Development and pilot testing of the questionnaire for use in NHS Trust-based Ambulance Emergency Services patient survey

Maria Dunckley
Research Officer
Picker Institute Europe

Caroline Osborn, PhD
Research Officer
Picker Institute Europe

Helen Magee
Senior Research Officer
Picker Institute Europe

Rachel Reeves, DPhil
Senior Research Officer
Picker Institute Europe

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1 Executive summary
This report outlines the results of the research undertaken to develop and pilot test the Ambulance Services Questionnaire - emergency and urgent attendances for use in the NHS patient survey programme.

1.1 Aims
The aims of the development work were:

- To identify key issues important to patients of ambulance emergency and urgent services to be addressed by the questionnaire
- To identify potential problems that may be encountered when surveying ambulance emergency and urgent services patients
- To draft a questionnaire
- To test the face validity of the questionnaire
- To pilot test the questionnaire in a mailed survey.

1.2 Methods

- Literature search to identify previous survey tools for ambulance patients.
- Review of other questionnaires already used in some ambulance trusts.
- Focus groups with people who have used the ambulance emergency and urgent services in the last twelve months.
- Importance Study with people who have used the ambulance emergency and urgent services.
- Drawing on the results of the focus groups and the importance study, a draft questionnaire was compiled and circulated among the Ambulance Survey Advisory Group.
- Cognitive interviews with people who have recently used the ambulance emergency and urgent services to test the face validity of the questionnaire.
- Postal survey in 3 Ambulance NHS trusts.

1.3 Results
The focus groups highlighted key issues that were important to people who have used the ambulance emergency and urgent services. These findings were confirmed by the results of the importance study. The draft questionnaire was developed to address these issues and face validity was tested. The questionnaire was sent to 400 people who had used the ambulance emergency or urgent services at each of three ambulance trusts.
2 Literature Search

A search was performed for surveys of people who have used the ambulance emergency and urgent services. Where possible, original questionnaires were obtained and reviewed. Questionnaires undertaken at the following ambulance trusts were reviewed:

- Bedfordshire & Hertfordshire Ambulance and Paramedic Service
- Greater Manchester Ambulance Service
- London Ambulance Service
- Oxfordshire Ambulance Service
- Sussex Ambulance Service
- Westcountry Ambulance Services
- West Midlands Ambulance Service

The information obtained from the review was used to compile a list of questions to be discussed in a focus group. The focus group schedule was circulated among members of the Ambulance Survey Advisory Group for their feedback. (The Advisory Group consisted of a member of staff from the Department of Health, personnel from CHI, the Survey Adviser for CHI, a member of staff from two ambulance trusts, and the Manager and Research Officer from the NHS Survey Advice Centre, Picker Institute Europe.)

The main conclusion from the literature review was that the questionnaire should investigate each stage of the patient’s experience of the ambulance emergency and urgent services, from the initial 999 call to the handover at hospital.
3 Focus Groups

3.1 Introduction

The aims of the focus groups were:

1. To identify key issues important to patients who use the ambulance emergency and urgent services
2. To develop the importance study
3. To draft a questionnaire

Following the literature search and feedback from the Ambulance Survey Advisory Group, the topic guide was finalised. The topics to be explored in the focus groups were:

- The initial 999 call
- Arrival of ambulance
- Treatment at incident
- Conveyance or non-conveyance
- Journey to hospital
- Handover at hospital
- Ambulance crew
- Complaints

3.2 Method

Three ambulance trusts agreed to participate in the focus groups. Trusts A and B are situated in the south of England and Trust C is located in Central England. Trusts A and C serve urbanized areas whereas Trust B serves predominantly rural areas. The inclusion criteria for participants were patients over sixteen years old who had used the emergency or urgent services in the last twelve months.

It was initially planned that a random sample of patients drawn from Patient Report Forms would be sent postal invitations to attend focus groups. Trusts needed to join the NHS Information Authority to have access to the National Strategic Tracing Services (NSTS) (which identifies any deceased patients), but neither the researchers nor the trusts were aware that ambulance trusts were not already members. This application procedure took over twelve weeks to complete. Therefore, other recruitment methods were explored while the applications were processed.
Posters and leaflets were displayed both in the Outpatients and the Accident and Emergency departments of hospitals local to the ambulance trusts. Posters and leaflets were also distributed to the General Practice surgeries of Trust A and B. Unfortunately, less than five people responded as a result of these.

An advertisement was then placed in two local newspapers to recruit people who used the ambulance emergency and urgent services one trust in the last twelve months. Trust B posted letters to 230 patients inviting them to participate in the focus groups.

3.3 Results

Participants

Seventy two people responded to the advertisements (three of whom had used the ambulance Patient Transport Services so were not applicable) and 28 people responded to the letter from Trust B. Four focus groups were held at different areas covered by Trust A (south west, south east, east and north west) and two groups were undertaken at different areas of Trust B (east and west). In total, 42 people participated in the focus groups (Table 1).

<table>
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The results are presented under the headings of the main topics discussed.

Control Room

Operator response

Some people felt the operator handled the call well.

*The call room have talked me through what I had to do once with this guy who is diabetic, they are as good as gold*…
It was particularly valued that the operator stayed on the phone to calm and reassure them and give advice until the ambulance crew arrived.

I just panicked and dialled 999 and they were very, very good they calmed me down and they told me exactly what to do and that they would come as soon as they can…

I was really, really panicking I was in such a state but they really calmed me down, they went through what I should do and how I should leave her and whatever they were really good.

While he was talking to me there was a knock on the door and he said don’t put the phone down put it so you can pick it up again to wait and make sure it was the ambulance man at the door.

Other people did not have such good experiences.

I wasn’t happy with the way that the control room responded, no.

Two participants recalled responses from the operator that they did not expect nor consider appropriate.

Anyhow, I said to the woman would it be possible to take him to [hospital where he was already undergoing treatment for his condition] and she said ‘we are not a taxi service’ and that was it, so I thought that is not quite the response that I want.

So then I rang up again and I got this rather dopey sounding man and I told him the whole story and I said he is very ill and he has been vomiting all night and he said ‘only vomiting’ and I thought who the hell are you. That was very depressing because I expected them to be more on the ball than that I have to say and also the other thing was that he said ‘I will send an ambulance’ and I said ‘how long will it be?’ and he said ‘I have no idea’. This is the… control room and I don’t think that those two responses were what I expected I have to say.

One of these participants also felt that the operator should have sent an emergency service crew who were equipped to deal with the problem.

When he did send an ambulance, me having said that my brother had been vomiting all night, he should have sent people who would have been able to put up a line, he needed intravenous fluids instantly and they just sent, they didn’t send paramedics they just sent people who wafted in and wafted out and took it very, very slowly and I wanted to see them going out a lot faster than they did.
Similarly, one participant felt that problems experienced by the ambulance crew in moving him from the house into the ambulance could have been avoided had the operator asked about access and if crew were required to lift the patient.

*Well they don’t ask on the phone ‘are you in the basement, are you upstairs?’*

**Advice by the ambulance operator**

Many people reported receiving first aid advice from the operator. A couple of the people who did not receive any advice feel it was not necessary in their situation.

*On each occasion I was given first aid advice*

*Yes, just make sure he is conscious, keep talking to him, do this, put pressure on where the bleeding is. You always get first aid advice.*

*We didn’t need it because a neighbour of ours was a doctor so he came out… I told them that on the ‘phone.*

*No not at all – we just knew what was the problem.*

Quite a few people did not recall receiving any advice.

*They were asking me more questions than giving me advice but like what he has eaten, what he has taken but they weren’t telling me what to do.*

*I don’t remember receiving any [advice] actually.*

**Ambulance Response**

**Response time**

Few participants reported receiving an approximate time of arrival by the operator.

*Not really, they just said it was on his way.*

*They didn’t advise me for anything on the phone actually. They just said an ambulance is on its way from what I can remember.*
Time taken for the ambulance to arrive varied for participants, some reported a few minutes, most between 10 and 20 minutes, some 45 minutes or more. A couple of people did not know the exact response time and commented on how the circumstances appeared to distort their perception of time.

_It is obviously, like, you are waiting and you are looking at the watch and you are thinking crikey when is that ambulance going to be here, and it has only been a couple of minutes. This is half the problem, you don’t realise, time seems to go slow when you are expecting them._

_I couldn’t give you a calculation of the time that it took but it was in minutes._

Many participants discussed the response time, and its appropriateness, within the context of the distance they thought the ambulance had travelled to reach them.

_In my case I think it varies on where the ambulance comes from. Sometimes ours has to come from [town name], which is 25 minutes…_  

_I think it was probably fairly quick because it is not that far away._

_The ambulance was very quick considering it had to come from…8/9 miles, so it was very quick._

Few felt the time taken to be too long and acknowledged the impact of increased demand on the services at busy times.

_It depends how busy they are really...you do have to wait until there is an ambulance free they can’t suddenly say this one is more important than that one._

_But response times always seem to be very good anyway._

In some instances the GP had rung for the ambulance, which participants associated with a longer wait.

_So the GP rang and she said we need an ambulance as soon as possible, it is not an emergency so she said no flashing lights but can you get here in the next half an hour._

_The last time my GP called one it was about half an hour because it wasn’t classed as life threatening but I needed to be looked after in hospital._
Problems with locating incident site

Several participants highlighted the difficulties ambulance crews had in locating the correct house. These participants were usually those who lived in more rural areas or on large estates and commented that they or someone with them usually waited outside to help guide the ambulance to the right location.

