

Patient survey report 2014



2013/2014 Ambulance survey of 'Hear and Treat' callers
East of England Ambulance Service NHS Trust

2013/2014 Ambulance survey of 'Hear and Treat' callers



Making patients' views count

National NHS patient survey programme 2013/2014 Ambulance survey of 'Hear and Treat' callers

The Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England.

Our purpose is to make sure hospitals, care homes, dental and GP surgeries, and all other care services in England provide people with safe, effective, compassionate and high-quality care, and we encourage them to make improvements.

Our role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety, and to publish what we find, including performance ratings to help people choose care.

2013/2014 Ambulance survey of 'Hear and Treat' callers

To improve the quality of services that the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is by asking people who have recently used their local health services to tell us about their experiences.

This report shows a trust results for the 2013/2014 survey of callers to ambulance 'Hear and Treat' services. These callers would have received telephone triage and advice from trained clinical support advisors when calling '999'. Focusing surveys on this particular service user group provides feedback from an expanding group of service users who have not previously been asked to report on their experiences of services through a standardised national survey.

The survey included ten ambulance trusts. The survey captured the experience of whoever made the call and received telephone advice, whether that was the patient or someone else calling on their behalf. The sample for the survey included all callers aged 18 years or older who had received clinical advice from the ambulance service when they called '999' between 00.01 on 1st December 2013 and 23.59 on 31 December 2013. For full details of the sampling methodology, please see the survey guidance manual (see further information section).

The 2013/2014 'Hear and Treat' survey is the first telephone survey carried out under the national NHS Survey programme. However it is the third survey covering ambulance services run as part of the National NHS Patient Survey programme. The last survey ran in 2008 and focused on Category C service users which describes service users assessed by the ambulance service as having a non-urgent or not life threatening condition and are assigned a lower priority than life threatening or other urgent calls. Please note that results from the Category C survey are not comparable to those from the 'Hear and Treat' survey.

This survey is part a wider programme of NHS patient surveys, which cover a range of topics including maternity, inpatient, outpatient, A&E services, and community mental health services. To find out more about our programme, and for the results from previous surveys, please see the links contained in the further information section.

The results will be used by the Care Quality Commission as part of its work on reviewing ambulance services. NHS England will use the results of the survey to check progress and improvement against the objectives set out in the NHS mandate. The Department of Health will use the data to gain insights on how emergency ambulance services are delivered, which will help inform policy. The Trust Development Authority will use the results to inform its oversight, approvals and development work with trusts

Interpreting the report

This report shows how a trust scored for each evaluative question in the survey, compared to other trusts. It is designed to help understand the performance of individual trusts, and to identify areas for improvement.

This report shows the same data as published on the CQC website available at the following link (www.cqc.org.uk/Ambulancesurvey201314). The CQC website displays the data in a more simplified way, identifying whether a trust performed 'Above' (better), 'Below' (worse) or 'Average' (about the same) as the majority of other trusts for each question and section. For more information on the analysis, please see the methodology section below.

Due to the extensive filtering that was incorporated into the interview schedule for the telephone survey, question numbering has not been added, as the process was not linear for all respondents. Instead, we have reported results using abbreviated question names, for example: "WhyNotFollow" represents the question "Why was it not possible to follow the advice?"

A 'section' score is also provided, labelled S1-S4 in the 'section scores' on page 4. The scores for each question are grouped according to the four main sections of the questionnaire: the call handler, the clinical advisor, outcome and overall experiences.

Standardisation

Trusts have differing profiles of patients. For example, one trust may have more male patients than another trust. This can potentially affect the results because people tend to answer questions in different ways, depending on certain characteristics. For example, older respondents tend to report more positive experiences than younger respondents, and women tend to report less positive experiences than men. This could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of patients.

To account for this, we 'standardise' the data. Results have been standardised by the age and gender of respondents to ensure that no trust will appear better or worse than another because of its respondent profile. This helps to ensure that each trust's age-gender type profile reflects the national age-gender type distribution (based on all of the respondents to the survey). It therefore enables a more accurate comparison of results from trusts with different population profiles. In most cases this will not have a large impact on trust results; it does, however, make comparisons between trusts as fair as possible.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of zero the worst. The higher the score for each question, the better the trust is performing.

It is not appropriate to score all questions in the questionnaire as not all of the questions assess the trusts in any way, for example, they may be 'routing questions' designed to filter out respondents to whom following questions do not apply. For full details of the scoring please see the technical document (see further information section).

