☐ Not acceptable ☐ It would depend on the situation ☐

15. Are you aware of the NHS 111 service? (If no, please skip to question 18)

Yes, aware but haven’t used it
Yes, aware but don’t know how to access it
Yes and I have used it
No

16. How satisfied were you with the service you received from NHS 111?

Very Satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very Dissatisfied ☐

17. Do you know when it is the right time to call 999 and when you should call 111 instead?

Yes ☐ Not sure ☐ No ☐

18. If you dial 999, do you think you will be seen quicker in A&E?

Yes ☐ Not sure ☐ No ☐
19. Are you aware that the service has targets to meet in terms of its response times to different categories of calls?

Yes ☐ No ☐

20. Do you think that people might be using the ambulance service when they don’t need to?

Yes ☐ No ☐ Don’t know ☐

21. Please tell us how you think we can educate people on the appropriate use of the ambulance service:
About you

Please tell us the first four digits of your postcode: …………………………………………………………

Your gender:
[ ] Male [ ] Female [ ] Transgender [ ] Other [ ] Rather not say

Please indicate your age:
[ ] Under 18 [ ] 18 - 20 [ ] 21 - 25 [ ] 26 - 35 [ ] 36-45 [ ] 46-55
[ ] 56-65 [ ] 66-75 [ ] 76-85 [ ] 85yrs and over

Choose one option that best describes your ethnic group or background:

[ ] White - English / Welsh / Scottish / Northern Irish / British
[ ] White - Irish
[ ] White - Gypsy or Irish Traveller
[ ] White - Any other White background (please describe)

[ ] Mixed / Multiple ethnic groups - White and Black Caribbean
[ ] Mixed / Multiple ethnic groups - White and Black African
[ ] Mixed / Multiple ethnic groups - White and Asian
[ ] Mixed / Multiple ethnic groups - Any other Mixed / Multiple ethnic background (please describe)

[ ] Asian / Asian British - Indian
[ ] Asian / Asian British - Pakistani
[ ] Asian / Asian British - Bangladeshi
[ ] Asian / Asian British - Chinese
[ ] Asian / Asian British - Any other Asian Background (please describe)

[ ] Black / African / Caribbean / Black British - African
[ ] Black / African / Caribbean / Black British - Caribbean
[ ] Black / African / Caribbean / Black British - Any other Black / African / Caribbean background (please describe)

[ ] Other ethnic group - Arab
[ ] Other ethnic group - Any other ethnic group (please describe)

If 'other', please describe:

[ ]
Would you be happy for Healthwatch Norfolk to contact you to discuss any of your answers in more detail?

Yes ☐  No ☐

If you have answered yes to the question above, please supply us with some details through which we can contact you further.

Name: …………………………………………………………………………………………………………………

Tel: ............................................

Email: …………………………………………………………………………………………………………………

Would you like to be kept up to date with our work?

Yes ☐  No ☐

If yes, please enter your e-mail address above to receive our monthly newsletter

Please return the completed questionnaire to the address below

If you have any questions about this survey or the work we do, please get in touch with us.

Freepost RTEZ-YTHH-LTBT
Healthwatch Norfolk
Rowan House,
28 Queen’s Road,
Hethersett,
Norfolk,
NR9 3DB

Tel: 01603 813904 or email enquiries@healthwatchnorfolk.co.uk

Healthwatch Norfolk - Registered Charity No 1153506
Appendix 2 Follow up interview questions and email questionnaire

Question 1. “Are you aware that the ambulance service provides health care advice [a service called the Hear and Treat service]?”
   “Thinking about your answer, …”

Question 2. “Do you think some people call an ambulance when they don’t need to?”
   “Why do you think that...?”

Question 3. “Would you expect a paramedic on every vehicle?”
   “If yes - this would cost the service more money, as well as taking time to train the additional paramedics, would you be happy to wait for the services to achieve this?”
   “If no - please tell us why”

Question 4. “Is there anything else you would like to mention...or anything else you think is important?”
Appendix 3 Preliminary coding model for qualitative analysis of public comments