Because we are quite remote and they went to the wrong cottages at first… my husband saw the blue light up the road and he went up to them and said that they were at the wrong place and brought them to our cottage.

Living on an estate, which is what I was doing a few years ago as well, it was a bit awkward for the vans. It is hard to find your way around an estate in daylight let alone if you are in an ambulance at night so generally I had to wait outside the door.

It was thought helpful for ambulances to be equipped with a navigation system.

The ambulance I was in had one of those navigation systems because he wasn’t used to the area.

They did have this navigation system on the ambulance, which told them where to go, when to turn right and left and they were very good.

A common issue identified in the focus groups was the necessity of police accompanying ambulances in some cases. Although participants understood the reasons for this, they did note that delays could result.

The vans [ambulances] could not go there on this estate without a [police] car coming round first and so sometimes it did seem to take, it seemed that I was waiting longer for the ambulance.

I think that happens now if you live on a violent estate the ambulance service do like police protection.

Arrival of ambulance

The majority of people received an ambulance, typically with two crew members. In some instances a paramedic, usually on a bike, arrived first followed by the ambulance soon after.

It was an ambulance that come.

The paramedic arrived [on a motor bike] and he had an ECG machine.
**Flashing lights/sirens**

There were mixed responses to the use of sirens and blue lights on the ambulance.

*There are good things and bad things about them.*

*I think when you are poorly it doesn’t bother you.*

For one participant their use was unwelcome, as it drew unwanted attention from neighbours.

*I was asked by people the next day… it wasn’t very discreet, obviously they cannot be discreet because they are an emergency service.*

For the most part, participants felt reassured by hearing the sirens of ambulances on their way to the scene, as it showed help would be with them soon.

*You know help is on its way, literally.*

*I found it very reassuring when you could hear an ambulance coming from way back, oh thank god the ambulance is on its way and you could even convey this to the injured person even though the ambulance could be miles away the siren is winding its way through the traffic so it is rather consoling to know it is there.*

*I think you feel a certain degree or relief just because there are people who are going to help you and up until that point you feel pretty on your own.*

As people were travelling in the ambulance to hospital, the lights and sirens made them feel attempts were being made to reach the hospital as quickly as possible as the sirens would help the ambulance driver by alerting other traffic.

*Once you are in the ambulance and they take you back to the hospital it is nice to hear them going. At least you know we are getting there.*

*I think… they were taking things quite seriously and you could see when you looked that people were moving out of the way and we were just getting around so much more quickly.*

A couple of participants did not recall if the sirens were on. One felt that if she had heard them it would have caused her anxiety. Their use would have suggested to her that her condition was very serious.

*They may have done I am not sure.*
I don’t think it would have reassured me any further, in fact, it would have probably frightened me because that would emphasise the seriousness of the situation.

Ambulance Crew Response

Ambulance crew

With one exception, people had very positive comments about the ambulance crew.

I found them to be really compassionate and understanding.

Broad minded, open, friendly. Very patient, very patient.

Always friendly down to earth people.

They are very professional and helpful.

The one exception comments:

I didn’t really find that they made the effort to be friendly or get to know me… they were just going through stages...I just thought maybe a smile or something… but it just seemed to me that they were writing down my details that, that and that, take your blood pressure but no eye contact or smiling or anything like that, which… the little things sometimes do help.

The teamwork was universally felt to be good between the crew.

I think they are pretty good as a team.

It was felt that the crew usually kept people informed about what was happening and helped reassure them.

They had a chit chat and then they said they were going to do X Y or Z and this is what is going to happen.

They were talking to each other suggesting things and asked me questions, but no, they didn’t seem to leave me out of it as if I weren’t there.
Sometimes they would say to each other, you know, one would say to the other, we need to get this or we need to get that but afterwards they reassured you and explained what they were doing. So I mean, I think it is difficult because they have to communicate with each other quite quickly in some situations so they can’t spend their whole time speaking to you and explaining how things are going to be but they made every effort to make sure that when they had, I kind of knew what was going on.

Whilst the majority of participants felt the communication with the ambulance crew was excellent, two did not feel that was the case. One felt they did not communicate very much with him and the other had a specific instance where the ambulance staff were not listening to her.

I think they keep the communication to the minimum.

I was trying to tell them my address and everything and they weren’t really listening to me...I was giving the address and she was like ‘oh yes that’s like [postcode area] whatever’ and I was going ‘no no [postcode area]’ and she would go ‘no [postcode area]’ and I thought ‘no’, and she was like ‘yes, [postcode area]’ and I was like for god’s sake!

Just one case was reported where a member of the ambulance crew did not appear well, causing the participant concern.

One gentleman on the way in he came to pick me up and ... – he hadn’t shaved – his eyes were really, really tired and I felt so sorry for him because it looked as though he had been on a very long shift and he looked really tired through lack of sleep and I thought “my God you could do with some rest” and I felt more concerned for him than what I was for myself.

Respect and dignity

All felt the ambulance staff had treated them with respect and dignity.

They never gave me the impression that you were just another case. You were treated with respect and your needs were attended to. You weren’t sort of oh no not another one, nothing like that at all even though some of them... had had a busy day but they still had time to be patient and talk to you and reassure you that you were going to get first class treatment.
Relating to friends/relatives

Where relatives had accompanied the patient in the ambulance, they were kept well informed by the crew.

Well they were telling my brother everything that was happening to keep him informed because my brother was getting, like, ‘what is going on’, asking lots of questions because he was really worried about me so they just telling him what was going on, which I think was quite good.

My husband was there… and he was informed on what was going on.

Treatment at scene

Participants typically described receiving an assessment of their situation, initial treatment and monitoring from ambulance staff at the scene.

They checked me, they said they didn’t think it was broken but they put some sort of plastic compression thing around my leg and took me to hospital…, no they gave every assistance, nothing was lacking at all.

There was a few things, which I had monitoring like heartbeat and pulse and that kind of stuff.

Comments around the treatment received often included references to the reassurance provided by the crew.

I could see what was going on, on the monitor, but they were reassuring me that everything is under control and I saw that it was.

Some people received treatment from the ambulance crew but were also asked if they wished to go on to hospital.

They did lots and lots of tests eventually they said it is up to you, we can take you into hospital…

On that occasion they came to me and I was on my way to recovery and they gave me glycogen but they stayed with me for at least half an hour and they asked if I wanted to go into hospital.

Neither received additional advice from the ambulance crew, although one commented that it was an on-going problem and he knew how to deal with it.
Transfer to hospital

Getting into ambulance
Various methods of conveying the patient into and out of the ambulance were used; some were able to walk, others needed a chair or stretcher. Whichever method, just one felt this to be inappropriate.

*I think they asked my brother to walk from the ambulance to [hospital name] from the casualty entrance in and I didn’t think that was quite appropriate for someone who was so terribly ill.*

Journey to hospital
In general, ambulances were considered clean, comfortable, well maintained and properly equipped.

*From what I can remember it was fairly comfortable and fairly quick.*

*I was conscious they were lovely and clean.*

Participants made numerous comments, however, about the journey being uncomfortable due to the poor condition of the roads, speed bumps and the lack of suspension on older vehicles.

*It was a very, very rough ride I have to say because it was quite a long way...it was a very very rickety machine and when I commented on this he said yes they are very old these ambulances they are about 25 years old... Going over the humps and things there just wasn’t enough suspension.*

*They [ambulance crew] did mention it and obviously cursed the fact that there were so many, they couldn’t apologise more but it was just because of the road bumps and there was nothing they could do about it.*

Crew accommodated patients’ requests and did all they could to ensure they were comfortable.

*I was very, very hot...they opened windows and made me as comfortable as possible.*

*They said, in my case, let us know if you are suffering any discomfort and we will try and alleviate it to some extent but I found it quite good.*
It was comfortable, they kept asking her whether she wanted another blanket and this that and the other, yes they kept on asking for her well being, which is quite reassuring.

The ambulance crew used the journey time not only to make their observations, but also to ask for personal details and a medical history, which participants felt could help save hospital staff time.

They do try to calm you down if you are breathing too fast and they are busy taking your obs while you are on the ambulance, asking you questions.

I found that one thing I was quite impressed with, with the ambulance crew was the effective use of time from the time they pick you up and take you to hospital, they are taking all the details, which I thought was making best use of the time.

**Choice of hospital**

Most participants commented that they were taken to the nearest hospital, which was considered appropriate. Most seemed surprised that a choice would even be offered.

*If you dial 999 you go to the nearest hospital, I believe that is the case. As far as I am concerned, if I was dangerously ill or something I would be only too pleased to get to the nearest hospital.*

*I was actually given a choice of what hospital…I thought that was quite unusual, that they asked where I wanted to go.*

One participant commented that they did not think a choice should be routinely offered.

*I don’t think you should be able to choose which hospital. Not really because these drivers they have got other people to pick up.*

It was felt, however, that such a choice was useful if the patient was already well known to a particular hospital, or was currently undergoing treatment there, as the medical notes would be available to help staff.

*There is a case for choosing hospitals with all your records.*

*It is a kind of different situation though if somebody is having treatment long-term treatment at a place they are better off in that place than starting again in another place.*
Handover at hospital

Some people were taken directly in to see the accident and emergency staff by the ambulance crew. Others were taken to reception to wait.

I was taken right through to the emergency unit both times.

I remember they took me out they take you up to the desk, they introduce you to the girl and then you are in the hands of the A&E.