Graphs

The graphs in this report show how the score for the trust compares to the range of scores achieved by all trusts taking part in the survey. The black diamond shows the score for your trust. The graph is divided into three sections:

- If your trust's score lies in the orange section of the graph, its result is 'about the same' as most other trusts in the survey.
- If your trust's score lies in the red section of the graph, its result is 'worse' compared with most other trusts in the survey.
- If your trust's score lies in the green section of the graph, its result is 'better' compared with most other trusts in the survey.

The text to the right of the graph clearly states whether the score for your trust is 'better' or 'worse' compared with most other trusts in the survey. If there is no text the score is 'about the same.' These groupings are based on a rigorous statistical analysis of the data, as described in the following 'methodology' section.

Methodology

The categories described above are based on a statistic called the 'expected range' which determines the range within which the trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust and the scores for all other trusts. If the trust's performance is outside of this range, it means that it performs significantly above/below what would be expected. If it is within this range, we say that its performance is 'about the same'. This means that where a trust is performing 'better' or 'worse' than the majority of other trusts, it is very unlikely to have occurred by chance.

In some cases there will be no red and/or no green area in the graph. This happens when the expected range for your trust is so broad it encompasses either the highest possible score (no green section) or the lowest possible score (no red section). This could be because there were few respondents or a lot of variation in their answers.

Please note that if fewer than 30 respondents have answered a question, no score will be displayed for this question (or the corresponding section). This is because the uncertainty around the result is too great.

A technical document providing more detail about the methodology and the scoring applied to each question is available on the CQC website (see further information section).

At the end of the report you will find tables containing the data used to create the graphs, background information about the people that responded, and the response rate for this trust.

Further information

The full national results are on the CQC website, together with an A to Z list to view the results for each ambulance trust (alongside the technical document outlining the methodology and the scoring applied to each question):

www.cqc.org.uk/Ambulancesurvey201314

Full details of the methodology of the survey can be found at:

<http://www.nhssurveys.org/surveys/285>

More information on the programme of NHS patient surveys is available at:

www.cqc.org.uk/public/reports-surveys-and-reviews/surveys

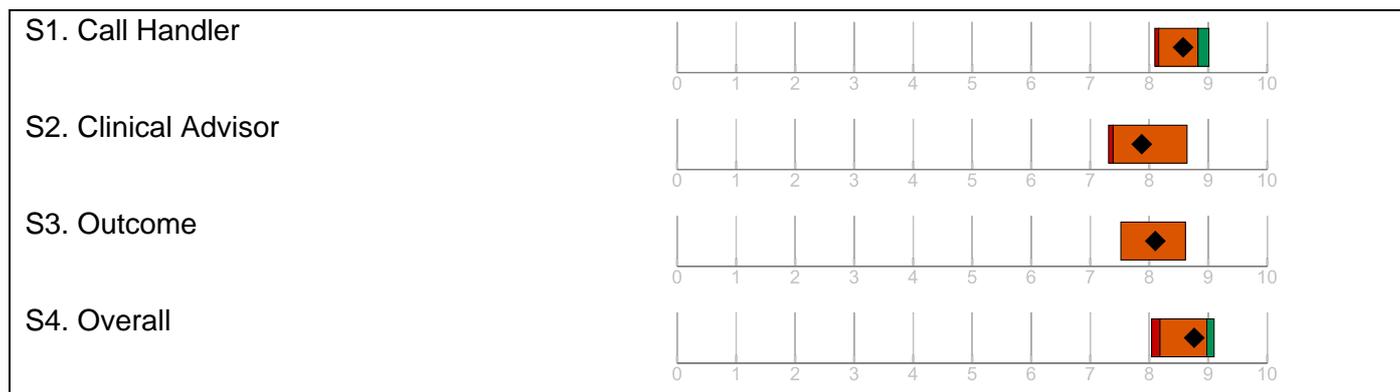
More information on CQC's role in regulating, checking and inspecting services is available on the CQC website:

