Shropshire Council

Shropshire Council
Legal and Democratic Services
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date: 1 March 2023

Committee:
Joint Health Overview and Scrutiny Committee

Date:	**Thursday, 9 March 2023**
Time:	**2.00 pm**
Venue:	**Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND**

You are requested to attend the above meeting. The Agenda is attached

There will be some access to the meeting room for members of the press and public, but this will be limited. If you wish to attend the meeting please email democracy@shropshire.gov.uk to check that a seat will be available for you.

Please click here to view the livestream of the meeting on the date and time stated on the agenda

The recording of the event will also be made available shortly after the meeting on the Shropshire Council Youtube Channel Here

Tim Collard
Assistant Director - Legal and Governance

Members of Joint Health Overview and Scrutiny Committee

Shropshire
Cllr Steve Charmley
Cllr Kate Halliday
Cllr Heather Kidd
Co-optees
Lynn Cawley
Louise Price
David Sandbach

Telford and Wrekin
Cllr Derek White
Cllr Nigel Dugmore
Cllr Stephen Reynolds
Co-optees
Hilary Knight
Dag Saunders
Fiona Doran

Your Committee Officer is:

Amanda Holyoak Committee Officer
Tel: 01743 257714
Email: amanda.holyoak@shropshire.gov.uk

AGENDA

1 Apologies for Absence

2 Declarations of Interest

3 Minutes of Meeting held on 23 January 2023 (Pages 1 - 4)

Attached for confirmation

4 Interim Integrated Care Strategy (Pages 5 - 10)

To consider a report on the Interim Integrated Care Strategy, the development of the Joint Forward Plan and the supporting Communications and Engagement Programme, attached (appendix A to follow)

5 Eye Care Transformation Programme (Pages 11 - 26)

Report to follow.

6 Calling for an Ambulance in an Emergency - Report from HealthWatch Shropshire and HealthWatch Telford and Wrekin (Pages 27 - 86)

To consider the report, key points and summary are available from this link Calling for an ambulance in an emergency | Healthwatch Shropshire and the full report is attached.

7 Co-Chairs Update

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview & Scrutiny Committee held on Monday 23 January 2023 at 2.00 pm in The Telford Room, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

Present: Councillors D R W White (Co-Chair), S Charmley (Co-Chair) and S J Reynolds, K Halliday and H Kidd.
Co-optees: F Doran, H Knight, L Cawley, L Price and D Sandbach

In Attendance: R Boyode (Executive Director of People and Organisational Development, Shrewsbury and Telford Hospital Trust), T Dodds (Scrutiny Manager, Shropshire Council), C McInnes (Director of Operations for Women's & Children's Division, Shrewsbury and Telford Hospital Trust), S Vangenderen (Lead Consultant Psychologist, Shrewsbury and Telford Hospital Trust), K Williams (Deputy Director of Midwifery, Shrewsbury and Telford Hospital Trust), S Worthington (Senior Democracy Officer (Scrutiny), Telford & Wrekin Council) and S Yarnall (Democracy Officer (Scrutiny), Telford & Wrekin Council).

Apologies: Councillors N A Dugmore and Co-Optee D Saunders

JHOSC1 Declarations of Interest

Co-Optee, D Sandbach, declared that he received an NHS pension.

JHOSC2 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 19 December 2022 be confirmed and signed by the Chair.

JHOSC3 SaTH Maternity Services - Our Improvement Journey

The Executive Director of People and Organisational Development, the Director of Operations for Women's & Children's Division, the Lead Consultant Psychologist and Deputy Director of Midwifery, from the NHS Shrewsbury and Telford Hospital Trust (SaTH) provided an update on the improvement journey of the maternity services within the Trust. The presentation highlighted the changes from the publication of the first Ockenden report to date in relation to Maternity Services at SaTH. The update focused on how staff wellbeing had improved, opportunities for staff to provide feedback, the governance of maternity services at SaTH and improved culture of the organisation. The Trust had introduced the implementation of clinical psychologists to support nurses and midwifes with their mental health. Members were updated on how staff could provide feedback in different ways to highlight concerns and issues

that staff face; such as the 'Improvewell' app, an online platform for nurses and midwifes to anonymously provide feedback.

Following the presentation, Members asked the following questions:

Would the psychological support on offer to staff be accessible for patients and was it solely a support system for maternity services?

The services of psychological support were available for patients, parents, their families and friends. The Chief Psychologist at SaTH had helped to implement the support for staff and the service was expanding; there were plans for psychologists in the neonatal division and more clinical psychologists throughout the different divisions at SaTH.

How would feedback be received from patients who were less likely to provide feedback following an incident?

Matrons and ward managers would meet regularly and determine if there have been any incidents that have been raised; matrons and ward managers would then speak with the mothers or families to hear their feedback. Spot checks with patients could be utilised to help identify potential issues and to receive further feedback.

Had bank staff been used for vacancies and short-term shortage of staff?

Bank staff were rarely used and avoided when possible. It was explained that staffing levels were managed through weekly ward manager meetings to plan a 10 day forecast of staff to address any shortages. For long term shortages and vacancies it was said that vacancies for international recruitment would be used as well as advertising student places and apprenticeships.

The first Ockenden report highlighted concerns over levels of knowledge and experience amongst staffing levels; had this now been addressed?

There were now band 7 midwives on site that supported and provided knowledge and expertise that was otherwise missing.

Recently there was a letter from the Chief Nurse suggesting to abandon the Continuity of Carer; has this been done and when will any changes be implemented?

This had been completed and work was currently underway on alternate provisions.

When looking at the published staff survey results across the divisions at SaTH, maternity services appeared to be the worse division in the last year, why was this the case?

The results were reflective of the changing culture in the division, many changes had been made to the service since the survey had been completed.

It was explained that the current survey had recently been completed but the results were currently embargoed however, the trends showed a positive improvement.

SaTH is currently not included in a Local Neonatal Maternity Network (LNMS), when will the trust be a part of one?

Work was underway for the Trust to become part of an LNMS, and this was ongoing. The Committee would be notified should the Trust join any LNMS.

Was there currently an audit on the use of BadgerNet across maternity services and were mothers being trained on how to use it?

Midwifes showed patients how to use the system, however, an audit procedure had not yet been implemented.

When it came to the staff surveys were the changes implemented across the whole of SaTH?

The 'Improvewell' system that staff in maternity used to provide feedback was currently only used by the maternity division, with the 'making a difference' platform used by the remainder of the trust for staff to provide feedback. The difference between the two was explained; the 'Improvewell' feedback system was more clinical and specific to maternity

Members requested further examination of funding in maternity services at SaTH and requested that this be provided at a later date.

This was agreed.

Had staff withdrawn their feedback to the Ockenden Team or not provide it for fear of repercussions that they might face and what was in place to prevent this from occurring?

Members were assured that any surveys were anonymous and that the surveys are managed by external organisations to further anonymise any staff feedback.

Could patients self-refer themselves to psychological support or would a formal complaint be necessary to access this support?

Support was available to every patient, however, the level of urgency determined where the support was offered first due to the capacity of staff.

How did the system support mothers where English was an additional language, particularly when there had been issues with their care. Members raised particular concerns regarding mothers who had received outcome letters where they had not previously been aware of any concerns around their care.

Members were advised that significant investment had been made into the 'language line' and that they had implemented tablets to support mothers for whom English was not their first language. Members were assured that all patients were initially contacted by telephone, a letter would only be sent if they could not be reached on the phone.

When looking at the services provided during triage and across maternity, would mental health support be included?

It was confirmed that mental health support was available across the service for patients and staff.

How did the Trust provide support for staff that was burnt out and would this impact on their future role?

Staff were encouraged to seek help before they reached this stage and to normalise seeking help. Members were advised that support was discrete.

JHOSC4 Mid-Term Work Programme Review

The Scrutiny Manager, Shropshire Council, and the Senior Democracy Officer (Scrutiny), Telford & Wrekin Council, provided an update on the work programme to the committee. An overview of each item was discussed and discussion over future items were also considered to aid with the committees future work programme.

The Hospital Transformation Programme (HTP) would be an ongoing item for the Committee and it was suggested that the focus needed on a whole system approach with links to care in the community and adult social care.

Members discussed urgent and emergency care and felt that the focus should be on funding and investment into the area. Members also requested an update on virtual wards, with a particular focus on the costings and running of the wards.

Members requested to have a future item that focused on mental health support across the region.

JHOSC5 Co-Chair's Update

Members were advised that the next meeting of the committee would be the 9 March 2023 at Shirehall, Shrewsbury.

The meeting ended at 4.26 pm

Chairman: --

Date: Thursday 9 March 2023

NHS
Shropshire, Telford and Wrekin

Shropshire Council and the Borough of Telford and Wrekin
Joint Health Overview & Scrutiny Committee (HOSC)

Agenda item no.									
Meeting date:	9 March 2023								
Paper title	Interim Integrated Care Strategy								
Paper presented by:	Claire Parker Director of Partnerships and Place NHS Shropshire, Telford and Wrekin								
Paper approved by:	Claire Parker Director of Partnerships and Place NHS Shropshire, Telford and Wrekin								
Paper prepared by:	Sarah Walker, Principal Improvement Consultant, MLCSU Irene Schwehla, Senior Improvement Consultant, MLCSU								
Signature:									
Committee/Advisory Group paper previously presented:									
Action Required (please select):									
A=Approval	X	R=Ratification		S=Assurance	X	D=Discussion	X	I=Information	
Previous considerations:	**None identified.**								

1. Purpose of the report

This paper will provide updates on progress to date regarding the interim Integrated Care Strategy (IC Strategy) Interim Integrated Care Strategy (presented to this board on 19 December 2022) and the development of the Joint Forward Plan (JFP) for the Shropshire, Telford and Wrekin Integrated Care Partnership as well as information on the supporting Communication and Engagement programme.

2. Background

a) As a statutory committee, jointly formed between NHS Shropshire, Telford and Wrekin and the two local authorities, Shropshire Council and Telford and Wrekin Council, the Integrated Care Partnership (ICP) is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the local population.

The interim Care Strategy (IC Strategy) was presented to and signed off by the ICP board in its meeting on 21 December 2022.

b) The Integrated Care Board (ICB) is now meeting its obligation to develop the Joint Forward Plan (JFP) as the framework for the implementation of the IC Strategy.

c) A comprehensive Comms and Engagement plan is being rolled out in order to gather feedback from key stakeholder groups in the community and members of the public to assure the proposals actually meet the needs of the local population.

This report seeks to:

a) provide an update on the steps towards finalising the Integrated Care Strategy (IC Strategy)
b) provide an update and timeline on the development of the JFP
c) provide information on the Comms and Engagement activities related to the IC Strategy and the JFP

3. Report

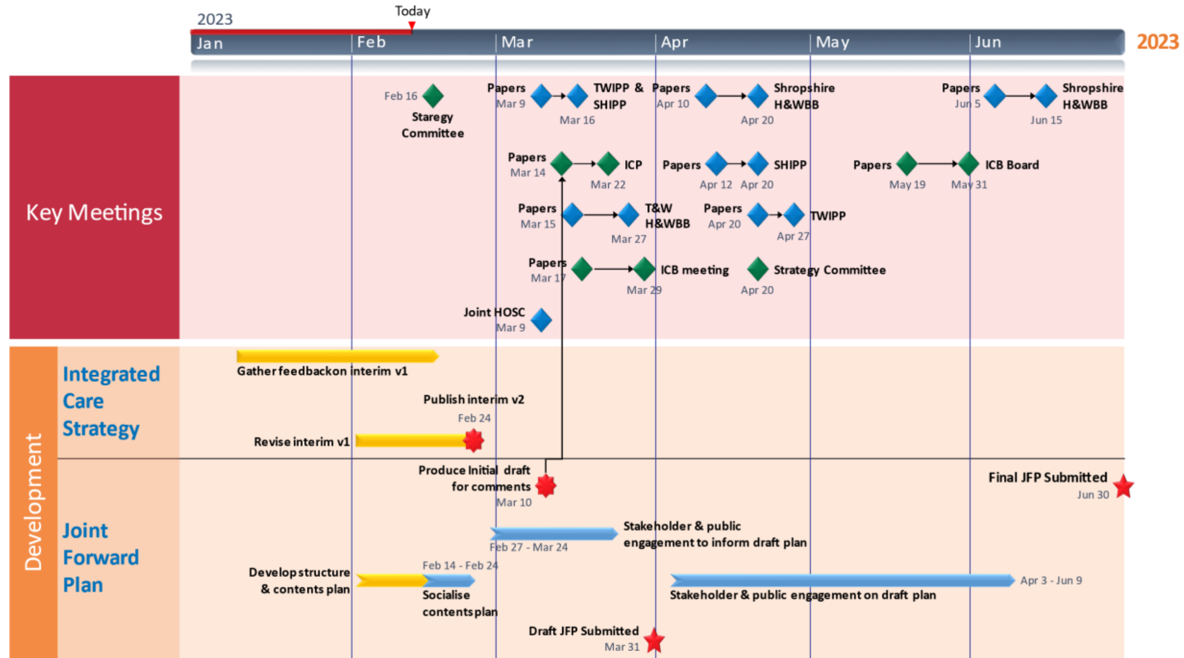
a) Since the publication of the interim IC strategy on the ICP web page in December 2022 feedback has been gathered through engagement with key stakeholders in the integrated care system and the public.

   All recommendations have been collated in a change log and considered for iterations of the IC strategy and the JFP.