Usually participants reported that the ambulance crew stayed with them until a nurse or doctor arrived and said goodbye before leaving.

They do stay with you until they hand you over.

They said ‘Bye then, we are going now – hope you get on all right’.

The crew saying goodbye appeared to be particularly valued by participants; providing an opportunity for them to say thank you.

I remember the ambulance girl came into see me and that was quite nice, when I was in the cubicle, and I said ‘thanks for all your help’ so that was quite nice actually.

The ambulance people took me into like the cubicle in the main area and then they said ‘you wait here we will go and give your details over’, which they did, and then they came back and said ‘right we are going now but the nurse knows about your pain etc you are in safe hands now’ and that was my opportunity to say thank you to them. But they actually said they were going now…so there was a sort of farewell with them.

When I was taken into A&E by the ambulance people I just thought it would have been nice…if the ambulance person came over to tell you what he has done, whereas they went over to reception and I didn’t see them anymore and personally I would have liked to have thanked them again as well.

A few participants did report that the ambulance crew had left them in the reception area of the hospital and had not handed them over to any of the hospital staff, nor said goodbye.

They’d gone. They had finished as much as they could do for me and disappeared.

In general though, people felt the handover to be extremely efficient.
I was handed over and I remember quite well the ambulance people explaining what they had actually done for me on the way to the hospital about the medication that I had had etc., etc., and procedures and it was a simple clean handover.

Complaints Procedure

Just one participant had made a written complaint about the ambulance emergency service. The others suggested a variety of people to address the complaint to or methods by which to find the appropriate person to contact.

Some said they would contact the ambulance services directly.

I wouldn’t know how to complain but I would probably ring up the ambulance service [the Trust, not 999]. Get their number and phone them up.

I was just going to write to the controller of the [name of ambulance trust] or customer services or complaints department something like that, that was what I was going to do.

The ambulance service, because like every organization they have got codes of practice and if you had a complaint they would tell you how to make a complaint which is fair enough really isn’t it – that’s if you have got a complaint.

Others, however, said their first contact point would be the hospital at which they had been treated.

The hospital management committee surely.

You just ring the hospital and say that I would like to make a complaint I am sure they would direct you to someone.

I don’t know, write to the hospital.

One participant suggested contacting the local authority; a couple of others questioned if there was a customer care service or standard form available. Several participants did not know who to write to should they have a complaint, but felt they would find out if the need arose.

I don’t know how to complain but I am sure if I needed to I would find out.

You could soon find out.

I’d have a look on the Internet and find out.
The one participant who had made a written complaint appeared happy with the way it was dealt with.

*I got a very good response back.*

Another participant commented that his relative had wanted to make a complaint about the ambulance crew’s attitude but had not done so. The majority, however, said that they had not felt the need. The one participant who had made a written complaint about the service also said:

*I also write and say nice things too! If you are going to complain you have got to have the whole side of the argument.*

Only one other person mentioned that they had written a letter of thanks.

*I wrote a letter to the ambulance service commending them for the actions and their professional conduct. They wrote a response to that they have a monthly magazine for the staff and they commended the three individuals involved.*

**Improvements/suggestions**

Although one person did not think that any changes or improvements to the service were necessary, many others did make suggestions.

The idea to charge ‘time wasters’ was common.

*I quite agree to charge the time wasters…. I think if they were charged they probably wouldn’t do it again.*

*I do think a charge should be made where an ambulance is sent out and they [patient] won’t go or it is used unnecessarily.*

It was noted, however, that there were difficulties to enforcing this and no one wanted the situation where people hesitated to call for an ambulance when one was needed. The suggestion emerged that improving public awareness of what constituted an appropriate call to the emergency services would be beneficial.

*I don’t think you should ever get to the situation where people feel afraid of calling an ambulance, but at the same time people do need a degree of education of when it is appropriate to call an ambulance and when it is not.*

Suggestions surrounding practical issues were also made, with the need for more resources, in particular, ambulances.
The only thing that could be improved is they could be given better resources to do their job.

I was just wondering if laying on a few more ambulances at weekends or peak time like Saturday nights I think they could do better. Or maybe they don’t have enough to do that.

I would just get more ambulances and cut down target times or meet the target times. More people on the roads.

Several focus groups discussed the potential to have personal details and medical history available on computer, to save ambulance and hospital staff time.

It would make it easier if somehow they had some stuff on file, like if you have been to the hospital before, it would already have your name, address, date of birth, your state of health instead of having to ask you the same questions over and over again, that takes time, it wastes time doesn’t it.

Despite some people saying that being asked for personal details and medical history by the ambulance crew saved the hospital staff time, many found the complete opposite: they were asked those questions again and felt better communication was needed.

It was really irritating because after like they said sit here and we will take your information to reception, then I was called up to reception like minutes later and they are asking me all these questions a lot of them duplicated.

I got asked all the same questions by hospital staff.

Few people had any negative suggestions or comments about the service. One did feel the customer care needed improvement.

Put it like this the customer care I think could be improved possibly.

One other specific comment concerned the transportation of the deceased. This participant felt that putting her relative in a black bag was insensitive and showed a lack of respect.

He rang and the ambulance came and, this is what I find very hard to take, they put her in a black whatever sack or whatever you call it and in front of my brother took her out his house.
**Most important factors**

When asked what they considered most important, participants noted four main issues: quick response times, fully equipped ambulances, trained crew and good communication skills.

*I think they need to arrive quickly that is probably one of the most important things because that is why you are calling an ambulance and not just going to hospital yourself so the speed in which they can arrive is absolutely critical and then I think it all really depends on them having the knowledge and equipment that they need to be able to care for you, if you have got all of that then you have probably got a pretty good ambulance service.*

Response time and obviously the training of the crew, the qualification of the crew, depending on the type of accident that you are dealing with, there are some things that they can’t cope with but the most important thing is promptness and the speed they get you to the hospital where you can get the necessary treatment.

Most frequently mentioned were response times.

*The speed in getting from wherever they get to, to get to you.*

*I think the most important thing in my view would be the quickness.*

If the ambulance is fully equipped treatment could begin before reaching the hospital.

*That they can treat you on the ambulance to a certain degree, which helps everybody I would have thought.*

*They check your heart and your blood pressure and everything else – that they can do those sort of things nowadays and more I think that is a real plus side of the ambulance service.*

Fully trained staff was also considered important.

*Highly trained crew.*

The last factor mentioned referred to good communication skills and the ability to offer reassurance.

*They must also be good at explaining to the user what is going on because that is really what makes you at ease and can really calm the situation down.*
3.4 Conclusions

Overall, participants were very complimentary about the quality of the service and the skills and attitude of operator and ambulance staff. The reassurance and calming approach by all emergency response staff was particularly highlighted. The response times varied greatly but were generally considered appropriate, with people commenting on the difficulties faced by ambulance crews locating incidence sites and responding during busy times. Given the situation when people usually utilise the emergency services it is perhaps unsurprising that few negative experiences were reported. However, few people appeared aware of how they would go about making a complaint, should this be necessary.

The following summarises the issues discussed in the focus groups.

- Reassurance of ambulance call centre operator
- First Aid advice provided by operator
- Ambulance response time
- Difficulties of ambulance locating incident site
- Use of lights/sirens
- Treatment from ambulance crew at the incident
- Attitude of ambulance crew
- Relatives and friends kept informed by ambulance crew
- Communication of ambulance crew
- Advice from ambulance crew to those not conveyed to hospital
- Method of getting into the ambulance
- Physical state of the ambulance
- Comfortableness of the journey to hospital
- Choice of hospital offered
- Handover to hospital staff
- Complaints procedure
4 Importance study

4.1 Introduction

The aim of the importance study was to identify the issues most important to patients who have used the ambulance emergency and urgent services.

4.2 Method

A list of 26 statements was compiled using the information gained from the literature review and the results from the focus groups. Participants were asked to tick the ten statements that were most important to them.

The list of statements was either given to focus group participants at the end of the discussions or posted to people who were interested in participating in a focus group but were unable to attend.