<http://www.cqc.org.uk/>

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Section scores

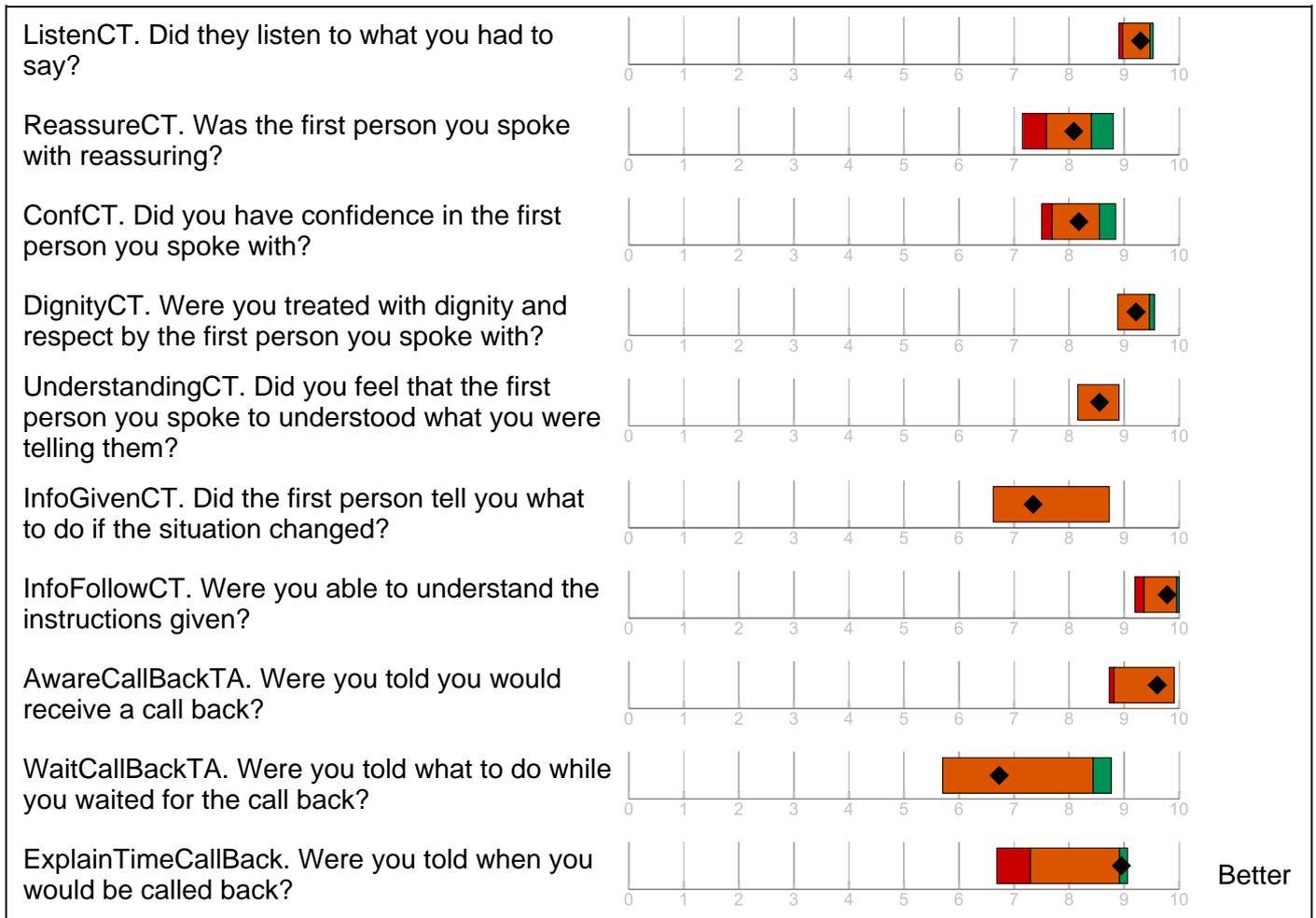


	Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
	About the same		This trust's score (NB: Not shown where there are fewer than 30 respondents)
	Worst performing trusts		

