

BRIEFING NOTE: ISSUES HIGHLIGHTED BY THE 2008 CATEGORY C AMBULANCE SERVICE USER SURVEY

This briefing provides the key findings of the Category C ambulance service user survey. This is the second national survey of ambulance service users, and is the first national survey concerning Category C services. Category C service users are those 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.

Prioritisation in this way has been in place across all ambulance trusts since 2001 and ensures that those with the most urgent needs can receive the quickest response. In 2004 national response standards for Category C services were removed and this became the responsibility of regional NHS ambulance trusts. This encouraged ambulance trusts to develop alternative methods of Category C service provision, such as telephone advice and referrals to other services, in order to better tailor care to peoples' needs, increase efficiency and meet the increasing demand for services.

In 2007/08 across England there were 7.2 million calls to the emergency ambulance service. Over a quarter of these (2.1 million) were categorised as 'Category C'.

The survey was carried out in all 11 NHS ambulance trusts in England. Almost 4,000 people who received a Category C response from the ambulance services in July 2008 responded to the survey, a response rate of 45%.

This briefing note reports the percentage of service users giving a particular response to key survey questions, for England as a whole. Since some trusts had a higher response rate than others and would otherwise have a greater influence over the England (national) average a 'weight' was applied to the data to ensure the responses from each trust had an equal influence over the England average¹.

Further detail on the national findings and the results for individual trusts are available on the Care Quality Commission website at www.cqc.org.uk/PatientSurveyAmbulance2008.

Key findings summary

This section provides a broad outline of the main survey findings.

- The vast majority of service users reported positive experiences for almost all aspects of care. Particularly positive were impressions of overall care, waiting times and of staff who came out to help service users "at the scene"

Overall:

- 98% rated the care they received overall as 'excellent', 'very good' or 'good'
- 94% were 'definitely' treated with respect and dignity
- 90% said main reason for their call was 'completely' dealt with to their satisfaction
- 90% felt staff 'definitely' listened to what they had to say

Waiting times:

- 93% felt they spoke to a telephone advisor 'as soon as necessary'
- 88% felt staff who came out to help them "at the scene" arrived 'as soon as necessary'

Staff who came out to the scene:

- 91% 'definitely' had trust and confidence in staff

¹ The average number of respondents per trust who gave a useable response to each question was calculated. This was then divided by the number of responses from the trust, producing a ratio or 'weight' for each question in each trust.

- 90% were 'definitely' reassured by staff
- Still positive, but to a lesser degree were experiences of communication, provision of information and involvement in decisions
 - Overall
 - 84% felt staff 'definitely' understood their needs
 - 78% said they were 'definitely' involved as much as they wanted to be in decisions about their care and treatment
 - Staff who came out to the scene:
 - 82% felt staff 'definitely' explained their care and treatment in a way they could understand
 - Telephone advisors:
 - 83% felt the telephone advisor 'definitely' explained advice in a way they could understand
 - 82% 'definitely' received enough advice on the telephone about what to do
- Although most respondents followed the traditional care route, being taken to hospital for further care, almost all of those not taken to hospital agreed with this decision, and half of these respondents were offered alternative care pathways
 - 23% were not taken to hospital
 - 95% of those not taken to hospital by the ambulance service agreed with this decision
 - 53% of those not taken to hospital by the ambulance service were put in touch with, or told to contact, another organisation or part of the NHS
- Provision of clinical advice over the telephone allowed service users quicker access to clinical assistance but, although well received, experiences were not quite as positive as those of traditional "at the scene" responses
 - 84% spoke to the telephone advisor straight away, 14% within 15 minutes
 - 97% rated the advice they received over the telephone as 'excellent', 'very good' or 'good'
 - 85% were 'definitely' reassured by telephone advice staff
- A minority felt that more could have been done to help with pain management
 - 75% felt staff did everything they could, but 6% did not think staff had done everything they could to help control their pain and 19% said staff had only done so 'to some extent'

The survey results are discussed in further detail below, examining each stage of the service user's contact with the ambulance service, from calling the ambulance service to their referral to other organisations or services.

Calling the ambulance

Making the decision to call 999

Callers who need assistance for a non-life threatening or urgent condition are categorised by the ambulance service as 'Category C'. However, someone in this type of situation could potentially contact a number of different NHS services to get the help they need (such as a GP, an out of hours service, NHS Direct), or even a service or organisation outside the NHS (such as social services or a voluntary organisation). The survey asked service users whether they, or the person calling 999 on their behalf, had considered any other organisation or service before calling the ambulance service. Just under a third of respondents (30%) said they had considered calling another organisation or service such as NHS Direct or a GP. Most respondents were at home

when the ambulance service was called (81%), 11% were in a public place and 8% were somewhere else (not specified).

Call handling

Less than a third of respondents (29%) had spoken to the ambulance control room call handler themselves. In most cases someone else had done this on behalf of the service user.