4.3 Results

A total of 22 patients completed the importance study form. The number of participants that ticked each statement is shown in (Table 2). They are sorted in descending order, so the statements considered to be most important are at the top of the list.
<table>
<thead>
<tr>
<th>Statement</th>
<th>Number of respondents that ticked box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance arriving quickly enough</td>
<td>19</td>
</tr>
<tr>
<td>Trust and confidence in the ambulance crew's professional skills</td>
<td>18</td>
</tr>
<tr>
<td>Ambulance crew giving all the necessary information about me to the hospital staff</td>
<td>14</td>
</tr>
<tr>
<td>Ambulance crew making me feel reassured</td>
<td>13</td>
</tr>
<tr>
<td>Ambulance operator understanding my location</td>
<td>12</td>
</tr>
<tr>
<td>Ambulance crew knowing enough about my treatment</td>
<td>12</td>
</tr>
<tr>
<td>Being treated with respect and dignity by the ambulance crew</td>
<td>12</td>
</tr>
<tr>
<td>Ambulance operator listening carefully</td>
<td>11</td>
</tr>
<tr>
<td>Ambulance crew giving me enough information about my condition and treatment</td>
<td>10</td>
</tr>
<tr>
<td>Ambulance crew explaining my treatment to me</td>
<td>9</td>
</tr>
<tr>
<td>Ambulance crew giving me pain killers</td>
<td>9</td>
</tr>
<tr>
<td>Clean ambulance</td>
<td>9</td>
</tr>
<tr>
<td>Ambulance operator providing advice (e.g. first aid)</td>
<td>8</td>
</tr>
<tr>
<td>Ambulance finding me easily (e.g. locating address, access to roads)</td>
<td>8</td>
</tr>
<tr>
<td>Comfortable journey to hospital</td>
<td>8</td>
</tr>
<tr>
<td>Good standard of driving the ambulance</td>
<td>8</td>
</tr>
<tr>
<td>Ambulance operator being reassuring</td>
<td>7</td>
</tr>
<tr>
<td>Ambulance crew involving me in decisions about my care and treatment</td>
<td>7</td>
</tr>
<tr>
<td>Ambulance crew informing me about what happens to me on arrival to hospital</td>
<td>6</td>
</tr>
<tr>
<td>Getting into the ambulance in an appropriate way (e.g. walking, chair, stretcher)</td>
<td>5</td>
</tr>
<tr>
<td>Warm ambulance</td>
<td>5</td>
</tr>
<tr>
<td>Ambulance operator saying how long the ambulance will be</td>
<td>4</td>
</tr>
<tr>
<td>Ambulance using flashing lights and sirens</td>
<td>3</td>
</tr>
<tr>
<td>Ambulance operator staying on the phone until the ambulance arrives</td>
<td>1</td>
</tr>
<tr>
<td>Ambulance not using flashing lights and sirens</td>
<td>1</td>
</tr>
<tr>
<td>Having a choice of hospital that the ambulance takes me to</td>
<td>1</td>
</tr>
</tbody>
</table>
Not surprisingly, the most crucial issue for patients was the ambulance arriving quickly enough. However, this issue would not be best covered in a questionnaire because the patient’s perception of time might be inaccurate and the ambulance trust should have a more accurate record of ambulance arrival times. In contrast, only four patients thought it was important that the ambulance operator informed them of how long the ambulance will take to arrive. Trust, confidence, respect, dignity and reassurance were all issues of high importance to patients. A smooth handover from the ambulance crew to the hospital staff was also rated highly.

4.4 Conclusions

The results of the importance study confirmed findings from the focus groups and highlighted the essential issues to address in the questionnaire.
Testing the draft questionnaire: cognitive interviews

5.1 Introduction

Following the initial four focus groups with patients from Trust A, a draft questionnaire was prepared and circulated among attendees of an Ambulance Trust Workshop held at CHI for feedback.

The questionnaire was amended based on the feedback from a workshop of Ambulance trusts that took place at the offices of the Commission for Health Improvement on 11 September 2003.

The purpose of cognitive interviews is to test the face validity of the questionnaire. Interviewees were asked to comment on whether the topics included in the questionnaire were applicable, if any issues had been omitted, and whether the instructions were clear and easy to understand.

5.2 Method

At the end of the two focus groups held with patients of Trust B, a draft copy of the questionnaire (v4, 23/09/03) was circulated among the participants (n=13) for their comments. The participants were asked to read the instructions on the front of the questionnaire and to answer the questions.

5.3 Results

General comments

All participants reported that the instructions were simple to follow and the questionnaire was easy to complete. No-one thought that any issues had been omitted and no questions were thought to be irrelevant.
Amendments made in light of these group interviews

Question 2: “Who called the ambulance?” Within the area which is served by Trust B, the council runs a scheme in which vulnerable people can pay £70-80 a year to belong to an organization called Lifeline. In essence, the patient wears a pendant around their neck that consists of a button that is pressed in an emergency. This automatically alerts Lifeline to call for an ambulance to arrive at the patient’s house. Another participant said that the ambulance was called through a Doctor’s Advice Line. Therefore, the answer option “Other” was added.

Question 20: “As far as you know, did the ambulance crew give hospital or clinic staff all the necessary information about you?” One woman had received emergency medical care in France and was flown back to England where an ambulance met her off the aircraft. A nurse accompanied her in the ambulance to the hospital so her answer to this question was not listed. However, her situation appeared to an isolated case so the answer options were not amended.

5.4 Conclusions

It was apparent from the feedback from the participants that the questionnaire was in a format that was easy to understand and complete. No major problems were highlighted and no further cognitive interviews were arranged. The questionnaire was amended as appropriate (version 4, 22.10.03).
6 Investigation of possible sampling methods of ambulance emergency and urgent patients

6.1 Introduction

When the ambulance trusts involved in the focus groups were drawing their samples, it was apparent that both the type of patient information, and method for recording patient details varied between trusts. Therefore, to design a sampling strategy that would be applicable and easy to follow for all ambulance trusts for the National Survey Programme, it was necessary to investigate how patient information is recorded by ambulance trusts.

6.2 Method

Just under half of all ambulance trusts (n=14) were contacted to investigate the methods of recording patient information. Following these investigations, two possible methods to sample ambulance patients were designed and distributed among all ambulance trusts for feedback.

6.3 Results

Highlighted below are the main issues that were reported by trusts.

Information systems

When an ambulance operator (call taker) receives an emergency or doctor’s urgent call, details of the name of the caller and the address of the incident are immediately inputted onto a database. This database may be called the Medical Priority Despatch System or the Control and Deployment database. This database does not necessarily record the patient’s name or home address and therefore, would not be an obvious sampling frame for drawing a sample of patients for a postal survey.
Once the ambulance arrives at the incident, a member of the ambulance crew completes a Patient Report Form (PRF) for every patient the crew treat. Information recorded on the form includes patient name and home address details, and usually date of birth and gender. Ethnic group is not typically recorded. However, the proportion of PRFs that do not contain patient name or address details (for example, if the patient was unconscious or intoxicated with drugs or alcohol) varied between trusts from less than 5% to up to 20% of PRFs.

PRFs of some trusts consist of duplicate sheets: the original sheet remains with the Ambulance Trust; one duplicate sheet is left at the hospital; and the third sheet remains with the paramedics. Patient details are omitted from the paramedic sheet for data protection purposes.

Each ambulance station collects all the PRFs at the end of the ambulance shift. The PRFs are then forwarded to the Ambulance Trust. There is a time lag of up to a month between the actual incident and receipt of the PRF by the Ambulance Trust. Some trusts scan the PRFs onto an electronic database. However, the information is stored as the form format rather than on a database such as Excel. The number of ambulance stations per Trust varied from six to 70. In addition, the number of emergency and urgent attendances in one day varied between trusts, ranging from 85 to 1800.

**Possible sampling methods**

The main barrier to obtaining a random sample is that the most reliable source of patients’ name and home address details are recorded on PRFs which are paper based. When designing possible sampling methods, the key issues to consider were:

- The number of emergency and urgent attendances (hence, completed PRFs) received in a day varied between trusts from 85 to 1800.
- The type of patient varied throughout the week, therefore, every effort should be made to accommodate this issue.
- The number of ambulance stations per trust varied from 6 to 70.
- To obtain a random sample, PRFs from all ambulance stations should be collated.
- Up to 20% of PRFs will have incomplete patient name and home address details.
To compile a list of 850 complete patient details, 1020 PRFs will have to be sampled.

Two sampling methods were proposed:

**Method 1: Manual sampling using Patient Report Forms (PRFs)**

The trust would collate all the PRFs in one place, and randomly select a sample of patient forms to be included in the survey.

**Advantages**
- It is likely that all trusts would be able to implement this method in a similar way.
- In some ambulance trusts, PRFs are the only source of home addresses (rather than incident addresses).

**Disadvantages**
- There is a risk when people are manually selecting PRFs that one type of patient would be more likely to be picked than another.
- It could be labour-intensive, particularly as trust staff will have to type in the all the names and addresses of the selected patients into a database before questionnaires can be sent out.
- As there is a considerable time lag between the incident date and the date that all PRFs are collated in one place, it will be necessary to sample further in the past, which might affect patient recall.

**Method 2: Using the Control and Deployment (CAD) system to draw a random sample**

Once the random sample is drawn, it will be necessary to match any selected incidents that do not have patient name or home address details with the corresponding PRFs and then type in the missing details.

**Advantages**
- This system will work well in trusts that are more advanced in the computerisation of their systems.
• Most of the patient information should be recorded on the CAD system more quickly than the speed of collating PRFs.

• Patient information that is already in electronic format will be used, thereby avoiding the task of typing patient name and address details onto a database.

Disadvantages

• There is a risk that the person carrying out the sampling may be more likely to select patients who were attended at their home addresses, as it will be more work to match PRFs for those whose name or home address is not on the CAD system.

• There is a risk that some ambulance stations or patient groups may be under-represented, as it would take a long time for some PRFs to be collated, and trusts might not be able to include those patients in the sample.

• This method could also be labour-intensive, as trust staff will have to match the incident reference number from the CAD system with the paper PRF.

• Arguably, it is more likely that letters will be sent to patients at the wrong address where the incident address is mistakenly taken to be the home address.

Response from ambulance trusts to the two proposed sampling methods

Just under half of all trusts (n=13) provided details of their preferred sampling method: Method 1 (n=10); Method 2 (n=3). Therefore, Method 1 was identified as the sampling method for the National Survey although it would be refined following Trust feedback and results of the pilot surveys.

Further feedback from trusts included:

• Being provided with enough notice of the sampling period to ensure all PRFs are collated in one place for the sampling period.