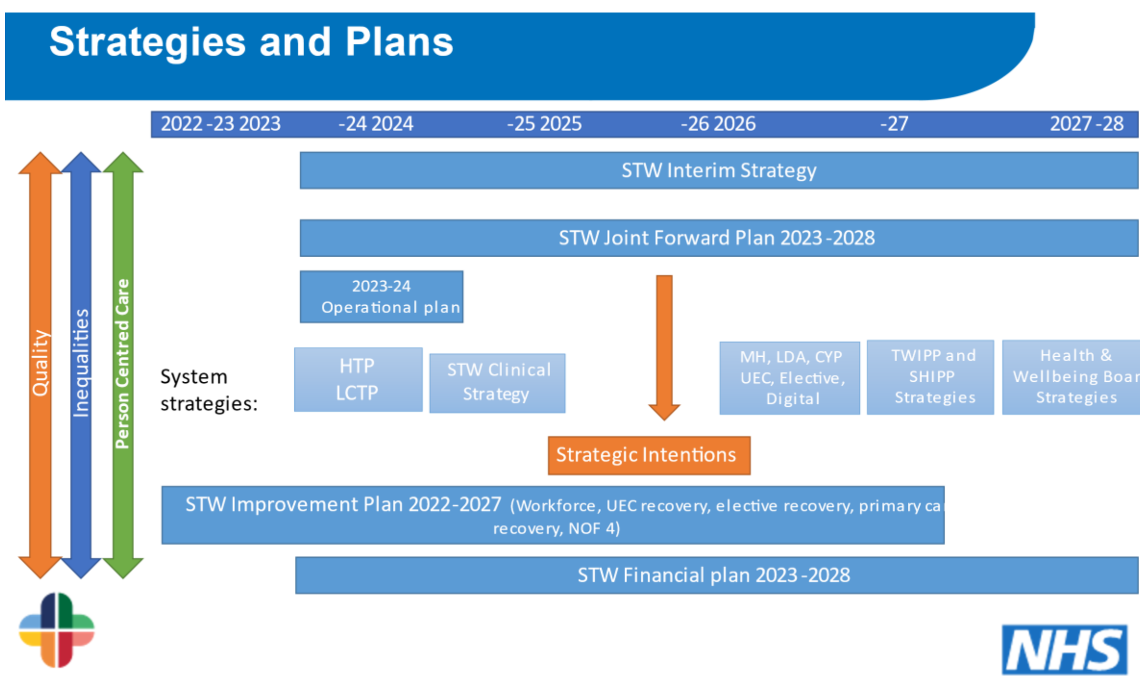
   It is anticipated that the final IC strategy will be presented to the next ICP board meeting in March 2023 with a recommendation for approval.

b) Guidance published by NHS England in December 2022 informed ICBs and their partner trusts that
   - they have a duty to prepare a first JFP before the start of the financial year 2023/23
   - in the first interim year the date for publishing and sharing the final plan with NHS England, their integrated care partnerships (ICPs) and Health and Well-being Boards (HWBs), is 30 June 2023
   - the process for consulting on a draft of the plan, should be commenced with a view to producing a version by 31 March
   - consultation on further iterations may continue after that date, prior to the plan being finalised in time for publication and sharing by 30 June
   - ICBs and their partner trusts must involve relevant Health and Wellbeing Boards in preparing or revising the JFP
   - the final version must be published, and ICBs and their partner trusts should expect to be held to account for its delivery – including by their population, patients and their carers or representatives – and in particular through the ICP, Healthwatch and the local authorities' health overview and scrutiny committees

In order to meet these obligations and produce the required plan a Joint Forward Plan Working Group and a PMO to coordinate the work has been established. Activities required to manage the JFP through its approval process as well as ongoing engagement events for the period of February to June 2023 have been mapped out.



Strategies and plans from across the system will be consolidated in order to develop a shared delivery plan for the integrated care strategy (developed by the ICP) and the Joint Local Health and Well Being Strategies (developed through Health and Wellbeing Boards) that is supported by the whole system, including local authorities and voluntary, community and social enterprise partners.



A proposed outline of the JFP was presented to the ICB Board in a development session on 22 February 2023; the board agreed with the suggested content and tasked the JFP working group to expand the plan towards a draft document.

c) NHS England guidance also stipulates that close engagement with partners will be essential to the development of JFPs and recommends close working with
   - the ICP (ensuring this also provides the perspective of social care providers)
   - primary care providers
   - local authorities and each relevant HWB
   - other ICBs in respect of providers whose operating boundary spans multiple ICSs
   - NHS collaboratives, networks and alliances
   - the voluntary, community and social enterprise sector
   - people and communities that will be affected by specific parts of the proposed plan, or who are likely to have a significant interest in any of its objectives

   Based on this guidance a comprehensive Comms and Engagement plan has been developed – see Appendix A

4. Recommendation(s)

The Joint Health Overview & Scrutiny Committee is asked to:

- Note the updates on the Integrated Care Strategy (IC Strategy)
- Note the update on the development of the JFP
- Note the information on the Comms and Engagement activities for the IC Strategy and the JFP

5.0 Alternative Options

No alternative options considered.

6.0 Key Risks

n/a

7.0 Council Priorities

n/a

8.0 Financial Implications

n/a

9.0 Legal and HR Implications

n/a

10.0 Ward Implications

n/a

11.0 Health, Social and Economic Implications

n/a

12.0 Equality and Diversity Implications

n/a

13.0 Climate Change and Environmental Implications

n/a

14.0 Background Papers

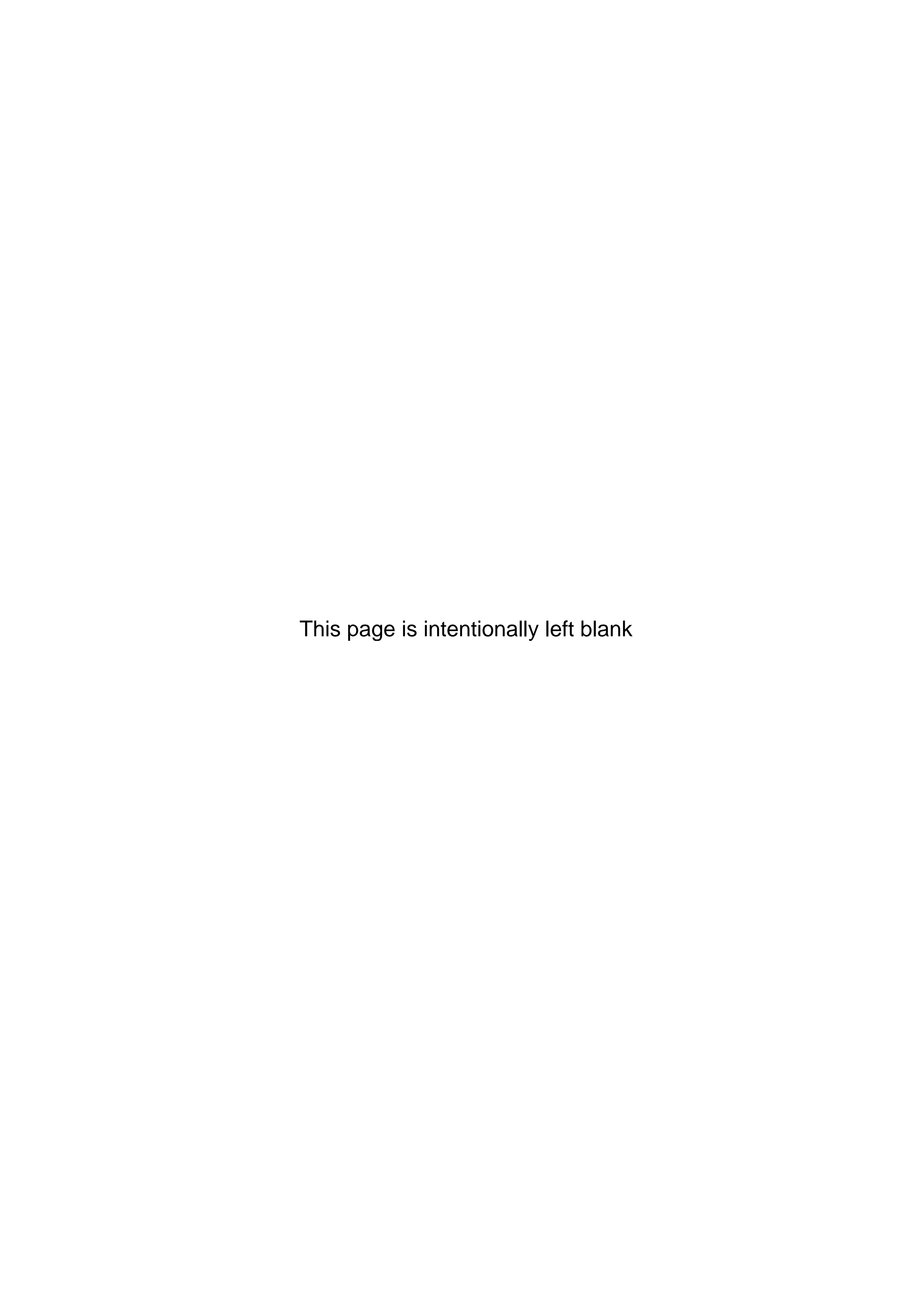
n/a

15.0 Appendices

A Comms and Engagement plan

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
	01/03/2023		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NHS Shropshire, Telford and Wrekin

Reference Information

Presenters/authors:	Claire Roberts Barrie Reis-Seymour Marie Claire Wigley	**Paper date:**	9th March 2023
ICS Board Member Sponsor:	Gareth Robinson	**Paper Category:**	

Action Required (please select):									
A=Approval		R=Ratification		S=Assurance	✓	D=Discussion	✓	I=Information	✓

1. Purpose of Paper

The aim of this item and presentation is to provide an overview of a programme of work underway to review and improve integrated eye care services in the county.

2. Executive Summary

2.1. Context

The Shropshire and Telford and Wrekin Eye Health Needs Assessment (EHNA 2019) highlights extensive growth in the prevalence of cataract, glaucoma, and age related macular degeneration (AMD) due to an ageing population, with a projected rise in AMD and cataract of over 55% between 2016-2030.

There is a need to find system-wide solutions capable of meeting current and increasing demand for eye care services.

2.2. Summary

The programme aims to provide timely, safe, effective, and sustainable integrated eye care services at the right time, in the right place, by the right person with excellent patient experience.

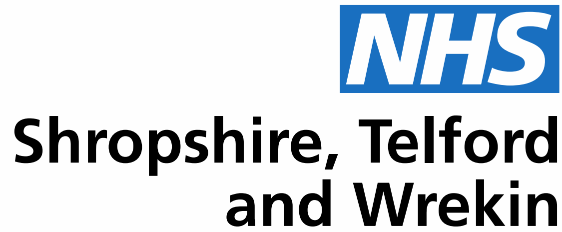
There are a number of reasons why we need to change the way we currently provide eye care. We need to:

- Anticipate the increasing need for services
- Reduce unnecessary face to face outpatient appointments
- Ensure early detection and prevention
- Provide more joined up services across primary, secondary and community care
- Provide more services closer to home, when it's needed
- Make better use of new technologies and developments in eye care
- Make better use of data and tracking people's care.

2.3. Conclusion

Key areas of work that are included in the eye-care improvement programme are:

- Referrals processes
- Outpatients
- Integrated pathways across primary/community/secondary eye-care and links with social care
- Multi-speciality pathways (e.g. Giant Cell Arteritis, Hydroxychloroquine monitoring)



Eye-care Service Improvement Programme

Background

Long Term Plan

The ambition to avoid unnecessary face to face outpatient attendances has become an urgent imperative as we respond to the impact of Covid19 and restore services, as well as reducing up to a third of hospital outpatient attendances a year by 2023/24, The outcome will avoid additional expenditure and ensure all patients can access digital outpatient care where appropriate.

Local Requirements

- Need to identify ways to improve eye-care services, ensuring the most effective and efficient ophthalmology function and eye care services and pathways
- Increase use of virtual/remote consultations
- Enhance opportunities for patient initiated follow-up appointments
- Provide Advice & Guidance
- Improved integrated working and optimising for community optometry services
- Respond to the impact of Covid and subsequent backlog of long waits and referrals
- Planning guidance and requirements of elective recovery
- System sustainability – recovery, workforce, clinical capacity, outcomes and value for money

Why we need to improve eye care services

- Importance of early detection and prevention
- Anticipating the increasing need for services
- Providing more services closer to home, when it's needed
- More joined up services across primary, secondary and community care
- Reducing unnecessary face to face outpatient appointments
- Making better use of new technologies and developments in eye care
- Making better use of data and tracking people's care

Programme scope

Key areas of work that are included in the eye-care improvement programme are:

- Referrals processes
- Outpatients
- Integrated pathways across primary/community/secondary eye-care and links with social care
- Multi-speciality pathways (e.g. Giant Cell Arteritis, Hydroxychloroquine monitoring)

Areas of work not included in the programme: Ophthalmology surgery and Eye-related cancer care

Stakeholders

Staff across whole health & social care system (mainly SaTH)	Staff in community and primary care settings
Patients, carers and general public	Independent sector eye-care providers
Local Optical Committee	GPs
Healthwatch	Health & Wellbeing Board
Community groups related to eye-care and vision	Sight Loss Shropshire
Telford and Shropshire Patient Groups	NHSE
Joint Health and Social Care Scrutiny Committee	Town, County and Parish Councillors
Voluntary and Community Sector	

Equality Impact Assessment – key findings

Positive Impacts

- Improved access to timely care and support for those with mobility and/or transport issues through new innovative ways of providing appointments, for example virtual appointments from your own home, removing the need for travel.
- Enhanced experience of eye care services for all in an equitable way through new more effective and innovative ways of working, and more integration between primary, community and secondary care – ensuring the person is seen by the right person, in the right place, at the right time – first time.

Negative Impacts and mitigations

- Potential risk of digital exclusion for those with limited or no access to technology and/or internet - the programme intends to provide virtual consultations by telephone also, and still offer in-person appointments.