Of those who had spoken directly to the call handler, most found this person reassuring and courteous. Eighty-seven per cent said their call handler was 'definitely' reassuring and 12% said they were reassuring 'to some extent'. When rating the courtesy of the call handler most respondents felt this was 'excellent' (59%) or 'very good' (30%). Eight per cent of respondents rated the call handler's courtesy as 'good' and 2% rated it as 'fair'. Less than 1% of respondents who had spoken to a call handler felt the courtesy they received was 'poor' or 'very poor'.

Telephone assessment and advice

All 999 calls for the ambulance service are assessed by call handlers at an ambulance control room. In addition to this, ambulance trusts also run telephone advice services allowing callers to speak to clinically trained staff on the telephone who can assess the patient's clinical needs and provide advice. In some cases service users will not need an ambulance if their problem can be dealt with solely by telephone advice or by being referred elsewhere. Just under half (48%) of service users who spoke to the ambulance call handler themselves said they were passed on to a telephone advisor who assessed the situation or gave them advice over the phone².

Waiting times

Where respondents had spoken to a telephone advisor, their feedback was generally very positive. Most did not have to wait long to speak to an advisor: 84% were able to speak to someone straight away and 14% within 15 minutes. Less than 2% waited more than 15 minutes to speak to a telephone advisor.

The immediacy of telephone advice is reflected in respondents' satisfaction with the waiting times. Almost all (93%) felt that they spoke to an advisor as soon as they thought was necessary. Six per cent of respondents felt they should have spoken to an advisor 'a bit sooner', and one per cent 'a lot sooner'.

One benefit of telephone advice is that service users can get assistance from clinically trained staff much more quickly than if a member of staff was sent to them. In comparison, information from ambulance trust records shows that 40% of all service users included in the survey sample waited more than 15 minutes before an ambulance service response (i.e. an ambulance or single responder) reached them.

Reassurance and communication by staff

Of those who spoke to a telephone advisor, most respondents found them reassuring and courteous. Eighty-five per cent found the telephone advisor 'definitely' reassuring, while 13% felt they were reassuring 'to some extent'. A small proportion (2%) were not reassured by the telephone advisor they spoke to. Over half (58%) of respondents who said they spoke to a telephone advisor rated the courtesy with which they were treated as 'excellent', almost a third

² Overall 12% of all survey respondents said their call was passed on to a telephone advisor after they had spoken to the call handler. However this does not take into account any instances where someone else may have called on the service user's behalf and spoken to a telephone advisor.

(31%) gave a rating of 'very good', 8% 'good' and 2% rated it as 'fair'. Less than 1% rated the courtesy of the telephone advisor as 'poor' or 'very poor'.

Communication with telephone advisors was generally good, most respondents (83%) felt the advice they received was explained in a way they could 'definitely' understand. However 16% felt this was only done 'to some extent' and just under 2% said the advice was not explained to them in a way they could understand.

Quality of advice

The advantage of transferring calls to a trained nurse or paramedic is that they can offer more tailored advice than call handlers who have no formal clinical qualifications. The survey asked recipients of this service if they were given enough advice on what they needed to do. Most respondents (82%) thought this was 'definitely' the case, although 16% of respondents said they were only given enough advice 'to some extent', and 2% felt they were not given enough advice at all. The quality of this advice was rated highly: 55% of respondents said it was 'excellent', 33% rated it as 'very good'; and 9% as 'good'. Two per cent rated the advice received as 'fair', and 1% rated it as 'poor' or 'very poor'.

Attendance by the ambulance service

Nearly all respondents (98%) said they received an "at the scene" response from the ambulance service – that is, a member of staff from the ambulance service came out to help them. This could have been an ambulance crew, a single responder (e.g. in car or on a motorcycle) or any other type of ambulance service front line staff.

Waiting times

Although service users cannot always be given a precise timing for when they can expect someone from the ambulance service to arrive, most respondents (81%) said they were told how long they would have to wait. Of these, almost two thirds (60%) said that the ambulance service response actually arrived sooner, although 7% said their wait was longer than they had been told. The remainder (32%) said their wait was about as long as they had been led to expect.

Eight per cent of respondents felt the arrival of help from the ambulance service could have been 'a bit sooner' and 4% felt help should have arrived 'a lot sooner'. The remaining 88% were seen 'as soon' as they thought necessary.

Confidence and trust in staff

High levels of trust and confidence were placed in staff attending respondents at the scene. Nine out of ten (91%) respondents 'definitely' had confidence and trust in staff who came out to help them and 8% said they did 'to some extent'. Reassurance from staff present at the scene rated somewhat higher than that provided by telephone advisors³. Ninety per cent of respondents found the ambulance service staff that came out to help them 'definitely' reassuring, and 8% felt they were 'to some extent'.