• Some trusts thought that one month was an unnecessarily long period over which to sample. It was suggested that it would be better to concentrate on collating all the PRFs for one week
6.4 Conclusions

The above findings suggest that sampling ambulance emergency and doctor’s urgent patients might be more time-consuming and require more resources than the sampling methods used in other National Surveys. However, by involving the ambulance trusts during the design stage of the sampling methods, a feasible sampling method was devised that would be suitable and easy to follow by all ambulance trusts.
7 Mailed pilot surveys

7.1 Introduction

Before using the questionnaire in the National Survey Programme, it was essential to test the face validity of the questionnaire, sampling method and data collection method in the pilot surveys. The proportion of deceased patients who were sent questionnaires also needed to be assessed prior to the National Survey.

7.2 National Strategic Tracing Services (NSTS)

The NSTS provide a service to identify those patients who are deceased. Trust B sent a sample of names and addresses to be traced through the NSTS but over 60% were untraced. Further discussions with the pilot trusts identified that the PRF forms do not record all the details that the NSTS needs for a successful trace. It would, therefore, be very difficult for any sample of patients to be checked for deaths prior to a survey being sent out.

7.3 Methods

Ethical approval was granted for the pilot study by the North West Multi-Centre Research Ethics Committee (MREC) on 29th October 2003. The MREC also approved that the pilot survey sample did not need to be sent to NSTS to trace for deceased patients.

Three trusts (A, B and C) participated in the pilot. Once a copy of the letter showing ethical approval and the guidance manual had been sent to the trusts, their sampling could be undertaken.

The sample of patients provided by Trust A was drawn from the majority of ambulance stations, which reflected the range of socio-demographic characteristics within their trust area. The patient sample was taken from all incidences between 9th and 19th May 2003 where an ambulance was called. The patient sample included both patients who were taken to hospital and those who were not conveyed, but excluded those incidences where the patient’s home address was not known. The total patient sample after these exclusions was 2598. From this a random sample of 400 patients was drawn for inclusion in the pilot survey.
A sample of patients provided by Trust B was drawn from all Patient Report Forms (PRFs) completed during May 2003 and some PRFs from incidences in April 2003. Every tenth PRF form from this sample was selected, giving a total of 448. A random sample of 400 patients was drawn from this list for inclusion in the pilot survey.

A sample of patients provided by Trust C was drawn from all Patient Report Forms (PRFs) completed during April 2003. The total sample of PRFs for this month was between 1300-1400. From this, Trust C removed those participants where there was no name or address (for example those who were unconscious or intoxicated and unable to provide information) and those where a diagnosis of death was recorded on the PRF. A total of 503 patients remained. A random sample of 400 patients was drawn from this list for inclusion in the pilot survey.

All three participating trusts agreed to allow Picker staff to organise the mailing of questionnaires to speed up the process. These staff were given honorary contracts with the trusts to comply with the Data Protection Act. The first questionnaires were posted on 3\textsuperscript{rd} November 2003 for trusts A and C and 14\textsuperscript{th} November 2003 for Trust B, followed by first and second reminders (which are sent only to non-responders) to patients at all 3 trusts. The final cut-off date for inclusion was 21\textsuperscript{st} January 2004.
7.4 Results

Response rates

The response rates are shown in Table 3.

<table>
<thead>
<tr>
<th>Response Outcome</th>
<th>NHS Trust</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trust A (n=400)</td>
<td>Trust B (n=400)</td>
</tr>
<tr>
<td>Completed useable questionnaire</td>
<td>163</td>
<td>174</td>
</tr>
<tr>
<td>Returned undelivered</td>
<td>29</td>
<td>42</td>
</tr>
<tr>
<td>Deceased (reported via the freephone line or by post)</td>
<td>10</td>
<td>27</td>
</tr>
<tr>
<td>Opt out</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Ineligible</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Not returned yet</td>
<td>189</td>
<td>137</td>
</tr>
<tr>
<td>Sum</td>
<td>400</td>
<td>400</td>
</tr>
</tbody>
</table>

**Raw Response Rate (%)**

<table>
<thead>
<tr>
<th></th>
<th>Trust A</th>
<th>Trust B</th>
<th>Trust C</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed useable questionnaire</td>
<td>40.8</td>
<td>43.5</td>
<td>47.0</td>
<td>43.8</td>
</tr>
<tr>
<td>Adjusted denominator</td>
<td>361</td>
<td>331</td>
<td>358</td>
<td>1050</td>
</tr>
<tr>
<td>Adjusted Response Rate (%)</td>
<td>45.2</td>
<td>52.6</td>
<td>52.5</td>
<td>50.0</td>
</tr>
</tbody>
</table>

These response rates suggest the overall response rates using this method will be approximately 40-50%.

Response bias

The main concern with low response rates is that respondents might not be representative of all patients who have used the ambulance emergency and urgent services within an ambulance NHS trust, so certain groups might be under-represented. For example, it is possible that those for whom English is not their first language will be less likely to respond than patients whose first language is English.
Unfortunately, ethnic coding of the samples was not provided by the ambulance trusts as this data is not routinely collected, given the nature of the service provided by the ambulance crew. This meant that it was not possible to make any comparisons between the ethnic groups of responders and non-responders. However, the proportions of respondents who were White British at Trust A, B and C were 57%, 97% and 87% respectively. Consequently, 80% of all respondents to the pilot surveys who gave their ethnic group said that they were White British. This compares with 91% in the Acute Inpatient surveys 2002, 91.5% for the Acute Outpatient surveys 2003, and 89% for the Acute Emergency surveys 2003.

Only Trust C provided gender for the patient sample, but analysis showed no gender difference between responders and non-responders.

**FREEPHONE calls**

There were 59 calls to the FREEPHONE concerning the ambulance pilot surveys which is 4.9% of the patients surveyed. This compares to approximately 4% of patients participating in inpatient surveys. The calls can be categorised as follows:

- 26 calls were from a relative or friend to say the person the questionnaire was sent to was deceased (1 woman whose spouse died 6 weeks previously was upset about this and another relative was distressed when reporting that the patient had died just 2 days earlier. The other callers did not appear to be distressed or angry that a questionnaire had been sent to someone who had died).

- 10 called to say that they had received the reminder but not first mailing. (These callers were informed that they will receive a second reminder, which will include a duplicate questionnaire, in due course.)

- 7 had been sent a questionnaire but addressed to the wrong person. (An error at Trust B meant that some names and addresses were mixed up. Although these were corrected for the reminder mailings, there was quite a large number of questionnaires returned undelivered as there was no-one by that name at the address).

- 6 said they were too ill to complete the questionnaire.

- 3 callers had questions about how to fill in the questionnaire.
• 3 reported that they had never use an ambulance for an emergency or urgent journey. These people had used an ambulance to transfer them between two hospitals or had used the Patient Transport Services to take them between their home and hospital out-patient appointments.

• 2 did not want to receive any more reminders.

• 1 opted out (they were out of the country).

• 1 had returned the questionnaire some time ago.

**Respondents**

Sample characteristics are shown in Table 4.

<table>
<thead>
<tr>
<th>Table 4 - Basic characteristics of sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Characteristics</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Missing data</td>
</tr>
<tr>
<td>Year of birth</td>
</tr>
<tr>
<td>Under 16*</td>
</tr>
<tr>
<td>16-25</td>
</tr>
<tr>
<td>26-35</td>
</tr>
<tr>
<td>36-45</td>
</tr>
<tr>
<td>46-55</td>
</tr>
<tr>
<td>56-65</td>
</tr>
<tr>
<td>66-75</td>
</tr>
<tr>
<td>76-85</td>
</tr>
<tr>
<td>86 years or older</td>
</tr>
<tr>
<td>Missing data</td>
</tr>
</tbody>
</table>

*Participants under the age of 16 years should normally be excluded.*

**Response frequencies**

The questionnaire was designed to investigate ambulance users’ experiences and to highlight any problem areas. The topics have been grouped into five sections:

• Calling an ambulance

• Ambulance crew

• Journey to hospital

• Not conveyed to hospital

• Overall
The results data presented here are from all three pilot trusts combined.

**Calling the Ambulance**

**Q1  Where were you when the ambulance was called?**

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>At my home</td>
<td>387</td>
<td>73.7</td>
</tr>
<tr>
<td>At someone else's home</td>
<td>16</td>
<td>3.0</td>
</tr>
<tr>
<td>In a public place</td>
<td>106</td>
<td>20.2</td>
</tr>
<tr>
<td>Missing</td>
<td>16</td>
<td>3.0</td>
</tr>
</tbody>
</table>

**Q2  Who called the ambulance?**

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I did</td>
<td>72</td>
<td>13.7</td>
</tr>
<tr>
<td>A friend or relative</td>
<td>241</td>
<td>45.9</td>
</tr>
<tr>
<td>My doctor*</td>
<td>80</td>
<td>15.2</td>
</tr>
<tr>
<td>NHS Direct*</td>
<td>14</td>
<td>2.7</td>
</tr>
<tr>
<td>The police*</td>
<td>11</td>
<td>2.1</td>
</tr>
<tr>
<td>A stranger*</td>
<td>39</td>
<td>7.4</td>
</tr>
<tr>
<td>Other*</td>
<td>42</td>
<td>8.0</td>
</tr>
<tr>
<td>Don't know, can't remember*</td>
<td>9</td>
<td>1.7</td>
</tr>
<tr>
<td>Missing</td>
<td>17</td>
<td>3.2</td>
</tr>
</tbody>
</table>

*Respondents giving these answers were directed to skip to question 7.