Review insight on service experience

What did we know already?

We looked at what people have already said about their experiences of eye-care services across Shropshire, Telford and Wrekin.

This included:

- Analysing insight captured by our PALs service
- Reviewing Healthwatch data and reports

Have your say News & reports Get involved

Eye Care Services

Report – 7 September 2018

Listening to patients and stakeholders

- Recruited patient representative to sit on the steering group
- Public survey (completed online and through outreach and offered in alternative formats - promoted through partners, media, social media, newsletters, Talking Newspapers etc) – 262 responses
- Attended local eye-care clinics
- Attended local groups (in person and virtual)
- Public workshops, clinician workshops, independent provider workshops
- Produced an engagement report
- Webpages on the NHS STW website providing information and promoting engagement opportunities
- Bespoke programme email address for contact and enquiries
- Patient/public reader group to review public facing materials

What we heard from residents, patients and carers

- Overall satisfaction is good, with high numbers of people telling us they would recommend the service to friends and family.
- People say they are treated with respect and dignity (81% agree).
- They feel well informed from a medical perspective.
- Satisfaction rates for Glaucoma are lower than other treatment routes.
- Feedback about cataract surgery focused largely on delays and appointment cancellations.
- People would like to see a better spread of provision across the county.

Progress to date

- The programme is progressing well with intensive work now concluding on the design and development of new draft models of eye-care and pathways, including:

Eye-care referrals	Single point of access
Optometry first	Ophthalmology

Progress to date

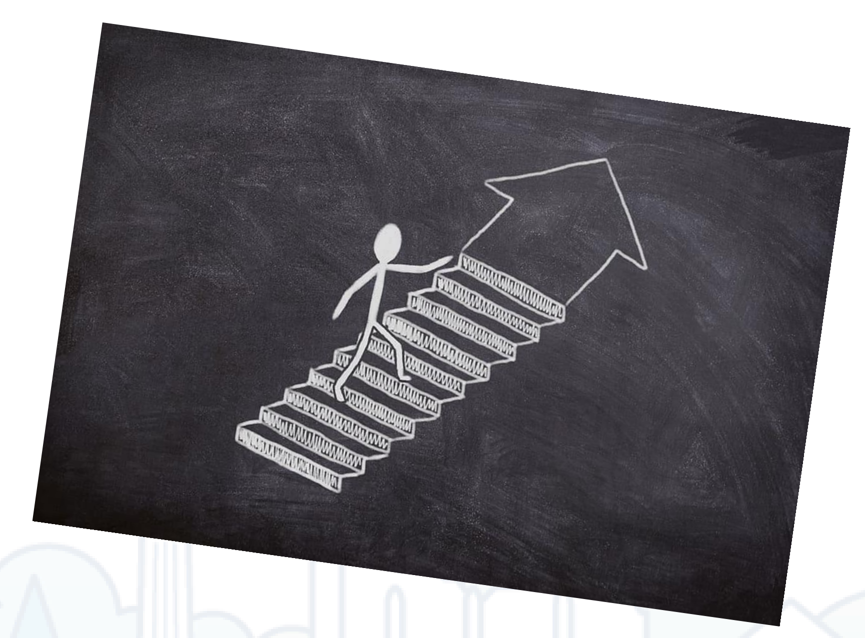
The new draft proposed pathways and models are currently being finalised, and stress-tested from various perspectives to ensure they are:

- Safe
- Effective
- Sustainable
- Deliver high-quality outcomes and improvements
- Value for money.

Now undergoing another round of engagement with patients, carers, public, clinical colleagues who work in eye care, GPs and independent sector providers for comment and feedback, to be used for any finessing of the pathways and model.

Next steps

- Toolkit for stakeholders to support further engagement
- Consider any other relevant insight gathered through related engagement activity – Outpatients Programme and Big Conversation
- Further refining from feedback received
- Design checklist
- Final agreement of proposed models and pathways
- Repeat Quality Impact Assessment and Equality Impact Assessment
- Confirmed enabling requirements (workforce, digital, space, financial)
- Detailed cost/impact/benefit modelling
- Confirmed commissioning options
- Develop written proposal and business cases for approval
- Once approved, commence commissioning process
- Further engagement sessions to share progress



Questions?

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Thank you

Calling for an ambulance in an emergency

A report into patient experiences

Engagement period June – September 2022
Report published 2 February 2023
(updated 6 February 2023)

Contents

About Healthwatch ... 3

Executive Summary ... 4

Response from the Integrated Care System ... 8

Context ... 11

What we did ... 13

The people we heard from ... 13

Sentiment of experiences ... 16

The services we heard about ... 17

Ambulance Services ... 17

Waiting times ... 18

Call categorisation ... 20

Support while waiting ... 22

Consequences of long waits. ... 23

Alternative travel arrangements ... 25

Estimated Time of Arrival (ETA) Information ... 32

Falls ... 35

Quality of staff ... 39

Emergency Department (ED or A & E) ... 41

Waiting in the Ambulance outside the Emergency Department 43

Discharge from hospital ... 44

Key Findings ... 48

Service Provider / Commissioner Responses ... 50

Public Health ... 50

Shrewsbury & Telford Hospital NHS Trust ... 50

Shropshire Council 51

West Midlands Ambulance Service 52

Telford & Wrekin Council 53

Appendix A -Demographics of respondents 54

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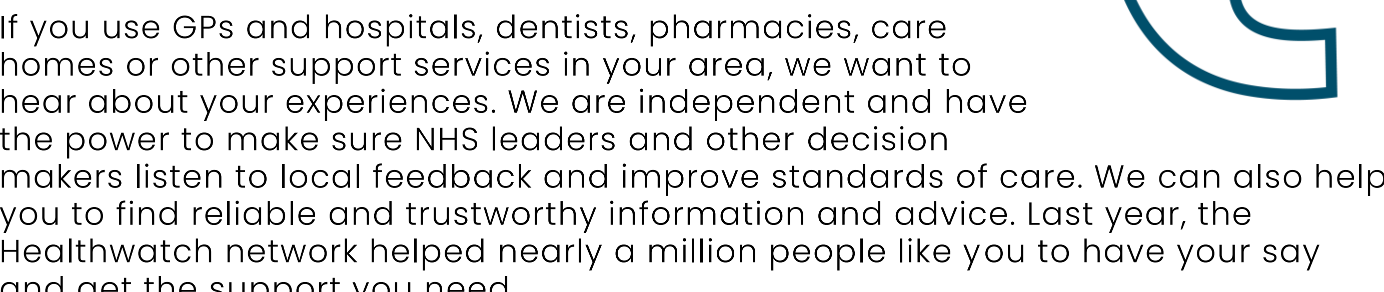
About Healthwatch



Healthwatch Shropshire and Healthwatch Telford & Wrekin are your local health and social care champions.

If you use GPs and hospitals, dentists, pharmacies, care homes or other support services in your area, we want to hear about your experiences. We are independent and have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice. Last year, the Healthwatch network helped nearly a million people like you to have your say and get the support you need

We work to make your voice count when it comes to shaping and improving services. We use a variety of methods to find out what people like about services, and what could be improved and we share these views with those with the power to make change happen. Our reports go to:

- the organisations who provide services
- the commissioners who pay for services (e.g. Shropshire, Telford & Wrekin Integrated Care Board, Shropshire Council)
- service regulators (the Care Quality Commission, NHS England)
- our national body Healthwatch England to let them know how local services are working in Shropshire, Telford & Wrekin

We are not experts in health and social care and surveys are just one of the methods we use to put a spotlight on services and ask people to share their views with us.

We are very grateful to all those who took the time to share their experiences with us. In this report we have published a selection of anonymised experiences or sections of experiences to illustrate wider findings. We will separately share all of the experiences we received, anonymised and in full, with the service providers to which they relate and with the Shropshire, Telford and Wrekin NHS.

Executive Summary

Background

Calling for an ambulance in an emergency was highlighted as a pressing issue for residents in Shropshire, Telford, and Wrekin in May 2022 when the Director of Public Health for Shropshire asked Healthwatch Shropshire to put out a call for people's experiences of calling 999. It was already understood that long waiting times were a significant issue, but the Director of Public Health wanted Healthwatch to help draw attention to people's individual voices and experiences, and the real-life impacts these waiting times were having.

The Director of Public Health in Telford & Wrekin also asked Healthwatch Telford & Wrekin to also ask their residents to share their experiences.

This report categorises these experiences, highlighting how people felt at the time, what happened and how things could be improved.

What We Did

To gather as many voices as possible we put out a call across the NHS, social care services, mainstream media, social media, and our community contacts for people's experiences of calling for an ambulance. Understanding the complexity of ambulance delays, we asked people to share their whole journey of using emergency services, from picking up the phone right through to discharge.

Who We Heard From

We received 168 responses (including 160 from Shropshire and 8 from Telford & Wrekin) which have been analysed to draw together key themes across our findings. We kept all the comments we received in the voice of the individual providing the information in order to retain the sentiment and emotion involved in these experiences.

We heard from a wide age range (15 to 80+) with 67 respondents being between 50-79 and 26 being between 25-49. 94 responses were regarding a family member or friend, but we also heard from 54 people reporting their own experience.

What We Heard About

Quality of Staff

Whilst we heard a lot of difficult experiences, we found that the people who described their interaction with staff found them to be excellent, with 43 out of 44 people telling us they had a positive experience.

- 'At all points the ambulance staff and rapid response team were kind, caring, thoughtful and professional, giving my father the time and reassurance, he needed every step of the way. They were cheerful, pleasant, and relaxed. To be honest, I don't know how they manage in such stressful times.'

Waiting Times

From the 114 individuals who reported a negative experience of calling for an ambulance, 107 (94%) attributed their concerns to long waiting times. 48 (55%) reported waiting over 6 hours for an ambulance to arrive.

A lot of people felt this had very serious consequences, particularly in causing indignity and long periods of discomfort, or in creating avoidable harm, and sometimes death.

- '…two grade two pressure sores developed where mum was lying in her own urine / faeces. The indignity and discomfort would have been extreme for her.'
- '…Had the ambulance arrived in the specific time for a non-breathing person who was being giving CPR from a few minutes into the call I am convinced the person would have survived.'

Call Categorisation

A few people felt that the ambulance delays were due to their calls being incorrectly categorised, and the urgency of their situation not being recognised.

- '…The decision not to send an ambulance immediately was because it was a fall - would it have made a difference if the word 'collapsed' had been used? I hope not!?'

However, some people reported being well supported by call handlers whilst waiting for the ambulance to arrive.

- '…I called for an ambulance and the ambulance call handler was wonderful and stayed with me on the phone the whole time…'

Alternative Travel Arrangements

Due to long waiting times, 17% of people were either advised to use their own transport, or they decided to do so themselves, reporting feeling like it was the last resort.

- '…I couldn't face a repeat of what happened 6 months previously when we already had to wait 5 hours and with extreme difficulty and some danger my husband was taken by car to the hospital.'

A further four people told us that they would have taken their own transport if they had been provided with a more accurate estimated arrival time for an ambulance. One individual suggested this was wider system problem.

- 'But because of the misleading information we stayed put. …. The fault here lies with the information given by the control room staff who are no doubt working to a script laid out by a higher authority, and no blame could be attributed to them.'

Falls

We heard from 38 individuals who called the Ambulance regarding a fall. Whilst many people explained nobody was seriously injured, 16 (42%) reported they had waited over 6 hours on the floor.

- '…Whilst my wife was never at risk of dying, spending 14 ½ hours on the floor is not a pleasant experience, being unable to move, to go to the loo or get remotely comfortable…'

We also heard from two social care agencies who felt that there needed to be more communication between themselves and the ambulance services, as agencies are limited in what help they can provide after someone falls.

- '…We have been directed by our OT that we should not be trying to get people to stand up and that our first port of call is to call for an ambulance to assess the person for injuries incurred and support to get up… we are not trained or qualified to assess for any serious injuries beyond regular First Aid Training.'

Emergency Department

Once arriving at the hospital, 75% of 74 people told us about a negative experience in (or waiting outside) the emergency unit with 58% attributing this to waiting a long time to be seen by a doctor. However, people reporting on care during this time praised the staff who were with them.

- '…Ambulance service was amazing, made sure that lady was comfortable and had enough food and drink.'

Discharge from Hospital

Delays in emergency services are often considered to be a knock-on effect of problems with discharging patients. From the 18 people who told us about the discharge process, 16 voiced negative experiences.

- 'The discharge process for me was a mess, confused, unnecessarily long, distressing…'

People described delayed discharges or being discharged from the hospital without the adequate support and facilities in place for their recovery period.

Healthwatch Shropshire and Healthwatch Telford & Wrekin are aware that the causes of ambulance delays are complex and so we invited the organisations involved from the point of someone calling from an ambulance to the person being discharged to let us know what steps they are taking to try to improve people's experiences and outcomes.

Response from the Integrated Care System

The Chief Medical Officer for Shropshire, Telford and Wrekin Integrated Care System[1], said:

NHS Shropshire, Telford and Wrekin would like to thank the residents of Shropshire, Telford and Wrekin who participated in this survey. The feedback that local residents gave, provides valuable insight and information into views around what might be needed to improve people's experience of calling for an ambulance in an emergency. Thanks also to Healthwatch colleagues for providing the team who undertook and managed the engagement process on behalf NHS Shropshire, Telford and Wrekin and the rest of the health and care system in the county.

Long ambulance waits and handover times are complex issues, and are a result of pressure on the whole health and care system. It's not just one part of the health and care system that is affected, all elements are under immense pressure – primary and community care, secondary care and social care. This impacts on everyone from our care workers delivering domiciliary care in people's homes, our GPs, community services through to our hospitals. To improve people's experience of calling for an ambulance in an emergency it is important we don't just look at one part of the health and care system, and rather that we take an holistic approach. In Shropshire, Telford and Wrekin this is exactly what we are doing with all partners working hard to address the whole-system issues that lie behind the long ambulance response times. Our focus remains on driving improvements with our health and care partners that will ensure patients are kept safe and can access the appropriate care when and where they need it.