Pain management

³ The difference in those 'definitely' receiving reassurance from telephone advice staff and 'at the scene' staff was significant ($p < 0.05$) based on the England averages for the scored data published for each ambulance trust, which take into account the age and gender of respondents when comparing across trusts.

Of those who were experiencing pain at the time (68% of all respondents), three quarters (75%) said the staff attending them 'definitely' did everything they could to help control this pain. Nineteen per cent felt that staff had done so 'to some extent', but 6% did not think staff had done everything they could to help control their pain.

Communication and information provision by staff

Communication from staff who attended respondents at the scene was of a similar standard as telephone advisors: most respondents (82%) said their care and treatment was explained in a way they could 'definitely' understand, however 15% felt this was only done 'to some extent'. Only 2% said their care and treatment was not explained to them in a way they could understand

Of those who had friends or relatives with them at the time of the incident, 95% thought that these friends and relatives were given enough information from staff about their condition and treatment.

Transport

Of those who received a response at the scene, 83% were then provided with transport by the ambulance service and 96% of those were conveyed to hospital. The majority (79%) of all respondents to the survey (including those not receiving a response at the scene) were therefore provided with transport, 77% conveyed to hospital. This is only slightly higher than the national figures which report that 76% of all Category C incidents⁴ resulted in a patient journey in 2007/08⁵.

Almost all respondents who were conveyed in an ambulance service vehicle felt that the interior was 'very clean' (90%) or 'fairly clean' (9%).

Contact with other organisations or parts of the NHS

The ambulance services are normally just the beginning of a patient's care pathway and typically the next stage of care comes from a hospital A&E department. However, in many cases attendance at A&E is neither necessary nor desirable for service users who can be treated at home or in a community setting. A strategic review of ambulance services in 2005⁶ recommended ambulance services work towards reducing unnecessary hospital attendances by providing an increased range of services, working more closely with other local healthcare providers.

Of those respondents who were not taken to hospital by the ambulance service (23% of all respondents), the vast majority (95%) agreed with this, although the remaining 5% said they disagreed with the decision not to be taken to hospital by the ambulance service.

Over half (53%) of those not taken to hospital by the ambulance service were referred to another organisation or part of the NHS⁷. Of these respondents referred elsewhere, two fifths (42%) were put in touch with these other organisations by the ambulance service, the remainder were told to contact the organisation themselves.

In most cases, service users were put in touch with, or told to contact, a GP or nurse (75%) or an A&E Department (14%). This question asked respondents to 'tick all that apply', and so in total, nearly four fifths of referrals (78%) were to a GP / nurse, or A&E, or both. The remaining fifth were

⁴ Category C incidents are calls to the ambulance service prioritised as 'Category C' and resulting in an emergency response arriving at the scene of the incident

⁵ Source: The NHS Information Centre: Ambulance Statistics 2007/08

⁶ Department of Health. *Taking Healthcare to the Patient – Transforming NHS ambulance services*. London: Department of Health, 2005

⁷ Overall 9% of all survey respondents were referred to another organisation or part of the NHS

to NHS Direct (8%), social services (5%), a walk in centre or minor injuries unit (4%), a voluntary organisation (2%), and / or some other type of service or organisation (8%). Of the respondents referred elsewhere, 14% were put in touch with or told to contact more than one service or organisation, although it is not clear from responses whether they had been told to contact all options or given a selection and offered the choice of organisation or service.

Overall care

Ratings of overall care from the ambulance services were very positive, with 98% giving a rating of 'excellent', 'very good' or 'good', and 73% giving the highest possible rating of 'excellent'. Nine out of ten respondents (90%) considered the main reason for their call to the ambulance service was dealt with 'completely' to their satisfaction, with a further 8% saying this was the case 'to some extent'.

Ninety per cent of respondents felt the ambulance service staff 'definitely' listened carefully to what they had to say, a further 8% felt staff had listened 'to some extent'. Slightly fewer respondents felt staff had 'definitely' understood their needs (84%), with a further 13% saying staff had understood their needs only 'to some extent'. In terms of involvement in their care, although most respondents (96%) said they were involved as much as they wanted to be in decisions about their care and treatment, 78% said they were 'definitely' involved, whilst nearly one in five (18%) said this was only done 'to some extent'.

Almost all respondents felt they were treated with respect and dignity by ambulance service staff; with the majority considering this to be 'definitely' the case (94%) although for 4% this was only 'to some extent'. The remaining 2% felt they were not treated with respect and dignity.

Notes on the survey

A report for each trust is available on the Care Quality Commission website. These reports show how each trust performed for every question that measures the quality of patient experience. The results for each trust are compared against all other trusts which took part. Because the types of service users at each trust can differ, these reports are standardised by age and gender of respondents. This allows trusts, and others, to compare performance, identify areas where they are currently performing well and to show where improvement is needed.

www.cqc.org.uk/PatientSurveyAmbulance2008

The results from the survey will also be used in the Care Quality Commission's assessment of ambulance trusts, in the 2008/09 annual health check.