**Q3  Did the ambulance call taker listen carefully?**

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>275</td>
<td>52.4</td>
</tr>
<tr>
<td>Yes, to some extent</td>
<td>17</td>
<td>3.2</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Don't know, can't remember</td>
<td>25</td>
<td>4.8</td>
</tr>
<tr>
<td>Missing</td>
<td>207</td>
<td>39.4</td>
</tr>
</tbody>
</table>
Q4 Did the ambulance call taker easily understand your location?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>350</td>
<td>66.7</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>1.5</td>
</tr>
<tr>
<td>Don't know, can't remember</td>
<td>37</td>
<td>7.0</td>
</tr>
<tr>
<td>Missing</td>
<td>130</td>
<td>24.8</td>
</tr>
</tbody>
</table>

Q5 Did the ambulance call taker give advice on the phone about what to do before the ambulance arrived?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>189</td>
<td>36.0</td>
</tr>
<tr>
<td>No</td>
<td>41</td>
<td>7.8</td>
</tr>
<tr>
<td>Don't know, can't remember</td>
<td>85</td>
<td>16.2</td>
</tr>
<tr>
<td>No advice was wanted, needed</td>
<td>70</td>
<td>13.3</td>
</tr>
<tr>
<td>No advice was wanted, needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>140</td>
<td>26.7</td>
</tr>
</tbody>
</table>

Q6 Was the ambulance call taker reassuring?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>260</td>
<td>49.5</td>
</tr>
<tr>
<td>Yes, to some extent</td>
<td>52</td>
<td>9.9</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
<td>1.3</td>
</tr>
<tr>
<td>Don't know, can't remember</td>
<td>69</td>
<td>13.1</td>
</tr>
<tr>
<td>Missing</td>
<td>137</td>
<td>26.1</td>
</tr>
</tbody>
</table>

The Ambulance Crew

Q7 Did the ambulance crew listen carefully?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>442</td>
<td>84.2</td>
</tr>
<tr>
<td>Yes, to some extent</td>
<td>39</td>
<td>7.4</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>1.0</td>
</tr>
<tr>
<td>Don't know, can't remember</td>
<td>32</td>
<td>6.1</td>
</tr>
<tr>
<td>Missing</td>
<td>7</td>
<td>1.3</td>
</tr>
</tbody>
</table>
Q8  Did the ambulance crew ask about your previous medical history?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>385</td>
<td>73.3</td>
</tr>
<tr>
<td>No</td>
<td>55</td>
<td>10.5</td>
</tr>
<tr>
<td>Don't know, can't remember</td>
<td>76</td>
<td>14.5</td>
</tr>
<tr>
<td>Missing</td>
<td>9</td>
<td>1.7</td>
</tr>
</tbody>
</table>

Q9  Did you have trust and confidence in the ambulance crew's professional skills?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>462</td>
<td>88.0</td>
</tr>
<tr>
<td>Yes, to some extent</td>
<td>40</td>
<td>7.6</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>1.5</td>
</tr>
<tr>
<td>Don't know, can't remember</td>
<td>8</td>
<td>1.5</td>
</tr>
<tr>
<td>Missing</td>
<td>7</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Q10  Were the ambulance crew reassuring?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>444</td>
<td>84.6</td>
</tr>
<tr>
<td>Yes, to some extent</td>
<td>54</td>
<td>10.3</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>1.1</td>
</tr>
<tr>
<td>Don't know, can't remember</td>
<td>15</td>
<td>2.9</td>
</tr>
<tr>
<td>Missing</td>
<td>6</td>
<td>1.1</td>
</tr>
</tbody>
</table>

Q11  Did the ambulance crew explain your care and treatment in a way you could understand?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>353</td>
<td>67.2</td>
</tr>
<tr>
<td>Yes, to some extent</td>
<td>88</td>
<td>16.8</td>
</tr>
<tr>
<td>No</td>
<td>25</td>
<td>4.8</td>
</tr>
<tr>
<td>Don't know, can't remember</td>
<td>44</td>
<td>8.4</td>
</tr>
<tr>
<td>Missing</td>
<td>15</td>
<td>2.9</td>
</tr>
</tbody>
</table>
Q12  Did the ambulance crew talk in front of you as if you weren't there?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>47</td>
<td>9.0</td>
</tr>
<tr>
<td>Yes, to some extent</td>
<td>49</td>
<td>9.3</td>
</tr>
<tr>
<td>No</td>
<td>378</td>
<td>72.0</td>
</tr>
<tr>
<td>Don't know, can't remember</td>
<td>38</td>
<td>7.2</td>
</tr>
<tr>
<td>Missing</td>
<td>13</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Q13  Did the ambulance crew do everything they could to help control your pain?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>322</td>
<td>61.3</td>
</tr>
<tr>
<td>Yes, to some extent</td>
<td>74</td>
<td>14.1</td>
</tr>
<tr>
<td>No</td>
<td>29</td>
<td>5.5</td>
</tr>
<tr>
<td>I did not have any pain</td>
<td>86</td>
<td>16.4</td>
</tr>
<tr>
<td>Missing</td>
<td>14</td>
<td>2.7</td>
</tr>
</tbody>
</table>

Q14  If friends or relatives were with you, were they given enough information about your care and treatment?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>310</td>
<td>59.0</td>
</tr>
<tr>
<td>No</td>
<td>24</td>
<td>4.6</td>
</tr>
<tr>
<td>No friends or relatives were with me</td>
<td>140</td>
<td>26.7</td>
</tr>
<tr>
<td>Don't know, can't remember</td>
<td>34</td>
<td>6.5</td>
</tr>
<tr>
<td>Missing</td>
<td>17</td>
<td>3.2</td>
</tr>
</tbody>
</table>

Transfer To Hospital

Q15  Were you taken to hospital in the ambulance?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>468</td>
<td>89.1</td>
</tr>
<tr>
<td>No*</td>
<td>42</td>
<td>8.0</td>
</tr>
<tr>
<td>Missing</td>
<td>15</td>
<td>2.9</td>
</tr>
</tbody>
</table>

* Respondents answering "No" were directed to skip to question 21.
Q16  Was the way you got into the ambulance suitable (e.g. by walking, on a stretcher etc?)

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>454</td>
<td>86.5</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>1.1</td>
</tr>
<tr>
<td>Don't know, can't remember</td>
<td>17</td>
<td>3.2</td>
</tr>
<tr>
<td>Missing</td>
<td>48</td>
<td>9.1</td>
</tr>
</tbody>
</table>

Q17  How clean was the ambulance?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very clean</td>
<td>347</td>
<td>66.1</td>
</tr>
<tr>
<td>Fairly clean</td>
<td>61</td>
<td>11.6</td>
</tr>
<tr>
<td>Not very clean</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Not at all clean</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Don't know, can't remember</td>
<td>69</td>
<td>13.1</td>
</tr>
<tr>
<td>Missing</td>
<td>46</td>
<td>8.8</td>
</tr>
</tbody>
</table>

Q18  Was the ambulance warm enough?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>414</td>
<td>78.9</td>
</tr>
<tr>
<td>No</td>
<td>17</td>
<td>3.2</td>
</tr>
<tr>
<td>Don't know, can't remember</td>
<td>46</td>
<td>8.8</td>
</tr>
<tr>
<td>Missing</td>
<td>48</td>
<td>9.1</td>
</tr>
</tbody>
</table>

Q19  Did the ambulance driver take care to make the journey as comfortable as possible?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>398</td>
<td>75.8</td>
</tr>
<tr>
<td>Yes, to some extent</td>
<td>54</td>
<td>10.3</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>0.4</td>
</tr>
<tr>
<td>Don't know, can't remember</td>
<td>23</td>
<td>4.4</td>
</tr>
<tr>
<td>Missing</td>
<td>48</td>
<td>9.1</td>
</tr>
</tbody>
</table>
Q20  As far as you know, did the ambulance crew give hospital staff all the necessary information about you?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>403</td>
<td>76.8</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>0.6</td>
</tr>
<tr>
<td>Don't know, can't remember</td>
<td>68</td>
<td>13.0</td>
</tr>
<tr>
<td>Missing</td>
<td>51</td>
<td>9.7</td>
</tr>
</tbody>
</table>

If You were Not Taken To Hospital

Q21  Did the ambulance crew advise you to go to hospital?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, but I refused</td>
<td>25</td>
<td>4.8</td>
</tr>
<tr>
<td>No</td>
<td>22</td>
<td>4.2</td>
</tr>
<tr>
<td>Missing</td>
<td>478</td>
<td>91.0</td>
</tr>
</tbody>
</table>

Q22  Were you happy with the decision not to go to hospital?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>34</td>
<td>6.5</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>0.6</td>
</tr>
<tr>
<td>Not sure</td>
<td>4</td>
<td>0.8</td>
</tr>
<tr>
<td>Missing</td>
<td>484</td>
<td>92.2</td>
</tr>
</tbody>
</table>

Q23  Did the ambulance crew give you advice about what to do if you felt unwell again?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>35</td>
<td>6.7</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>1.0</td>
</tr>
<tr>
<td>Don't know, can't remember</td>
<td>4</td>
<td>0.8</td>
</tr>
<tr>
<td>No advice was wanted, needed</td>
<td>3</td>
<td>0.6</td>
</tr>
<tr>
<td>Missing</td>
<td>478</td>
<td>91.0</td>
</tr>
</tbody>
</table>
Overall

Q24 Overall, how would you rate the care you received from the ambulance service?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>353</td>
<td>67.2</td>
</tr>
<tr>
<td>Very good</td>
<td>119</td>
<td>22.7</td>
</tr>
<tr>
<td>Good</td>
<td>29</td>
<td>5.5</td>
</tr>
<tr>
<td>Fair</td>
<td>3</td>
<td>0.6</td>
</tr>
<tr>
<td>Poor</td>
<td>5</td>
<td>1.0</td>
</tr>
<tr>
<td>Missing</td>
<td>16</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Q25 Overall, did the ambulance crew treat you with respect and dignity?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>465</td>
<td>88.6</td>
</tr>
<tr>
<td>Yes, to some extent</td>
<td>29</td>
<td>5.5</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>1.7</td>
</tr>
<tr>
<td>Don't know, can't remember</td>
<td>10</td>
<td>1.9</td>
</tr>
<tr>
<td>Missing</td>
<td>12</td>
<td>2.3</td>
</tr>
</tbody>
</table>

About You

Q26 To which of these ethnic groups would you say you belong?