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Call Handler



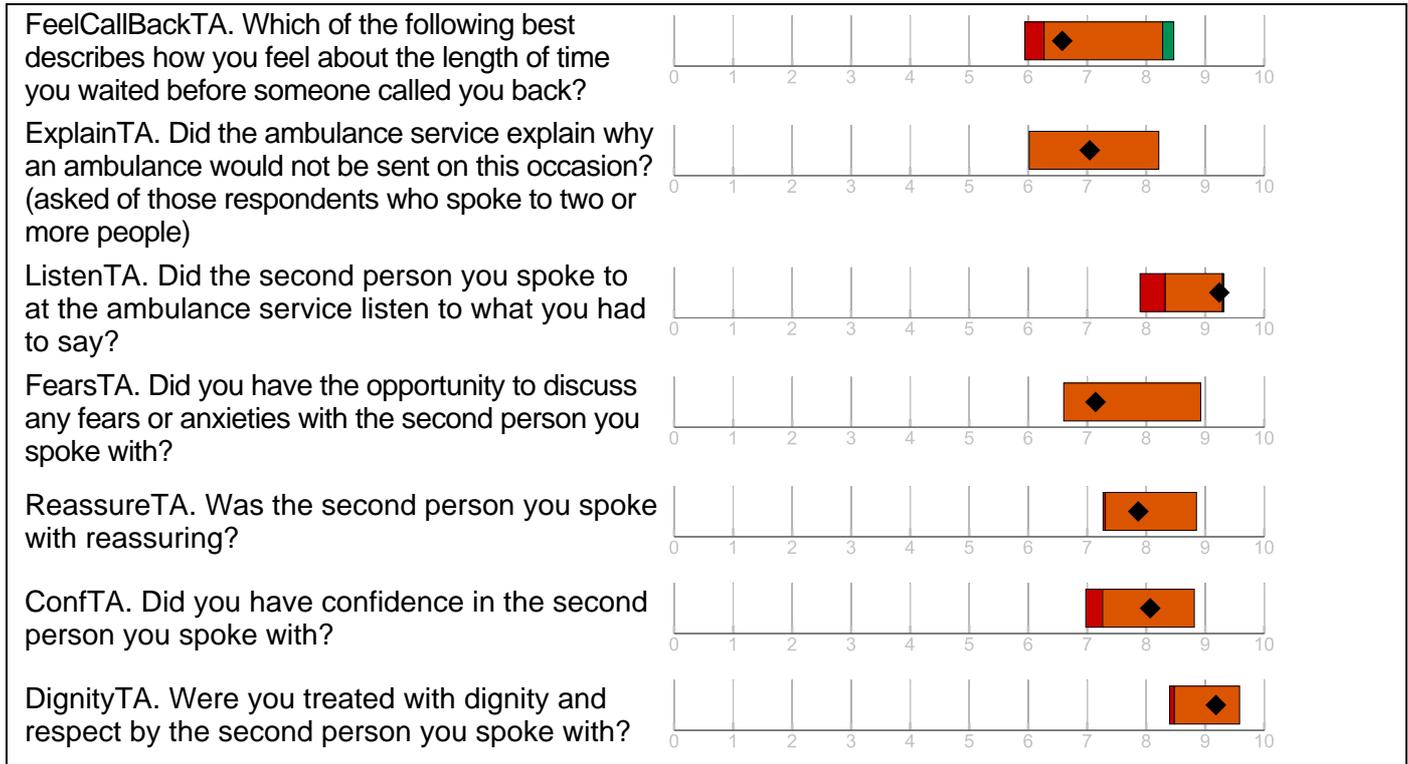
Better

	Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
	About the same		This trust's score (NB: Not shown where there are fewer than 30 respondents)
	Worst performing trusts		

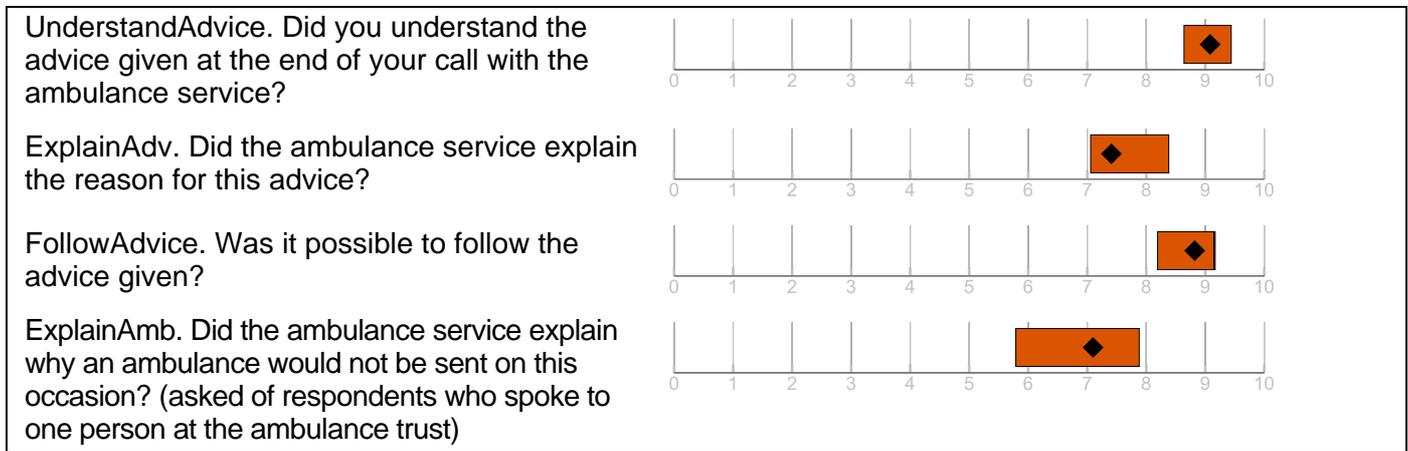
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Clinical Advisor