A variety of steps have already been taken, including:

[1] https://www.shropshiretelfordandwrekin.ics.nhs.uk/

- Expansion of the number appointments across our Primary Care footprints
- The Acute Assessment Floor, which recently opened at Royal Shrewsbury Hospital (RSH) is an expanded medical assessment area, where we are now able to receive direct GP admissions. This means that these patients no longer have to go to A&E.
- A Winter Control Room, which uses multi-agency data to respond to pressures across the county as health and social care services.
- An Ambulance Decision Area at RSH and Telford's Princess Royal Hospital (PRH) which provides paramedics and Emergency Department (ED) staff to collaboratively care for patients within hospitals rather than on ambulances. This helps to free up ambulances to respond to new emergency calls.
- Increasing capacity at our ED departments and in our wards at the Royal Shrewsbury Hospital.
- Joint working of ambulance and community partners to provide the appropriate clinical care in the right setting via our Rapid Response teams, helping to prevent unnecessary hospital admissions.
- Diverting patients, as clinically appropriate, to our Same Day Emergency Centres (SDECs) and Urgent Treatment Centres.
- Provided booked slots for 111 patients to be seen and treated in SDECs and Urgent Treatment Centres to avoid times of peak demand.
- Joint work with ambulance services to understand and assess the clinical risk of all ambulance patients at the EDs and ensure that patients are offloaded in clinical priority order, followed by longest wait.
- Action taken internally to improve patient 'flow' through the RSH and PRH to enable earlier/more timely discharge of patients to create bed space for patients needing admission from our EDs and assessment areas.
- A virtual ward allowing patients to get the care they need at home safely and conveniently, rather than being in hospital.
- Significant investment in extending social care capacity in both care home and domiciliary care settings, allowing us to ensure patients get to their usual place of residence much more quickly, freeing space in wards and our EDs

- Nursing and therapy in-reach teams to care homes to facilitate additional discharge.
- 24/7 all age mental health helpline to support people who feel they have a mental health crisis.
- 24/7 crisis teams have been put in place to support people with mental health problems.
- Calm cafes in the community have been set up to support people when their mental health needs are escalating instead of going to A&E.
- Voluntary and community sector support for individuals at high risk of readmission to a mental health hospital.
- A Wellbeing Zone has been set up to support children and young people who have attended A&E frequently to reduce further attendances.
- In-reach staff to the acute hospitals to support children and young people who have a physical health and mental health problems (for example eating disorders) to ensure they have the most effective treatment and facilitate discharge.

In addition, a great deal of cross-system work is being done to improve the discharge of medically fit patients from the hospitals into the wider care system, to create much-needed capacity within the hospitals, which will positively impact handover delays.

Our focus is across the three pillars of our improvement work:

1. Community-based initiatives to better support people in their own homes
2. Changes to processes and systems that improve the patient journey through hospital
3. Discharge out of hospital and community/social care support

Addressing these three areas together will enable us to help more people stay well in their own homes for longer and ensure that those who do need acute care can access it in a timely fashion.

Responses from individual organisations can be found on page 47

Context

In May 2022, following concerns raised by local residents and reports of falling performance locally and nationally, the Director of Public Health for Shropshire, asked Healthwatch Shropshire to put out a call for comments about people's experiences of calling for an ambulance in an emergency in Shropshire. NHS Shropshire, Telford & Wrekin[2] had been having high level discussions with NHS England, members of the Shropshire, Telford & Wrekin Integrated Care System[3] (including Shropshire Council) and local MPs about the challenges people were facing when calling for an ambulance, including long waits caused by ambulances having to wait outside the Emergency Department at Shrewsbury and Telford Hospitals. Through Healthwatch's, independent role the Director of Public Health wanted us to help people working to address the problem to see beyond the data and hear the real impact in Shropshire, these delays are having on people's experiences of care and outcomes to inform planning.

In order to make sure people from across the county could share their views, the Director of Health and Wellbeing at Telford & Wrekin asked Healthwatch Telford & Wrekin to do the same piece of work. This report includes all experiences gathered across Shropshire, Telford & Wrekin.

We know that the causes of ambulance delays are complex. There are a number of things that affect how quickly an ambulance can get to a patient and all services across Shropshire, Telford and Wrekin have a role to play in improving waiting times. For example,

- The public can call for an ambulance only when they need to
- NHS 111 and 999 can make sure ambulances go to people who need them and other people are advised to get help from somewhere more appropriate, e.g. their GP or Pharmacist, or are told to go to a Minor Injuries Unit[4]
- Ambulance crews can 'see and treat' people who do not need to go into hospital and only take people to hospital if they need to

[2] https://www.shropshiretelfordandwrekin.nhs.uk/
[3] https://www.shropshiretelfordandwrekin.ics.nhs.uk/
[4] https://www.shropscommunityhealth.nhs.uk/miu

- The Emergency Department can work to improve how quickly they can accept patients who have arrived by ambulance so crews can go to their next call
- Wards in the hospital can work to discharge people who are well enough to leave so that people can go to the ward from the Emergency Department more quickly and make room for patients arriving by ambulance (this is called 'flow')
- Shropshire and Telford & Wrekin Councils can help the hospitals to discharge people by making sure there is care available to them at home or in the community (e.g. a Domiciliary Care package or a place in a care home).
- The health and social care system can work to improve the availability of a strong and resilient workforce and those on the ground are trained to respond, particularly in a large rural area
- Work can be done to make sure there are alternatives to emergency provision where appropriate, including supporting services in the community to keep people healthy and reduce the need for emergency admission

Due to this complexity we asked people to share their whole journey from making the call to ask for an ambulance, right through to going to the Emergency Department, onto the ward and then being discharged to see what was working well and where things could be improved.

We told the Executive Director of Nursing and Clinical Commissioning at West Midlands Ambulance Service (WMAS) about this piece of work and they thanked us for focusing on these issues and representing the public voice.

Note: Quotes used in this report are indexed with a number

What we did

We promoted our call to hear about experiences across the NHS and social care services and more widely through media, social media and community contacts, such as patient support groups, local councils and community centres.

This results of which included the Chief Officer of Healthwatch Shropshire being interviewed on BBC Radio Shropshire and several articles in The Shropshire Star.[5]

People were able to provide feedback through surveys on both Healthwatch Shropshire and Healthwatch Telford & Wrekin websites. Those without internet access could ring Healthwatch Shropshire to share their experience or send it by post.

The people we heard from

We heard from 168 people. 160 responses were received by Healthwatch Shropshire and 8 by Healthwatch Telford & Wrekin. The map in Appendix A gives an indication of where the respondents live.

In most cases, it was evident who was responding:

- 56 patients reported on their own experience
- 94 reported on the experience of a relative or friend

[5] https://www.shropshirestar.com/news/health/2022/08/05/health-group-asks-for-peoples-experience-of-ambulance-service/ https://www.shropshirestar.com/news/health/2022/08/22/mp-urges-people-to-share-experiences-of-ambulance-waits-with-healthwatch-shropshire/

- 4 reported on the experience of someone with whom they had no close relationship
- 5 health or social care professionals/workers reported

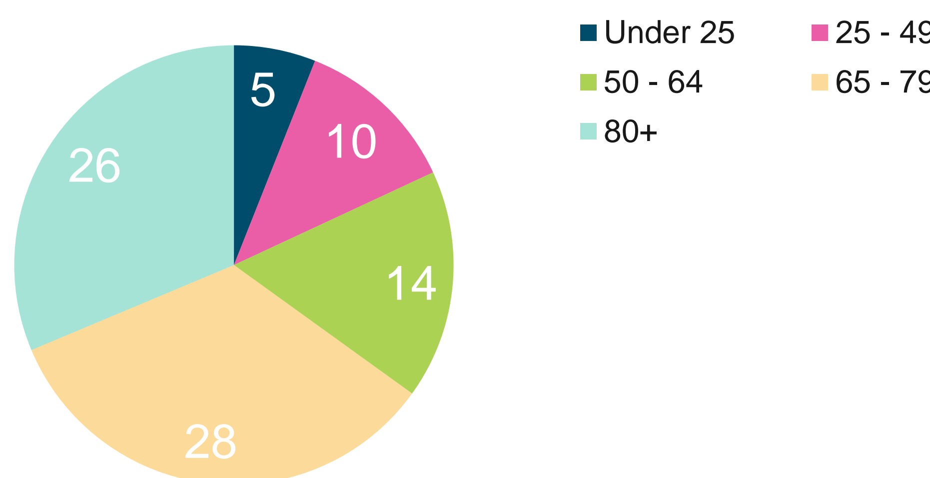
Gender of patients

(Not evident for all responses):

- 72 female, 71 male

Age of patients

(Not evident for all responses):



Date of the experiences

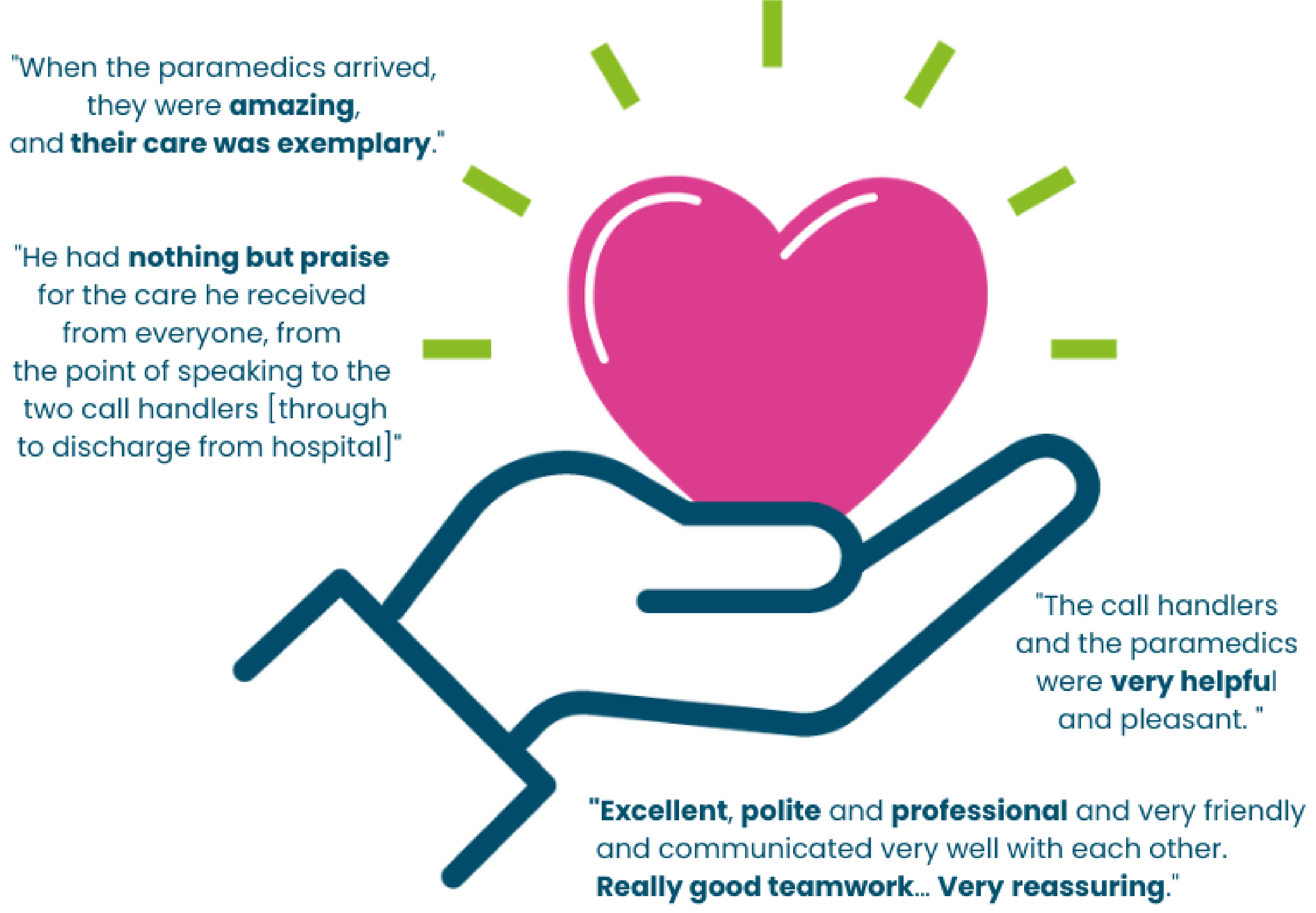
- Before October 2021 – 12

- Oct – Dec 2021 – 25
- Jan – Mar 2022 – 25
- Apr – Jun 2022 – 29
- Jul – Sep 2022 – 24
- Date not available - 53

A full demographic breakdown of respondents is available in Appendix A

Sentiment of experiences

People shared a range of experiences with us. Many people described their experiences of a number of services and so they included positive and negative aspects. The majority of positive comments described the kind and caring nature of staff from difference services:



The services we heard about

Ambulance Services

163 people told us about their experience when needing an ambulance

- 46 people (28%) described a positive experience
- 23 people (14%) described a mixed experience, with both positive and negative aspects
- 91 people (56%) described a negative experience
- 3 people (2%) did not express any sentiment about their experience

Ambulance Service - themes within the experiences

Theme	Positive	Negative
Triage		7
Waiting times	27	107
Quality of Staffing	43	1
General service delivery	9	13
Quality of treatment	6	1
Communication with patients; treatment explanation; verbal advice	2	10
Caring, kindness, respect and dignity	4	3

0 20 40 60 80 100 120

Positive Negative

Note. Each experience can include multiple negative or positive themes or a mixture of both.