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Frequency (n=525)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>British</td>
<td>422</td>
<td>80.4</td>
</tr>
<tr>
<td>Irish</td>
<td>8</td>
<td>1.5</td>
</tr>
<tr>
<td>Any other White background</td>
<td>21</td>
<td>4.0</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>White and Asian</td>
<td>4</td>
<td>0.8</td>
</tr>
<tr>
<td>Any other Mixed background</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Indian</td>
<td>13</td>
<td>2.5</td>
</tr>
<tr>
<td>Pakistani</td>
<td>10</td>
<td>1.9</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>5</td>
<td>1.0</td>
</tr>
<tr>
<td>Any other Asian background</td>
<td>2</td>
<td>0.4</td>
</tr>
<tr>
<td>Caribbean</td>
<td>13</td>
<td>2.5</td>
</tr>
<tr>
<td>African</td>
<td>14</td>
<td>2.7</td>
</tr>
<tr>
<td>Any other Black background</td>
<td>3</td>
<td>0.6</td>
</tr>
<tr>
<td>Any other ethnic group</td>
<td>3</td>
<td>0.6</td>
</tr>
<tr>
<td>Missing</td>
<td>5</td>
<td>1.0</td>
</tr>
</tbody>
</table>
7.5 Findings

The response rate to the survey was lower than initially anticipated so in light of the pilot study results, the target response rate for the 2004 survey was reduced from 60-70% to 40-50%.

The face validity of the questionnaire was supported by the quality of the responses received and the small number of calls about how to complete the questionnaire that were made to the FREEPHONE. The only additional amendments made to the questionnaire following the pilot survey were:

Q1 “Where were you when the ambulance was called?” Following comments written next to this question by respondents, the response options were altered slightly to remove the option “At someone else’s home” and to add “Somewhere else”.

Q2 “Who called the ambulance?” The response options were changed very slightly to combine the options “doctor” and “NHS Direct”.

Q18 “Was the ambulance warm enough?” This question has been deleted as the data did not provide any useful information and many respondents did not know or could not remember.

Transfer to Hospital Section Several respondents reported that they were taken to hospital but then went on to also answer questions in the “If you were not taken to hospital” section. Similarly, many who said they were not taken to hospital answered questions about the transfer. Some additional comments written on the questionnaires by respondents indicated that they were answering the questions about different occasions. Reminder instructions were added at the beginning of sections to ask respondents to answer the questions about their most recent experience of the ambulance emergency/urgent services.
8 Appendix

8.1 Appendix 1 Topic Guide for the Ambulance Services: Emergency and Urgent Attendances Focus Group

Welcome from facilitator and Introduction (5 mins) _______________________

Explain that the purpose of the group discussion is to find out about people’s views of their local ambulance service.

Emphasise that participants should feel free to talk about their personal experiences, but only to the extent that they feel comfortable.

The discussion will focus on several topics related to their use of the ambulance service.

The group will last about 2 hours. The discussion will be tape-recorded to ease later analysis. Participants should be reassured that nobody will be identified individually and personal details will be removed from the transcripts. All comments will be anonymised which means that none of the comments made in the discussion will be attributable to any individual participant.

Warm-up (5 mins)______________________________________________________

Each participant to briefly introduce themselves to the group.

Themed discussion (100 mins)____________________________________________

Participants will be asked to talk of their own experiences using the following discussion prompts:

999 calls
In what circumstances was an ambulance called? If for you, were you conscious/unconscious?

(Probe: who called; why they called; concerns about dialling 999)

How was the call dealt with?

(Probe: transition from BT operator to ambulance control room; efficiency and helpfulness of call taker; number and type of questions asked).
Were you offered any first aid or other advice?

(Probe: type; helpfulness)

What kind of vehicle responded to the call?

(Probe: ambulance; motorcycle; air ambulance)

How long did it take to arrive? Was it important that it arrived quickly?

Did the crew have any problems finding the correct address?

Did the crew use their flashing lights and sirens? If they did, how did you feel about that?

(Probe: whether it speeds response, generates confidence, lacks discretion)

What action did the crew take at the scene?

(Probe: effectiveness, appropriateness)

Were you taken to hospital?

(Probe: if not, why not; do you think you should have been? Should you have been taken sooner?)

What was your journey to the hospital like?

(Probe: speed, comfort, driving standard, accompanied/unaccompanied)

Was the ambulance warm and clean? Was it well-equipped?

Was the choice of hospital explained? Did you have a say in it?

Did the crew carry out any treatment during the journey?

(Probe: effectiveness, appropriateness)

How was the handover at the hospital dealt with? Did the crew stay with you until the handover was completed?

(Probe: exchange of information with hospital staff)

If you were not taken to hospital, were you told why? Were you told what to do if you felt unwell again?
Ambulance crews

What did you think of the ambulance crew(s)?

(Probe: helpfulness, courtesy, professionalism, reassurance etc)

Did they work well as a team? Did they explain what they were doing? Did they wear name badges?

Did they treat you with respect and dignity?

(Probe: discrimination; lack of sensitivity)

How did they relate to friends/family?

(Probe: courtesy, explanations, arrangements for anyone left behind e.g. children)

Did you or people with you have any difficulty making yourselves understood or in understanding the crew?

(Probe: language issues)

Complaints

Would you know how to complain if you had to make a complaint?

Have you ever had to make a complaint about the ambulance service?

How was it dealt with?

Overall

What was your overall impression of the ambulance service?

Is there anything you think should be changed/improved?

What do you think are the most important aspects of a good ambulance service?

Close

Thank everyone for their comments.
8.2 Appendix 2 Ambulance Service Questionnaire v4 22/10/2003
Ambulance Service Questionnaire
Emergency and Urgent 999 Calls

What is the survey about?
This survey is about your most recent experience of the ambulance emergency or urgent services.

Who should complete the questionnaire?
The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from his/her point of view – not the point of view of the person who is helping.

Completing the questionnaire.
For each question please tick clearly inside one box using a black or blue pen.

Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Don’t worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

Please do not write your name or address anywhere on the questionnaire.

Your participation in this survey is voluntary.
If you choose not to take part in this survey it will not affect the care you receive from the NHS in any way. If you do not wish to take part, or you do not want to answer some of the questions, you do not have to give us a reason.

Your answers will be treated in confidence.

CALLING THE AMBULANCE
1. Where were you when the ambulance was called?
   1. At my home
   2. At someone else’s home
   3. In a public place
   4. Don’t know/ Can’t remember

2. Who called the ambulance?
   1. I did ➔ Go to 3
   2. A friend or relative ➔ Go to 3
   3. My doctor ➔ Go to 7
   4. NHS Direct ➔ Go to 7
   5. The police ➔ Go to 7
   6. A stranger ➔ Go to 7
   7. Other ➔ Go to 7
   8. Don’t know/ Can’t remember ➔ Go to 7

3. Did the ambulance call taker listen carefully?
   1. Yes, definitely
   2. Yes, to some extent
   3. No
   4. Don’t know/ Can’t remember

4. Did the ambulance call taker easily understand your location?
   1. Yes
   2. No
   3. Don’t know/ Can’t remember

5. Did the ambulance call taker give advice on the phone about what to do before the ambulance arrived?
   1. Yes
   2. No
   3. Don’t know/ Can’t remember
   4. No advice was wanted/ needed
6. Was the ambulance call taker reassuring?
   1. Yes, definitely
   2. Yes, to some extent
   3. No
   4. Don’t know/ Can’t remember

THE AMBULANCE CREW

7. Did the ambulance crew listen carefully?
   1. Yes, definitely
   2. Yes, to some extent
   3. No
   4. Don’t know/ Can’t remember

8. Did the ambulance crew ask about your previous medical history?
   1. Yes
   2. No
   3. Don’t know/ Can’t remember

9. Did you have trust and confidence in the ambulance crew’s professional skills?
   1. Yes, definitely
   2. Yes, to some extent
   3. No
   4. Don’t know/ Can’t remember

10. Were the ambulance crew reassuring?
    1. Yes, definitely
    2. Yes, to some extent
    3. No
    4. Don’t know/ Can’t remember

11. Did the ambulance crew explain your care and treatment in a way you could understand?
    1. Yes, definitely
    2. Yes, to some extent
    3. No
    4. Don’t know/ Can’t remember

12. Did the ambulance crew talk in front of you as if you weren’t there?
    1. Yes, definitely
    2. Yes, to some extent
    3. No
    4. Don’t know/ Can’t remember

13. Did the ambulance crew do everything they could to help control your pain?
    1. Yes, definitely
    2. Yes, to some extent
    3. No
    4. I did not have any pain

14. If friends or relatives were with you, were they given enough information about your care and treatment?
    1. Yes
    2. No
    3. No friends or relatives were with me
    4. Don’t know/ Can’t remember