Outcome



	Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
	About the same		This trust's score (NB: Not shown where there are fewer than 30 respondents)
	Worst performing trusts		

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		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)
Call Handler					
S1	Section score	8.6	8.1	9.0	
ListenCT	Did they listen to what you had to say?	9.3	8.9	9.5	231
ReassureCT	Was the first person you spoke with reassuring?	8.1	7.2	8.8	222
ConfCT	Did you have confidence in the first person you spoke with?	8.2	7.5	8.8	229
DignityCT	Were you treated with dignity and respect by the first person you spoke with?	9.2	8.9	9.5	230
UnderstandingCT	Did you feel that the first person you spoke to understood what you were telling them?	8.6	8.3	8.8	229
InfoGivenCT	Did the first person tell you what to do if the situation changed?	7.3	7.3	8.3	72
InfoFollowCT	Were you able to understand the instructions given?	9.8	9.2	10.0	51
AwareCallBackTA	Were you told you would receive a call back?	9.6	8.7	9.7	53
WaitCallBackTA	Were you told what to do while you waited for the call back?	6.7	6.0	8.8	47
ExplainTimeCallBack	Were you told when you would be called back?	9.0	6.7	9.1	46
Clinical Advisor					
S2	Section score	7.9	7.3	8.4	
FeelCallBackTA	Which of the following best describes how you feel about the length of time you waited before someone called you back?	6.6	5.9	8.5	54
ExplainTA	Did the ambulance service explain why an ambulance would not be sent on this occasion? (asked of those respondents who spoke to two or more people)	7.0	6.4	7.8	49
ListenTA	Did the second person you spoke to at the ambulance service listen to what you had to say?	9.2	7.9	9.3	77
FearsTA	Did you have the opportunity to discuss any fears or anxieties with the second person you spoke with?	7.1	7.0	8.5	60
ReassureTA	Was the second person you spoke with reassuring?	7.9	7.3	8.5	77
ConfTA	Did you have confidence in the second person you spoke with?	8.1	7.0	8.7	76
DignityTA	Were you treated with dignity and respect by the second person you spoke with?	9.2	8.4	9.3	78

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		Scores for this NHS trust			Number of respondents (this trust)
			Lowest trust score achieved	Highest trust score achieved	
Outcome					
S3	Section score	8.1	7.7	8.4	
UnderstandAdvice	Did you understand the advice given at the end of your call with the ambulance service?	9.1	8.8	9.3	161
ExplainAdv	Did the ambulance service explain the reason for this advice?	7.4	7.2	8.1	136
FollowAdvice	Was it possible to follow the advice given?	8.8	8.4	9.2	139
ExplainAmb	Did the ambulance service explain why an ambulance would not be sent on this occasion? (asked of respondents who spoke to one person at the ambulance trust)	7.1	6.0	7.5	63
Overall					
S4	Section score	8.8	8.0	9.1	
OverDignity	Overall, did you feel you were treated with respect and dignity by the ambulance service?	8.8	8.0	9.2	78
Overall	If you had questions to ask ambulance staff did you have the opportunity to ask them?	8.6	7.3	9.2	177
OverKind	Overall, were you treated with kindness and understanding by the ambulance service?	9.2	8.6	9.4	227
OverExp	Overall...	8.4	7.8	8.8	227

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Background information

The sample	This trust	All trusts
Number of respondents	234	2902
Response Rate (percentage)	46	55

Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	43	43
Female	57	57
Age group (percentage)	(%)	(%)
Aged 18-35	23	23
Aged 36-50	24	21
Aged 51-65	25	25
Aged 66 and older	28	31