Waiting times

Our focus within this piece of work was to hear the experiences of patients, it does not give a statistical accurate description of waiting times within Shropshire, Telford & Wrekin, however we thought it would be useful to give a summary of the wait times we heard about. A full statistical analysis can be found online[6] but it should be noted that the data covers the whole of the area served by West Midland Ambulance Service and not just Shropshire, Telford & Wrekin.

Of the 114 people who described a negative aspect to their experience 107 (94%) told us that the time it took for an ambulance to arrive was a concern.[7]

Table 1: Reported times of waiting for an ambulance

Health Issue	Length of wait [m=minutes; h = hours]							
	Less than 30m	31 – 60m	1 – 5 h	6 – 10 h	11 – 20 h	20+ h	Unstated	Total
Fall	1	1	8	12	10	1	5	38
Stroke	1	3	3	1	1	0	1	10
Heart / Chest pain	5	8	4	2	0	0	3	22
Other	19	8	10	6	11	4	15	73
Total	26	20	25	21	22	5	24	143

Table 1 only includes reports of those occasions when the ambulance arrived and was used to take patient to hospital. In addition, 33 people made alternative arrangements, either after waiting or having been advised of a long waiting time, see page 15.

[6] Statistics » Ambulance Quality Indicators Data 2022-23 (england.nhs.uk)

[7] An explanation of the ambulance response times and the categories of calls can be found here: NHS England » Ambulance Response Programme

Of the 134 experiences which included feedback about waiting times 74 included postcode information of where the ambulance was asked to attend. From this we can give an indication of the sentiment people felt about the waiting times. The largest bubble indicates 7 negative and 1 positive, the smallest bubble indicates 1 experience.

Sentiment ● Negative ● Positive

Postcode Area	Negative	Positive	Total	Postcode Area	Negative	Positive	Total
SY1	2	1	3	SY11	7	1	8
SY2	3		3	SY12	3	2	5
SY3	2	2	4	SY13	6	1	7
SY4	1	2	3	TF1	1	3	4
SY5	4	2	6	TF2		2	2
SY6	1	1	2	TF9	6		6
SY7	5		5	TF12	1		1
SY8	6	1	7	TF13	1		1
SY9	1		1	WV16		1	1
SY10	4	1	5	**Total**	**54**	**20**	**74**

Call categorisation

While most people who passed comment on the reason behind the ambulance waits acknowledged the pressures across the health and social care service there were a few who felt that there was a problem with the categorisation of the urgency of the call.

- 'In October 2021, having found my disabled dad (71) collapsed, but conscious in the bathroom, and having failed to be able to get him up an ambulance was called. I was told the wait would be a minimum of 5 hours - even though I explained that he was suspected covid positive and that he had his chest resting on a metal bar (toilet frame) which was holding his full weight. He soon lost consciousness so the service was called again - an ambulance was sent immediately but he was already in cardiac arrest and with a DNR in place passed away. Whilst accepting that the service is under immense pressure, identifying those in need of immediate help needs to be more thorough. Having said that he had 'fallen' meant that he was not seen as an urgent case. No account was taken of his history, the position he was lying in (head was trapped, lying forward, chest on a metal bar and back arched backwards) or the possible cause of the fall. The decision not to send an ambulance immediately was because it was a fall - would it have made a difference if the word 'collapsed' had been used? I hope not!?'
- 'My mum died in April this year. She was in a residential home with dementia unit. Mum was discovered by a care worker at approx. 5 am on

Saturday. She had a suspected broken hip; she was lying on the floor in her bedroom in a lot of pain when discovered. The first call to 999 was made at 5.18 am. There were 5 x 999 calls made in total that day and one clinician call-back at 10.23. One of the observations was although mum was in pain and at times shouting - the 999 handlers appear to put her vocal shouting down to her dementia. Mum waited 16 hours from the time an ambulance was called until the ambulance arrived.'

"July 2022 At around 2.30pm my son (17) had gone for a motorcycle ride with his father when unfortunately, he hit a branch in the road this threw him from his motorcycle about 20 feet, my son was in a lot of pain back hips and wrist. An ambulance was called, we were told one would be attending but couldn't give an ETA [estimated time of arrival]. A fireman attended the scene and assisted two ladies with traffic and keeping an eye on my son, sometime later an off-duty community nurse also assisted us at which point the ambulance was called again and ask to be quick due my sons' condition and that it had already been over an hour. Again we were assured one was on its way, after some time the community nurse rang a friend as she was concerned for my son, he attended the scene did observations and monitored my son for a while longer, rang the ambulance service again who again said 'there's one on the way' no ETA. Once my son's pupils became unevenly dilated, he was VERY concerned and was unable to get the ambulance service to respond any quicker he called an RTA doctor. Upon arrival he found my son to be tachycardic with an unreadable pulse suspected internal bleeding from his injuries. He had to call straight through to West Midlands Ambulance Service to escalate my son's case as he had been wrongly categorised. We nearly lost our son that day (his Birthday) this was almost definitely down to the wait time and lack of experience of the poor call handlers that are taught to adhere to a

script! … I feel that the call centre staff need more training/should be able to use their initiative. They need to listen!! 3x times they were called twice by medical professionals."

Support while waiting

Some people talked about the support they received from the call handlers while waiting for an ambulance.

Supportive experiences

- 'We found my father barely conscious and turning blue on the bedroom floor. We called 999 who sent an ambulance. Over time my father became increasingly unresponsive and we made another 999 call. My father became unresponsive and I think the ambulance call-out was re-prioritised/upgraded and I was supported in doing basic life support over the phone by the call handler…..'
- 'At 5am [in August] my wife called 999 to request an ambulance for me. I was suffering from a shortness of breath and nausea. The call was answered immediately and the operator talked my wife through various checks and recommended procedures while we awaited the ambulance. It arrived 12 minutes after making that call and the two paramedics wasted no time in stabilising me before I was able to get into the ambulance and head for Princess Royal Hospital, Telford.'
- 'I went to see my brother-in-law and found him slumped on the stairs, dehydrated and confused. I called for an ambulance and the ambulance call handler was wonderful and stayed with me on the phone the whole time. The ambulance arrived in 10 minutes, two paramedics arrived and they were kind and wonderful and the ambulance took him straight to A&E. There was no waiting and he went straight in and he is still in Shrewsbury hospital now.'

Unsupportive experiences

- 'I believe that if my husband had had the correct care from the two Paramedics/Ambulance Drivers … he would have had chance of survival. But from my initial call to 999 … that morning and up to the time he went into cardiac arrest, he was failed and did not stand a chance. The ambulance did not arrive until an hour later. I have since heard that the operator that answered the call should have stayed on the line in case my husband went into cardiac arrest whilst waiting for the ambulance to arrive. I told the lady on the phone; my husband was struggling to breath

and had crushing chest pains and was clammy. He had four stents 11 years ago due to Angina and I said he thought it was a heart attack, but she did not stay on the line whilst waiting for the ambulance to arrive.'

- 'Our GP phoned for an ambulance for my husband at noon and it did not arrive until 8.30am two days later. We called every hour and the call handlers were actually quite rude to us. If we had known that they would take such a long time then we would have transported him there. When he arrived at PRH we were told he had terminal cancer within an hour of being there and he died shortly afterwards. He was kept waiting in the ambulance on arrival even though he was in so much pain. It was a mess up and I feel I have been robbed of time with him.'

Consequences of long waits.

Many respondents told us about how the wait they experienced affected the patient.

Serious Consequences

Some felt that there were serious consequences:

- 'One morning at around 10:50 I needed to call an ambulance as I strongly believed my husband was having a heart attack. There was a 50-minute wait for an ambulance, which took him to Stoke where he underwent emergency surgery. Unfortunately, my 59-year-old fit, healthy, non-smoking and non-drinking husband suffered irreversible damage to his heart and is now in severe heart failure. We are of the belief that a quicker response would have quite probably prevented this. The fallout has been immense with my husband now having to retire. I had called within 5 mins of his symptoms occurring and administered aspirin but what he undoubtedly needed was to get into hospital quicker.'
- 'My Uncle had a fall while in care home. Waited for an ambulance for 16 hrs despite being obviously sick (had sustained head injury and was throwing up). He had to be transferred to RSH for a scan. The scan revealed bleed on the brain. The damage was lasting and he passed away. If ambulance had arrived earlier, he might still be alive.'
- 'My father fell ill on the weekend. He deteriorated the evening of Wednesday and was told twice by ambulance service that evening that they had no ambulances to send out and that he had to make his own way. He was unable to do this and went to bed for an early night. At 1am he shouted out alerting my mum who again rang for an ambulance who again told her they had no ambulances to send out and that he had to make his own way. Myself and my partner headed to my parents to help my dad get down the stairs so we could take him to hospital. He collapsed at the bottom of the stairs and stopped breathing. At this point we called 999 again and they finally prioritised his call. He was pronounced dead by

ambulance staff at 4.30am. There has since been an investigation and the ambulance service have admitted severe harm.'

- 'I work in a day centre for adult with disabilities… one of our service users struggling to swallow, I became quickly aware that we had a choking incident. I immediately phoned an ambulance, the person deteriorated very quickly and whilst on the phone to the ambulance service we started CPR and I sent a staff member for a defibrillator which was situated within a few minutes, the ambulance service knew we were administering CPR and that the person was not breathing… We waited over 30 minutes for an ambulance, I stopped checking the time after this, all the time we waited we performed CPR and used the defibrillator, the ambulance arrived and took over and the person was taken to Shrewsbury hospital where life support was put in place, sadly the person died three days later when they turned the life support off. Had the ambulance arrived in the specific time for a non-breathing person who was being giving CPR from a few minutes into the call I am convinced the person would have survived.'
- 'My father had a stroke at home. It took over an hour for an ambulance from Shrewsbury to arrive - this is well outside the 18-minute recommended time. He was then shuttled between hospitals (via ambulance) and passed away at the start of June when we agreed for support to be removed. If an ambulance or paramedic had arrived within the 18-minute target time the outcome may have been different.'
- 'Due to my husband [who had a heart attack] having to wait for 2 hours for the ambulance, he is suffering more complications and we were told that if he had treatment more quickly he would be in much better health.'

Discomfort and indignity

Others shared the discomfort and indignity that can result from a long wait:

- 'Whilst my wife was never at risk of dying, spending 14 1/2 hours on the floor is not a pleasant experience, being unable to move, to go to the loo or get remotely comfortable… there really should be a more responsive system to cope with falls such as these.'
- 'Earlier this year my aunty aged 82 fell backwards in her kitchen whilst holding a pan of potatoes. She hit the floor covered in water and found she could not move. This was at 12.15pm. She lay on the cold floor until the ambulance came at 11pm that night. Her dignity left her, she had to wee and poo on the floor.'
- 'I called an ambulance to my 69-year-old husband who lost all mobility with Covid positive result and I was unable to get him up from the floor. We waited 21 hours. The call was escalated twice by ShropDoc who suspected sepsis. He was incontinent of urine - could not get to toilet. He has epilepsy, diabetes, spinal deterioration, previous stroke.'

- 'In short, during those 16 hours waiting for the West Midlands ambulance service to respond two grade two pressure sores developed where mum was lying in her own urine / faeces. The indignity and discomfort would have been extreme for her.'

Alternative travel arrangements

Alternative arrangements included requesting help from the Police and attending a Minor Injuries Unity (MIU) but the most frequent we heard about were patients and families using their own transport to get to the Emergency Department, 28 people (17%) did this.

Using Own transport after waiting for an ambulance (11 people)

"About 4:00 PM my daughter fell, we didn't witness the fall but it was obviously when we found her that her left leg was broken. We rang 999 straight away and immediately they told us that the estimated waiting time was four hours or it could be longer. My daughter was in terrible pain and was outside and we couldn't move her. We were shocked by the time that we would have to wait and that we could not get any information updates. We needed some kind of medical assistance a friend went to Ludlow MIU but it was closed. We kept on ringing to get updates but all they would tell us that it would be 4 hours or more. In the end we drove her to Hereford hospital[8]. When we arrived at about 5:30 PM we were greeted with a line of parked ambulances. ... During the time we were waiting for an ambulance we felt completely abandoned it was as though we were reaching out into a black hole. We were given no confidence that there was any kind of time limit to when an ambulance would be available. We were given no advice and there was no access to any kind of medical back up in the area from either the hospital or the GP. I still worry today about the decision we made to take her in the car but there seemed to be absolutely no other option.

[8] Depending on where people live within Shropshire, Telford & Wrekin the hospital they attend may be outside of the area.

We weren't sure whether there any other injuries whether she'd hit her head or whether we could do more damage by moving her but if they've been a private ambulance we would have paid whatever we needed to do to get to hospital in time. This experience has left us with the terrifying prospect that if any situations occur where we need urgent medical help that they may not arrive in time, in fact it has made us question about staying in the area."