TRANSFER TO HOSPITAL

15. Were you taken to a hospital in the ambulance?
    1. Yes ➔ Go to 16
    2. No ➔ Go to 21
16. Was the way you got into the ambulance suitable? (e.g. by walking, on a stretcher etc.)
   1. Yes
   2. No
   3. Don’t know/ Can’t remember

17. How clean was the ambulance?
   1. Very clean
   2. Fairly clean
   3. Not very clean
   4. Not at all clean
   5. Don’t know/ Can’t remember

18. Was the ambulance warm enough?
   1. Yes
   2. No
   3. Don’t know/ Can’t remember

19. Did the ambulance driver take care to make the journey as comfortable as possible?
   1. Yes, definitely
   2. Yes, to some extent
   3. No
   4. Don’t know/ Can’t remember

20. As far as you know, did the ambulance crew give hospital staff all the necessary information about you?
   1. Yes
   2. No
   3. Don’t know/ Can’t remember

21. Did the ambulance crew advise you to go to hospital?
   1. Yes, but I refused
   2. No

22. Did you agree with the decision not to go to hospital?
   1. Yes
   2. No
   3. Not sure

23. Did the ambulance crew give you advice about what to do if you felt unwell again?
   1. Yes
   2. No
   3. Don’t know/ Can’t remember
   4. No advice was wanted/ needed

24. Overall, how would you rate the care you received from the ambulance service?
   1. Excellent
   2. Very good
   3. Good
   4. Fair
   5. Poor

25. Overall, did the ambulance crew treat you with respect and dignity?
   1. Yes, definitely
   2. Yes, to some extent
   3. No
   4. Don’t know/ Can’t remember

Now please go to Question 24
ABOUT YOU

26. To which of these ethnic groups would you say you belong? (Tick ONE only)

a. WHITE
1 □ British
2 □ Irish
3 □ Any other White background
   (Please write in box)

b. MIXED
4 □ White and Black Caribbean
5 □ White and Black African
6 □ White and Asian
7 □ Any other Mixed background
   (Please write in box)

c. ASIAN OR ASIAN BRITISH
8 □ Indian
9 □ Pakistani
10 □ Bangladeshi
11 □ Any other Asian background
    (Please write in box)

d. BLACK OR BLACK BRITISH
12 □ Caribbean
13 □ African
14 □ Any other Black background
    (Please write in box)

e. CHINESE OR OTHER ETHNIC GROUP
15 □ Chinese
16 □ Any other ethnic group
    (Please write in box)

27. Are you male or female?
1 □ Male
2 □ Female

28. What was your year of birth?
   (Please write in) e.g. 1 9 3 4

OTHER COMMENTS
If there is anything else you would like to tell us about your experiences of the ambulance emergency and urgent services, please do so here.

Was there anything particularly good about your care?

Was there anything that could have been improved?

Anything else?

THANK YOU VERY MUCH FOR YOUR HELP
Please check that you answered all the questions that apply to you.
Please post this questionnaire back in the FREEPOST envelope provided.
No stamp is needed.
Picker Institute Europe
FREEPOST (SCE10829), OXFORD, OX1 1YE
8.3 Appendix 3 Ambulance Service Questionnaire v5 21/11/2003
Ambulance Service Questionnaire
Emergency and Urgent 999 Calls

What is the survey about?
This survey is about your most recent experience of the ambulance emergency or urgent services.

Who should complete the questionnaire?
The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from his/her point of view – not the point of view of the person who is helping.

Completing the questionnaire.
For each question please tick clearly inside one box using a black or blue pen.

Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Don’t worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

Please do not write your name or address anywhere on the questionnaire.

Your participation in this survey is voluntary.
If you choose not to take part in this survey it will not affect the care you receive from the NHS in any way. If you do not wish to take part, or you do not want to answer some of the questions, you do not have to give us a reason.

Your answers will be treated in confidence.

CALLING THE AMBULANCE
Please remember, this questionnaire is about your most recent experience of the ambulance emergency or urgent services.

1. Where were you when the ambulance was called?
   1. At my home
   2. In a public place
   3. Somewhere else
   4. Don’t know/ Can’t remember

2. Who called the ambulance?
   1. I did ➔ Go to 3
   2. A friend or relative ➔ Go to 3
   3. A doctor/NHS Direct ➔ Go to 7
   4. The police ➔ Go to 7
   5. A stranger ➔ Go to 7
   6. Other ➔ Go to 7
   7. Don’t know/ Can’t remember ➔ Go to 7

3. Did the ambulance call taker listen carefully?
   1. Yes, definitely
   2. Yes, to some extent
   3. No
   4. Don’t know/ Can’t remember

4. Did the ambulance call taker easily understand your location?
   1. Yes
   2. No
   3. Don’t know/ Can’t remember
5. Did the ambulance call taker give advice on the phone about what to do before the ambulance arrived?

1. Yes
2. No
3. Don’t know/ Can’t remember
4. No advice was wanted/ needed

6. Was the ambulance call taker reassuring?

1. Yes, definitely
2. Yes, to some extent
3. No
4. Don’t know/ Can’t remember

THE AMBULANCE CREW

7. Did the ambulance crew listen carefully?

1. Yes, definitely
2. Yes, to some extent
3. No
4. Don’t know/ Can’t remember

8. Did the ambulance crew ask about your previous medical history?

1. Yes
2. No
3. Don’t know/ Can’t remember

9. Did you have trust and confidence in the ambulance crew’s professional skills?

1. Yes, definitely
2. Yes, to some extent
3. No
4. Don’t know/ Can’t remember

10. Were the ambulance crew reassuring?

1. Yes, definitely
2. Yes, to some extent
3. No
4. Don’t know/ Can’t remember

11. Did the ambulance crew explain your care and treatment in a way you could understand?

1. Yes, definitely
2. Yes, to some extent
3. No
4. Don’t know/ Can’t remember

12. Did the ambulance crew talk in front of you as if you weren’t there?

1. Yes, definitely
2. Yes, to some extent
3. No
4. Don’t know/ Can’t remember

13. Did the ambulance crew do everything they could to help control your pain?

1. Yes, definitely
2. Yes, to some extent
3. No
4. I did not have any pain

14. If friends or relatives were with you, were they given enough information about your care and treatment?

1. Yes
2. No
3. No friends or relatives were with me
4. Don’t know/ Can’t remember
TRANSFER TO HOSPITAL

Still thinking about the last time you used the emergency and urgent ambulance services...

15. Were you taken to a hospital in the ambulance?
   1. Yes  ➔ Go to 16
   2. No  ➔ Go to 20

16. Was the way you got into the ambulance suitable? (e.g. by walking, on a stretcher etc.)
   1. Yes
   2. No
   3. Don’t know/ Can’t remember

17. How clean was the ambulance?
   1. Very clean
   2. Fairly clean
   3. Not very clean
   4. Not at all clean
   5. Don’t know/ Can’t remember

18. Did the ambulance driver take care to make the journey as comfortable as possible?
   1. Yes, definitely
   2. Yes, to some extent
   3. No
   4. Don’t know/ Can’t remember

19. As far as you know, did the ambulance crew give hospital staff all the necessary information about you?
   1. Yes
   2. No
   3. Don’t know/ Can’t remember

➔ Now please go to Question 23

IF YOU WERE NOT TAKEN TO HOSPITAL

Please answer questions 20-22 if the last time you used the emergency and urgent ambulance services you were NOT taken to hospital.

20. Did the ambulance crew advise you to go to hospital?
   1. Yes, but I refused
   2. No

21. Did you agree with the decision not to go to hospital?
   1. Yes
   2. No
   3. Not sure

22. Did the ambulance crew give you advice about what to do if you felt unwell again?
   1. Yes
   2. No
   3. Don’t know/ Can’t remember
   4. No advice was wanted/ needed

OVERALL

23. Overall, how would you rate the care you received from the ambulance service?
   1. Excellent
   2. Very good
   3. Good
   4. Fair
   5. Poor
   6. Very poor

24. Overall, did the ambulance crew treat you with respect and dignity?
   1. Yes, definitely
   2. Yes, to some extent
   3. No
   4. Don’t know/ Can’t remember
ABOUT YOU

25. To which of these ethnic groups would you say you belong? (Tick ONE only)

a. WHITE

1 ☐ British
2 ☐ Irish
3 ☐ Any other White background
   (Please write in box)

b. MIXED

4 ☐ White and Black Caribbean
5 ☐ White and Black African
6 ☐ White and Asian
7 ☐ Any other Mixed background
   (Please write in box)

c. ASIAN OR ASIAN BRITISH

8 ☐ Indian
9 ☐ Pakistani
10 ☐ Bangladeshi
11 ☐ Any other Asian background
   (Please write in box)

d. BLACK OR BLACK BRITISH

12 ☐ Caribbean
13 ☐ African
14 ☐ Any other Black background
   (Please write in box)

e. CHINESE OR OTHER ETHNIC GROUP

15 ☐ Chinese
16 ☐ Any other ethnic group
   (Please write in box)

26. Are you male or female?

1 ☐ Male
2 ☐ Female

27. What was your year of birth?
   (Please write in) e.g. 1 9 3 4

1 9

OTHER COMMENTS

If there is anything else you would like to tell us about your experiences of the ambulance emergency and urgent services, please do so here.

Was there anything particularly good about your care?

Was there anything that could have been improved?

Anything else?

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the FREEPOST envelope provided.

No stamp is needed.