- 'In the afternoon, we phoned for an ambulance, we were waiting and waiting. In the end we decided to drive the person who had had a seizure to the hospital ourselves (we phoned 999 to inform them of this as we would not want anyone else being delayed due to not informing 999). We had to beep other cars to move out of the way so that we could do the 40 min journey to the hospital as quickly (but safely) as possible - this is not acceptable … surely as we live a little distance from a hospital we should be given decent support in the time of a potentially life threatening / life altering situation, rather than us having no option but to transport an ill person ourselves - we do not have medical training, anything could have gone wrong but we felt we had no choice.'
- 'My 90+ year old father complained of dizziness, shortness of breath and high temperature. I called 111 to describe his symptoms and was quickly told that he needed a 999 emergency ambulance. This was at 9.30pm and he lives close to the town centre. By 11pm no ambulance had arrived so I called 999 and was told that they couldn't give me an ETA. I asked if it would be better for me to drive him to the hospital and they confirmed if probably would… He was told by one of the doctors at the RSH that if we hadn't have got him in when we did he would just have died.'
- 'My wife suffered a sudden severe abdominal pain. She had that very week undergone scans and consultations which showed several ovarian cysts - one of which was bleeding. The pain was so severe I had no option but to call for an ambulance. It was the first of four 999 calls requesting an immediate response over a period of an hour and 30 minutes. Despite the ambulance service placing the call as a high emergency priority, no ambulance arrived. It was clear the cyst had ruptured and internal bleeding was taking place. I had no choice but to take my wife to hospital myself.'
- 'My 91-year-old mother fell in the garden hitting her head on a concrete slab. She did not lose consciousness but could not get up, felt giddy and was vomiting, and she had a bleeding head wound with a prominent

swelling. My father was with her, my sister and I arrived shortly after his call. I tried to help her sit up but she could not move. I called 999 and after a long triage process was told there would be a 6 hour wait for an ambulance. She takes blood thinners and needed a CT scan to rule out an intracranial bleed. After about an hour we managed to get her into the house and a reclining chair. I received a call back from a paramedic who advised we should try and get her to hospital so we managed to get her into my car and I took her to Royal Shrewsbury Hospital where 10 ambulances were waiting outside A&E.'

- 'I was taken ill at work in a GP surgery, thankfully I was there and got the initial care that I needed. I had suspected Supraventricular tachycardia and the GP called for an emergency ambulance. I waited over four hours for an ambulance which never arrived, thankfully, there was a change in my condition which reduced my heart rate and the GP's allowed my husband to take me to A&E where I had to wait on my own for two hours before I was seen in triage and then received immediate treatment. I did receive a voicemail from the ambulance service to say that they were delayed and to call 999 if any change in my condition.'
- 'I was at the pool … collecting tadpoles with my grandson when … I fell back onto the bank. There was a very loud crack and I knew I had seriously broken my ankle. I crawled to a low broken wall and was able to sit, however I soon had to lie down as I was in shock. A young man helped us by calling the ambulance but they were unable to work out where we were even though we gave them the number of the life ring close by and instructions how to get to us. They were very busy so we waited and waited and my ankle was swelling in my wellington. I could manage the situation as long as I was perfectly still but it was raining and the ground was very cold. …. My son arrived to help us and after two and half hours my husband was able to find someone to open the gate at one end of the footpath and was able to get our car near to where I was. My son and the young man … carried me to the car as no time scale was given us for the ambulance to arrive. When I got to A&E I told them my ankle was broken.'
- 'I wouldn't call an ambulance again in the current crisis as the system is in crisis! An ambulance didn't come to my grandson with worsening breathing problems and the call handler eventually said it wasn't likely to any time soon! So we took him to Wrexham hospital.'
- 'My son [aged 9] woke unable to breathe properly 2am I rang ambulance. They said one was on its way 'blue lights.' 45 mins passed he was really struggling so neighbour brought round his oxygen tank, I rang 999 back and the call operator said the ambulance has had to divert to another emergency. and they couldn't come. My stepdad drove over and took my son straight to hospital, he had croup and his airway was closing. He needed steroid to open it back up. 6am the ambulance turned up. The paramedics could not believe it when I told them I rang 4 hours prior and that my son couldn't breathe and the call handler didn't think it was an emergency as he wasn't not breathing at all. He could barely breathe it

was horrific. The following night it happened again, so I didn't ring ambulance I rang my stepdad and he took him back he needed more steroids. It could have been such a different outcome seeing your baby not being able to breathe and him begging for help holding his neck. So scary to think you just can't get an ambulance anymore.'

- 'We called an ambulance at around 11pm. I was having a stroke. We waited over an hour and called again. Still no ambulance, we were spoken to rudely. We waited again for another 1/2 an hour and still no ambulance. A friend took me into A&E while my husband stayed with the children. He left at around 2am. It turns out I was triaged as a category 3 call. I was actually having a very severe stroke. I scored 16 on the NIHSS scale on presentation in hospital. There were two issues, being incorrectly categorised and being spoken to rudely and told to clear the line.'
- 'In April at 7:45am, my mum had a fall at home whilst I was at work. She was unable to move and was stuck on the floor in the kitchen. She luckily had her phone with her so called an ambulance and was told there would be a six hour wait. I rushed home from work and thankfully managed to get her onto a chair where we sat for many hours. We were called back at 11am by a paramedic to tell us the wait had gone up to twelve hours and that I was to give my mother paracetamol and ibuprofen. As my mum was in excruciating pain, by 4pm I was calling hourly to get an update on what was going on. My mum lost feeling all down her leg, her leg was cold and was going a blue/purple colour, although when telling this to the paramedics on the phone, they were unable to do anything. We called our local doctors who were extremely unhelpful and rather rude when speaking to my mum - claiming that I should have been able to move her and take her myself to hospital (she could not move, nor did I want to move her not knowing the extent to her injuries). We waited until 11pm when my mother began to get very restless and so I called my sister who lives in Lincolnshire for her to come home to help me. Her and her husband arrived at home and helped us move my mother into the car which was such a distressing experience seeing the pain she was in. We drove her to the PRH Telford….'

Advised to use own transport (10 people)

By Ambulance service (7 people)

"My father fell ill on the weekend. He deteriorated the evening of Wednesday and was told twice by ambulance service that evening that they had no ambulances to send out and that he had to make his own way. He was unable to do this and went to bed for an early night. At 1 am he shouted out alerting my mum who again rang for an ambulance who

again were told had no ambulances to send out and that he had to make his own way. Myself and my partner headed to my parents to help my dad get down the stairs so we could take him to hospital. He collapsed at the bottom of the stairs and stopped breathing. At this point we called 999 again and they finally prioritised his call. He was pronounced dead by ambulance staff at 4.30am. There has since been an investigation and the ambulance service have admitted severe harm."

- 'Mum had a stroke during the night. She called us for help, but it was a while before we realised that she had had a stroke. We called 999, but they said that there were no ambulances available, and we should take her to hospital. We took her to Hereford hospital (we live in Ludlow) at around 6pm, but it was 4am before she was seen.'
- 'Child, 11 years old had a horse-riding accident. Sustained head and facial injury. Parents rang the ambulance and were told blue light was on its way. After 1 hr, there was still no ambulance. Child was left bleeding on side of the road as parents were told not to move her. 999 would not say how long the wait would be. After another 30 min, still no ambulance. Parents were finally told to take the child to A&E. When they arrived in PRH 20 ambulances were queuing outside.'
- 'We rang 999 as it was apparent that Dad was having a stroke. He was outside in the garden at the time and could not walk to get into the house. He had lost all speech. We wrapped him in blankets and held him whilst we waited. After 1 hour, we rang again and was told an ambulance would be with us. We re-emphasised the importance of speed with a stroke and that due to him being taken off Warfarin recently, this was likely to be a clot and he may require thrombolysis. We waited another hour and rang A&E for advice on trying to get him there ourselves in my car. They advised that if we could, it would be the right thing to do. By now it was 7.30pm When we got to RSH, there were 5 ambulances outside.'
- 'Rang 999 at approx. 12.30am. My son (aged 10 months) had been poorly for a few days and was showing signs of respiratory distress. Paramedics arrived swiftly. Joint decision was made for me to take him to Telford A+E in the car rather than via ambulance as appeared stable (oxygen 92 awake). Drove to Telford and arrived at A+E. Was seen by nurses that observed oxygen was over 90 when awake but under 90 when asleep…I was happy

with decision for me to drive him there at the time but wonder if he'd have been put onto the high flow oxygen sooner if arrived via ambulance.'

- 'My husband was showing the signs of sepsis so we rang for an ambulance. This was late on a Thursday night in August. It arrived an hour later. They took his obs and said that it would be better if he drove himself to hospital if he could because if an ambulance took him, he would be waiting outside the hospital for much longer.'
- 'My Mother called for an ambulance to their residence in Oswestry 31st May as my father had fallen in the bathroom and she could not lift him. He lay on the floor without any clothing on for approximately 6 hours. He was 85 and when he eventually got to the Shrewsbury hospital he was diagnosed as having a bleed on the brain and transferred to Stoke. He had surgery and was recovering well and a week after being released home he suffered a seizure 16th June. We called 111 and then was advised to call 999. There were no ambulances available and no ETA and was advised t in order to expedite care we took him in the car 1.5 hours to Stoke. We arrived 1pm and he was made to wait until 8pm in a wheelchair and only after complaining was he moved to a bed and he then did not see a doctor until 10pm after another complaint was made. Over the following weeks he had two more operations in Stoke which were unsuccessful and sadly passed away 5th July.'

By Royal Shrewsbury Hospital (1 person)

- 'My mother needed an ambulance that the doctor had said we should call after she had problems after emergency surgery. We were told not to bother by the Surgical Assessment Unit (SAU) at Shrewsbury and to try to bring her in ourselves! Good job we had a vehicle, what if we hadn't?.'

By GP (2 people)

"A patient with known bony secondaries from cancer; had fall and painful leg at home; ambulance service flatly refused to attend despite his consultant telling his wife to call ambulance; she called our [GP] surgery and we intervened and only managed to get an ambulance many hours later. he had fractured femur but now also paraplegic from spinal secondaries. Afraid this is pretty typical. As a practice we are now taking the risk of

advising sick patients to organise their own transport to hospital." *A local GP Practice*

- 'I have recently received emergency lifesaving surgery at the Royal Shrewsbury Hospital. On 27th January 2022 my GP eventually gave me a 4pm walk in appointment. I was so ill she told me to lie down rather than sit on a chair. She called my husband in and asked him to take me to hospital knowing I needed urgent treatment and stated the ambulance at that time could incur a wait of 6-8 hours. She called the surgical department alerting them to my arrival, I then waited in the car, because I needed to lie down, for about 4 hours before being seen by anyone…'

Using own transport after being advised on wait time (6 people)

- 'A bit before 1 am on Sunday morning I rang 999 for an ambulance to take me to RSH. I had tripped in my lounge at home, fallen and bashed my cheek on the fireplace, blood was spurting everywhere, I was upset, shaken and the bleeding wouldn't stop. I live alone. I was told it would be a 6 hour wait at least. I could not drive myself there, I could barely see out of one eye. I was not given any advice at all about what to do. I rang my daughter who organised a taxi for me and stayed with me on the phone until it came.'
- 'Called an ambulance at approx. 10-50 pm for suspected heart attack. Told no ambulance available for hour and half. Phoned my daughter who came and took me to A&E at 11-15 pm I was seen straight away and given treatment and told I had a heart attack and needed to go to Stoke for an operation straight away by ambulance Again no ambulance available Staff were getting concerned after 1/2 hour wait and Stoke were phoning Shrewsbury to see how long I would be as a team was waiting for me to operate Shrewsbury then had to inform the ambulance service that it was now critical that I went so that they would come. At 1 am an ambulance eventually came to take me to Stoke Arrived at Stoke and immediately operated on by the waiting team who had been called out.'
- 'Following a relapse, my husband was again subject to a Mental Health Act (MHA) assessment in the afternoon and agreed to go into St George's Hospital, Stafford. At 6pm the ambulance service said no transport could be available for 6 hours i.e., midnight! I couldn't face a repeat of what happened 6 months previously when we already had to wait 5 hours and with extreme difficulty and some danger my husband was taken by car to the hospital.'
- 'A walker called asking to use our landline due to ineffective mobile reception in an attempt to call an ambulance to attend to his wife who had slipped, was in extreme discomfort and possibly broken her ankle in the ford close to our house. The call was made around 11.30am. Our son

made the call so the husband could return to his wife who had been left within the highway on the edge of the ford. The call control centre receiver seemed to have difficulty recording the facts as far as we had them but eventually concluded an ambulance would be sent. In answer to his question my son was told arrival would be within 6 hours! Along with the couple we decided that was unacceptable and with much difficulty moved the patient to a vehicle and transported her to A&E where the patient was very well treated…'

- 'My 85-year-old Mother-in-Law had a bad fall in April this year while she was shopping in Oswestry. Passers-by, including an off-duty nurse, assisted her and called an ambulance because she was bleeding from a head wound. They were told that the wait would be 6 hours or more, luckily there is a walk-in centre in Oswestry and my wife drove her there.'
- 'Last night my husband had a stroke. It was sudden onset. I called my daughter, called an ambulance. Even though it's the highest category the ambulance could not give any idea of how long. We knew he needed the clot busting drug asap. My daughter asked the neighbours and they put him in the car, he is 18 stone and couldn't stand. We rushed to hospital. With the help of security guards and nurses we got him to resuscitation when he had the clot busting drug. He is now fairly stable. Waiting for a bed. If we had waited he would most probably have irreversible damage. We took him to Wrexham. he is a patient there …they have been wonderful.'

Used own transport to get to preferred location (1 person)

- 'Contacted 111 that resulted in ambulance attending to do an assessment. Could not take me to my local hospitals, Wolverhampton being the nearest hospital available! Alternatively, my husband could drive me to Shrewsbury hospital himself. We arrived very, very early on the Sunday morning and were then subjected to the usual long, long wait. Staff working incredibly hard and doing their best. I think I was in A&E for many hours.'

Estimated Time of Arrival (ETA) Information

Four people reported that they would have made the decision to transport the patient if they had been given better information about the ETA of the ambulance and in one case the family feel that if they had the patient would not have died.

"In November 2021 my wife slipped on the decking and landed awkwardly injuring her back on the edge of the step. She was in extreme pain when she fell but thought she had only bruised herself and thought she would recover with rest. Two days later she was still in pain and it was getting worse

so I took her to the A&E at the Royal Shrewsbury Hospital. She was diagnosed with a "soft tissue injury" and sent home with pain killers. Five days after this my wife was I extreme pain and asked me to call for an ambulance, which I did at 0700 hrs. I was initially told that as a "worst case scenario" there would be a five-hour delay. I asked my wife if she wanted me to take her by car but she refused as she thought that an ambulance would be coming shortly.

After five hours we rang again and were told that they had allocated an ambulance but could not give a time. Unfortunately, she was now in too much pain to go by car and wanted to wait for an ambulance, which she still thought was on its way. My wife and daughter spoke to the ambulance service on a number of occasions during the afternoon explaining my wife's condition but still no ambulance came. The ambulance eventually came at 6.45pm, a delay of 11 hours 45 minutes. Although the ambulance crew did not say anything it was clear that they were concerned about her condition and took her in the ambulance.

The hospital identified sepsis due to a ruptured colon and continued to try and stabilise her for surgery; unfortunately, they were unsuccessful and she passed away in the early hours of Thursday morning on her way to the theatre.

The WMAS have advised me that the initial "worst case scenario" of 5 hours was generated by a computer algorithm and not by the call handler and they had decided to cease using it. They have also said that, in future, they will be honest with callers and advise if there is to be a delay so that they can make an informed decision whether or not to make their own arrangements for transport to the A&E.

I have my wife's hospital notes and it is clear that they thought she had a good chance of surviving the surgery but she died before getting to the theatre. I am convinced that if the WMAS had been honest and told me that there would be an unacceptable delay I would have got her to hospital in either my car or motorhome. I could have got her to hospital before 0900 hrs and the hospital would have had an additional 11 hours to stabilise her and operate and she would most probably still be alive today...."

- 'A man had chest pains and symptoms of a heart attack and his wife called the ambulance at 4.30am. His wife had to call again at 5am and then again at 5.30am and ambulance arrived at 8.30am. During these calls the ambulance call handler reassured her, saying that the ambulance was on its way. The man said that if they had known the ambulance would take 4 hours his wife would have driven to the hospital.'
- 'Our GP phoned for an ambulance for my husband at noon and it did not arrive until 8.30am 2 days later. We called every hour and the call handlers were actually quite rude to us. If we had known that they would take such a long time then we would have transported him there. When he arrived at PRH we were told he had terminal cancer within an hour of being there and he died shortly afterwards. He was kept waiting in the ambulance on arrival even though he was in so much pain. It was a mess up and I feel I have been robbed of time with him.'
- 'One early evening I felt unwell, as if with indigestion. I went upstairs to lie down, but the symptoms worsened and instead of suspecting indigestion, because of chest pains I began to suspect something more serious. My wife at about 21.30hrs decided to ring 111 but received an answer phone response stating that all lines were busy and to go online and log in the symptoms. At 21.40hrs I was in severe pain and clutching my chest as I lay on the bed. She then rang 999 and asked for an ambulance. The reply from the operative was to the effect that an ambulance was on the way, it would be blue lighted, and in the interim, all windows to the room should be opened, masks should be made available, and have someone watching out for the ambulance to guide them to the correct house. Nothing happened and during the ensuing hours my wife made a total of three calls, each time receiving the same reply, implying that the arrival of the ambulance was imminent. Eventually an ambulance arrived at about 05.15 hrs. This was a wait of some seven and a half hours. I do not recall this event. Staying with us at the time was my brother-in-law and have we not been led to believe that the arrival of an ambulance was imminent he

could have taken a chance and at least started to convey me to Shrewsbury Hospital, maybe meeting the ambulance on route and thus saving valuable time. But because of the misleading information we stayed put. …. The fault here lies with the information given by the control room staff who are no doubt working to a script laid out by a higher authority, and no blame could be attributed to them.'

Falls

In table 1 we identify 38 cases of people who rang for an emergency ambulance after falling. From these cases just over half gave an indication of how long they were lying on the floor, these are summarised in Table 2.

Table 2: Reported duration of lying on floor or ground while waiting

Falls	Hours on floor			
Age Group	0 - 5	6 - 10	11 - 20	21+
25 - 49		1		
65 - 79	1		1	1
80+	2	5	3	1
Not Known	2	3		1
Total	5	9	4	3

Of the 38 people who described the reason for calling an ambulance as a fall a number of these explained that the person was not injured but needed assistance in getting up.

- 'My 85-year-old disabled husband fell in the bedroom upstairs. Although we have a hoist I cannot take it upstairs and he cannot get up unaided so I had to call an ambulance to pick him up. We don't have any helpful neighbours and our son lives several hours away … I made the call at 7.30 am and the ambulance finally arrived at 01.15 the following day, a wait of 18 hours. He was not injured so I expected a long wait, but this was a very difficult time. When the crew arrived they were shocked at the wait and were extremely kind and helpful. More recently I had to call again in similar circumstances and this time the paramedics came within 15 minutes, so that was a very different wait and much appreciated.'
- 'My wife had a fall when moving from her bed to her commode. Her mobility is poor and I was unable to get her up, despite several attempts. I called the ambulance service for assistance at approx. 08.20. Her fall was not life threatening but I needed the service because ambulances carry the special inflatable cushions which can get a patient back to the sitting

position from which my wife could then get herself up to the standing position. The ambulance eventually arrived at approximately 16.20 - 8 hours later. The paramedics got her up in less than 10 minutes and did a series of checks which revealed that all was well, so it was not necessary for her to go to hospital. The following evening my wife's legs gave way when I was helping her get to the stairlift. Again, I couldn't get her up so had to call 999. This time the wait time was 6 1/2 hrs-again the checks revealed that no serious harm was done. Whilst my wife was never at risk of dying, spending 14 1/2 hours on the floor is not a pleasant experience, being unable to move to move, to go to the loo or get remotely comfortable. Overall, once the paramedics arrived, the care was excellent in every respect. However there really should be a more responsive system to cope with falls such as these. I understand that had these falls occurred on a weekday, a dedicated falls team could have responded more quickly but this team does not function at weekends.'

- 'I fell in the garden at 8.15pm on Saturday night. I knew I hadn't broken anything as I managed to crawl to make a phone call to 999 but I was stuck on a concrete floor outside. I told them that I had fallen but couldn't get up because of my artificial hips. My husband can't help as his is a tetraplegic in a wheelchair and I am his carer. I just needed somebody to help me get up. The ambulance service told me that I couldn't expect anybody to come until 3:30pm the following day and suggested I rang the Police. I did that and they told me to ring the ambulance service. After a few calls the Police agreed to attend but I had to wait 7 hours outside on a cold floor. ….'

- 'My neighbour asked me to help lift his wife off the bedroom floor as she had fallen getting of her commode. She is 10 stone, is in her 70s, has dementia and was a dead weight. Both she and her husband were weak because they had Covid. My neighbour was told help by the ambulance service would take 5 hours. We could not leave her on the floor that long, so, though at risk of her falling and risk to our own limbs and backs we pulled her onto the bed. In addition I was put at risk of Covid- but what were we to do?'

- 'A few weeks ago my elderly mother had a fall at home. She lives alone and has a pendant alarm so help was immediate from neighbours and an ambulance was called. She was unable to get up from the floor and was in distress. We were told the ambulance would be "4 to 8 to 12 hours." they were very grateful when I arrived and was able to cancel it as we managed to get her up and I checked that she was ok. However, she ought to have been able to have her a medical professional check her over. We are now terrified that she might have a fall or some kind of incident as we are reluctant to add to the pressures and also don't want to subject her to a long wait to see someone at a hospital that is 20+ miles away.'

We heard from an Independent Living Scheme about the need for a 'Falls Team in Shropshire' and from an organisation who supports adults with learning difficulties in their own homes about conflicting advice from the ambulance

service to that given by their own organisation of who can safely help a person who has had a fall.

- 'I am an Independent Living Coordinator and Manage an Independent living scheme for 55 plus, with [over 40] tenants. My tenants due to age and medical conditions are prone to falls and unplanned hospital admittance. In March 2022 I had a 76-year-old gentleman with Parkinson's Disease fallen on his kitchen floor, no obvious injuries at the time. Ambulance called at 10.00am approx., arrived 6pm - 8 hr wait, required hospital admittance, admitted 2 weeks. In June 2022 61-year-old male, diabetic, liver and kidney issues, fell onto the floor, ambulance called at 1.30pm arrived 12am, 11 hours wait. Tenant was lifted back up and settled. [Early] July 2022 same tenant, was attended by a Dr and an ambulance called due to health concerns, needed to be admitted but not life threatening at the time. Ambulance arrived on the 5th July at 8am. The outstanding call was spotted by 2 paramedics who had just come on duty and saw the ambulance required was still outstanding. This same tenant is currently still in hospital being treated, he is reluctant at the moment to return home for his fear of falling and not knowing how responsive the ambulance service will be. We desperately need a falls service in Shropshire. My tenant with Parkinson's firmly believes that the complications that followed to his heath were due not to his fall, but primarily to the wait for the ambulance service, and length of time he was on the floor. I should add I am not allowed to lift fallen tenants to risk of possible injury. There is also a pressure when a tenant has fallen, and they have no next of kin, that we are asked to stay with them, which we obviously would do, but this isn't always possible when it's an 8-hour delay and I have the responsibility of looking after 40 other tenants, who, could also fall at any time. Our tenants are issued with an alarm, and for those who need it assisted aids, but falls and ill health will still occur. Therefore, we are desperate to have the ambulance service back to it was before, but fundamentally a Falls Team in Shropshire would be hugely beneficial to prevent tenants suffering from long ambulance waiting times, which may then lead to hospital admittance, that otherwise could have been prevented if an uninjured tenant was able to be assisted back up within an hour.'

- 'We support vulnerable adults with learning disabilities in their own homes on a 1:1 basis, some of whom have falls at home. We have been directed by our OT that we should not be trying to get people to stand up and that our first port of call is to call for an ambulance to assess the person for injuries incurred and support to get up. The response that we have had has been very negative, one person who fell an incurred a head injury was given a waiting time of over 6 hours, another person who fell 10 - 15 hours and along with this we have been criticised as a provider because the ambulance service feel that it is our responsibility to get people up from the floor again, to the point where they have raised safeguarding alerts around neglect. I have raised this issue with my inspector and logged with CQC. The response from her has been that this is a growing problem, but

without a second staff member and prescribed equipment how are we supposed to get people from the floor, and we are not trained or qualified to assess for any serious injuries beyond regular First Aid Training'

Rapid Response Team

To help residents avoid being admitted to hospital Shropshire Community Health Trust runs a rapid response scheme.

"The Health and Social Care Rapid Response Team (HSCRRT) provided across Shropshire, Telford & Wrekin supports residents who are experiencing a rapid decline of their health and are in crisis and at risk of being admitted to hospital.

The team integrates Community Nurses, Social Workers, Physiotherapists, Occupational Therapists, Paramedics, Non-medical prescribers and Call Handlers into one team.

Residents can be referred to the team from a range of agencies such as the emergency department, West Midlands Ambulance Service, 111, GPs, Family Connect, community health and social care teams, care homes and the voluntary sector.

Residents are then assessed within two hours from being referred to the Rapid Response Team.

On receiving a referral, the team provides an immediate response to crisis using new, state of the art equipment as well as puts a plan in place to help resolve the health issue and prevent it from happening again – enabling residents to remain as independent as possible in their own home."[9]

One comment did refer to the Rapid Response Team

- 'I received a phone call from a friend asking for assistance as her sister had fallen getting out of bed, this was around 8.30am. On arrival at the house I found the lady in question on the bedroom floor. The first 999 call was sometime between 9.30am and 10am.The request was for assistance to help get the lady off the floor. This lady is 74 with mobility issues, [various health issues] making it impossible for us to her up. The call was passed to Rapid Response who sent one man with inflatable cushion to try to lift her, this was unsuccessful and he passed it back to ambulance service as urgent, this was around 12.45pm. Three further calls were made to 999 asking for the ambulance. I made the final call approx.9.45 -10pm telling them she was going in and out of consciousness the ambulance was dispatched immediately and arrived shortly after, a second ambulance was required with lifting equipment. One hour later the lady was finally off the floor and on her way to hospital. She had been on the floor waiting for help for 14 hours.'

[9] https://www.shropscommunityhealth.nhs.uk/news?itemid=10362

The last two experiences indicate that the social care agencies involved feel there is a misunderstanding within the ambulance service of the level of support the agencies can provide to their service users.

Quality of staff

Regardless of dissatisfaction with waiting times, almost everyone who commented on the ambulance service staff that attended were complimentary.

- 'The paramedics were amazing but were apologetic about how long it took them and said they hate it when they can't get to calls quick enough.'
- 'The call handlers and the paramedics were very helpful and pleasant.'
- 'Ambulance crew was great and took him to PRH. … 999 call handler sounded embarrassed about the waiting time.'
- 'Nice people and I felt sorry for them.''
- 'When the paramedics arrived, they were amazing and their care was exemplary.'
- 'I have nothing but praise for the ambulance crew.'
- 'Excellent, polite and professional and very friendly and communicated very well with each other. Really good teamwork… Very reassuring.'
- 'He had nothing but praise for the care he received from everyone, from the point of speaking to the two call handlers [through to discharge from hospital].'
- 'I've always found the ambulance crews friendly and caring.'
- 'I was very impressed by the ambulance crew when they arrived. They were extremely helpful and professional.'
- 'Ambulance service was amazing, made sure that lady was comfortable and had enough food and drink…'
- 'The ambulance staff that came and took him was caring and compassionate too.'
- 'We cannot fault the ambulance people and 999/112 they were very helpful and caring.'
- 'Paramedics arrived quickly and were very thorough and reassuring.'
- 'At all points the ambulance staff and rapid response team were kind, caring, thoughtful and professional, giving my father the time and reassurance he needed every step of the way. They were cheerful, pleasant and relaxed. To be honest, I don't know how they manage in such stressful times.'
- 'The paramedics were amazing.'

In one case the wife of a man who died from a cardiac arrest felt that the staff did not treat his case with the urgency that was required:

- "I believe that if my husband had had the correct care from the 2 Paramedics/Ambulance Drivers the morning [in] July 2022, he would have had a chance of survival. But from my initial call to 999 at 7.20am that morning and up to the time he went into cardiac arrest, he was failed and did not stand a chance.

  The ambulance did not arrive until an hour later. I have since heard that the operator that answered the call should have stayed on the line in case my husband went into cardiac arrest whilst waiting for the ambulance to arrive. I told the lady on the phone that my husband was struggling to breath and had crushing chest pains and clammy. He had 4 stents 11 years ago due to Angina and I said he thought it was a heart attack, but she did not stay on the line whilst waiting for the ambulance to arrive.

  My husband had moved into the conservatory on his hands and knees on the tiles to get cool as he was hot and clammy. He asked me to call my friend M. who lives 2 doors away to do CPR in case he did go into Cardiac Arrest as I was unsure what to do. I think time went on and he was reeling in pain, nearly an hour passed and the ambulance arrived. Now looking back, he was not given oxygen and he repeatedly kept gasping, I can't get my breath.

  They asked him his medical conditions and he gasped Asthma and Angina and mentioned the stents.

  The young lady attempted to shave his chest unsuccessfully, the ECG pads were coming away and had to be kept pressing down. His blood pressure was taken and oxygen levels. A comment was made levels were low but they are coming back. The ECG she advised indicated it did not look like a heart attack.

  She consulted with her colleague and after working on him for half an hour, his blood pressure dropped and they advised whilst no indication of a heart attack, there was some Cardio activity and they would take him to hospital.

  When I got into the ambulance with him, he had wires on him which I assume were monitoring his heart. A comment was made by the male colleague to my husband 'oh I see you had a pain then' as I assume the indicator had raised. But there was no urgency as the lady colleague stood by the side door, saying shall I drive a couple of times until she did get in Drivers side and drove off.

  My husband was in terrific pain all through and gasping, trying to catch his breath, but the male colleague again said, 'I do not think it's a heart attack' and still no oxygen was given. Should Heparin have been given but I do not know what was given to him prior to getting into the ambulance.

Then, as we left and the minutes passed he was getting worse. The male colleague asked my husband 'Have you got Hay Fever', my husband replied, I have never had it and I thought this was an odd question to ask when he was struggling to breath and he also told him he had pins and needles sensation up his left arm for past two weeks and a feather like feeling on his neck, to which he got no response. I was unaware of this as my husband had not talked to me about this.

He then at some point held onto his inhaler and told the man, I am having this not because of Asthma, but because I cannot breathe. (He only had mild asthma). Not long after this, he jolted, face contorted, gasped and the man lay him down. My initial thought was a stroke.

The man then knocked on the partition window to get the driver's attention.

She did not hear as it appeared she had earphones in her ears and he knocked again, until I said she cannot hear you and then he slid the screen across to get her to stop. I feel this is precious minutes wasted as we have now learnt it was a cardiac arrest and you only have 4-6minutes to do CPR or else brain damage occurs. I ask why is there no radio contact between the driver and colleague in the back?

We eventually stopped and I was told to get out and I was still unaware of the complexity of his situation. Sometime after another ambulance arrived and an ambulance car. Were the people who first attended my husbands qualified to deal with that situation?

Not sure after how long but we started off to the Hospital, blue lights this time, where he was worked on for 30 minutes by the team waiting for him. He never came too, but he wouldn't have would he as he would have been brain dead from time wasted knocking on driver's window, minutes wasted when those minutes could have saved his life.

I am not a medical person but I know my husband was failed from the very minute I telephoned 999 to his final suffering moments and he did not deserve this at all …. I believe he would have at least had a chance of life if the correct procedures were followed that morning and they could see how serious this was and got him to hospital sooner to get the treatment he rightly needed, possibly for Heart Surgery.'

Emergency Department (ED or A & E)

74 people told us about their experience of an Emergency Department

- 15 people (20%) described a positive experience
- 4 people (5%) described a mixed experience, with both positive and negative aspects
- 55 people (75%) described a negative experience

Hospital	Positive	Mixed	Negative	Total
New Cross Hospital, Wolverhampton	0	0	1	1
Royal Stoke University Hospital	1	0	0	1
Princess Royal Hospital	3	1	25	29
Royal Shrewsbury Hospital	9	2	25	36
Wye Valley NHS Trust - Hereford	1	0	1	2
Not stated	1	1	3	5

Emergency Department - themes within the experiences

Cleanliness, Hygiene and Infection Control 1
Triage 1 8
Waiting times 7 42
Quality of staffing 2 1
General service delivery 1 8
Quality of treatment 6 6
Communication with patients; treatment explanation; verbal advice 4
Caring, kindness, respect and dignity 2 5
0 10 20 30 40 50
Positive Negative

Note. Each experience can include multiple negative or positive themes or a mixture of both.

Waiting in the Ambulance outside the Emergency Department

Twenty people, just over 12% of respondents, reported a long wait in the ambulance on arrival at the hospital but before admission:

- 2 up to 1 hour
- 7 between 1 and 2 hours
- 2 between 2 and 3 hours
- 1 between 3 and 4 hours
- 1 between 4 and 5 hours
- 2 between 5 and 6 hours
- 1 between 6 and 8 hours (but received specialist care in the ambulance)
- 4 people specified no time
- 1 person specified 10-hour wait was expected, so the crew took the patient to another hospital

A similar number of people told us about long waits to see a doctor once they were in the Emergency Department.

What people told us about their wait in an ambulance.

- 'Arrived Shrewsbury approx. 10pm, approx. 10 ambulances waiting ahead of me. Waited approx. Two hours in ambulance then was admitted to ambulance-controlled ward within Shrewsbury and given a bed in a holding ward. Paramedic staff took regular readings to check I was okay. After approx. Three hours, it was clear that nothing was moving and no patients were being moved into full A&E. As I was generally okay and able to walk etc, paramedic staff said it may be faster to move round from their unit into A&E, which I then did. Saw A&E admission nurse approx. 3am who took bloods etc and then put me into queue to see doctor. Nothing then happened until the hospital came to life approx. 9am.'
- 'Took her to the hospital where she waited in the ambulance until 4pm [from 10:30am]. Ambulance service was amazing, made sure that lady was comfortable and had enough food and drink.'
- 'Ambulance arrived within 45mins Mum assessed and stabilised Arrived princess Royal about 10am. Ten other ambulances there already, had to park in car park driveway. Triage Dr visited ambulance within 15 mins. Stroke specialist visited ambulance within 60 mins, ordered scan. Mid-afternoon mum still in ambulance, we returned home. Phone call around 6pm to say mum had been transferred to a waiting area in the hospital and was being cared for by paramedics Approx 9pm mum admitted to the stroke rehab ward. Discharged 48 hrs later, transport provided.'

- 'GP called ambulance while I was at the surgery. It arrived 18:50 and took me to RSH. PARKED. along with many others until 22:20 when I needed the loo. Brilliant crew member recognised my biological distress & conferred with duty doctor. Was returned to a different ambulance. Doc came out 20 mins later having ordered opening of a day surgery bay and I was taken in. Tests during the night resulted in diagnosis of heart failure at 04:20am. Started on Bumetanide. BEST - calmness & concern of crew; RSH Doctor recognising the urgency of the case. WORST - seeing the traffic queue and realising I might not make it inside.'

Discharge from hospital

It is often reported that one of the issues creating the pressure on emergency services are lack of space in hospitals due to problems with discharging patients who are fit to leave hospital but need care, either in a residential home or in their own home.

As part of our call for people to share their experiences with us we asked to hear about the experiences of hospital discharge.

18 people told us about the discharge process and the post discharge support, 16 of these were negative experiences.

Delays in discharge

Several people reported delays:

- 'My father was … in Whitchurch Community Hospital, where he stayed for 3 weeks, mostly because there wasn't a care agency which could provide the care he needed.'
- 'The delay with discharge was social care being put into place to assist her back in her own home.'
- 'The delays in discharge (6 days) is another story!'

Discharge process

"The discharge process was awful. She was taken to the discharge lounge suddenly by a nurse who told while she was getting dressed this was happening. She was very upset and worried if relatives had been contacted to collect her. In fact they made one call but when it wasn't answered didn't try again. Luckily her niece visited that afternoon and found her in tears in

the discharge lounge. She was totally unprepared to go home, had spent no time out of bed apart from using the bathroom"

- 'My husband was in hospital for 10 days and during the week leading up to his discharge I contacted our local (Shropshire) physio/OT Neighbourhood team in the hopes that they could provide whatever aids he might need to facilitate recovery at home, such as raised toilet seat/grab rails etc. I was advised that they could not act until they'd had a referral from the hospital, at which point a home assessment would be made and all would go smoothly to facilitate a safe discharge - sadly nothing could be further from the truth. No such referral was made.'
- 'He was only in A&E for a few hours before I had a call to collect him. They had not assessed him but said "medically stable." He could not weight-bear at all. Had no strength to use any equipment, I only had a walking frame. He ended up spending 16 days in Whitchurch community hospital. Needing care package on discharge.'
- 'The discharge process for me was a mess, confused, unnecessarily long, distressing… I was told at one point there had been a disagreement or confusion about which doctor it had to be to sign me off - either a general medicine doctor or the max fax [maxillary fracture or facial injuries] doctor - A&E had been waiting for a general medical doctor to sign me off but they had refused.'
- 'He was taken to the Royal Shrewsbury Hospital but was sent home from A&E because "his baseline was not very different from his normal apart from increased pain." The OT at the hospital said that he could get into a chair, so he could get on to a commode. The whole point was that he could no longer walk safely to the toilet. A commode is a very unsubstantial, ill-balanced flimsy thing compared to a riser recliner. My father could not get on to a commode, but was very keen to get home, so this extremely disabled and vulnerable person was sent home. This decision, in my opinion, led to the next, inevitable crisis…'

Arrangements for post discharge medical follow up

"On the Sunday [son] was discharged and told he could carry on as normal and would receive an emergency MRI within 10 days. After 10 days no appointment was received so [mother] phoned the consultants secretary who couldn't get in touch with the epilepsy nurse. Gave number for the department who said it would be 10 weeks for an emergency appointment and the consultant shouldn't have said 10 days for an emergency scan. When [mother] spoke to the epilepsy nurse she said 5 weeks. Shortly after they received an appointment for an MRI a week later. She felt if she hadn't had chased she would still be waiting."

- 'Once it was agreed it wasn't a stroke and he was discharged there was no follow up advice given by the A&E Dr or any indication of what might have been wrong with him and what to do next. He was simply discharged and I came and picked him up.'
- 'Two days later, Called Shrewsbury Outpatient Department (OPD) appointments when I discovered that there would be no appointment and the discharge notes were wholly inaccurate (apparently I fell off a chair and had a soft tissue injury implying a bruise!!! omitting mention of excruciating pain and inability to bear any weight)'.

Arrangements for post discharge support

"My husband saw the hospital physio at around 3pm on Sunday - they would not commit to a date for discharge but he thought it would be Monday. Shortly afterwards I had a telephone call from the ward to say he was to be discharged shortly (on Sunday afternoon) and that transport had been arranged. I expressed concern because there had been no consultation with me (who would be his carer) and although he

was being discharged with a walking frame, there were no other aids provided. The nurse did then manage to obtain a toilet seat, without which he could not have safely used the toilet. Fortunately, I had obtained some urine bottles, and our son and a neighbour had brought a single bed downstairs for him. He would have been unable to climb the stairs which are steeper and narrower (we live in an old cottage) than the ones used for assessment at the hospital. He was given painkillers anticipating discharge that afternoon - it was 9pm before he arrived home, by which time the painkillers had worn off and he arrived home in considerable pain. The following afternoon, having used the urine bottles throughout the day, he needed to use the toilet, but then found he was unable to negotiate the steps into our downstairs toilet. I left a message for our neighbourhood team which was not picked up until the end of the day. Finally, a physio came out, technically at the end of her day, with a commode. The following day physios brought ripple mattress, bed rail, commode, and also did an assessment. They were unhappy that the only chair he could use was a swivel office chair - he could not have managed in our low lounge chairs, but had I been aware in advance I would have purchased a more suitable chair. My husband is 84, I am 79, and generally reasonably fit, but I felt totally ill prepared and vulnerable. Our neighbourhood team said that it had been an 'unsafe discharge"

- 'This lady lives alone and previously had no care. She was discharged with no care package put in place, still breathless when moving round (GP came out and she needed further antibiotics as chest infection not completely cleared) and using a Zimmer frame.'
- 'He was finally discharged from hospital, we were made to go collect him after asking for ambulance to bring him home for them to respond they are far too busy to bring him home … we as a family had only been told he

was being discharged on the day before, bearing in mind the house needed altering to meet his new needs.'

- 'What could have been done better? Arrange domestic support like walking aids, food and drinks.'
- 'Transferred to nursing home for rehabilitation for 4 weeks. Physiotherapy and occupational therapy visited only twice during her stay at nursing home. Discharged home with care package still unable to mobilise. Again, whilst at home little to no physiotherapy/occupational therapy visits (only visited twice since discharged home).'
- 'On discharge he was told the discharge team would contact him within 2/3 days. Three weeks after discharge he had heard nothing so contacted his GP, the GP was unaware he had had a stroke. GP gave him details of how to contact them. When he contacted them, they said his notes had been lost and they were very apologetic. Has now received a letter and seen by team the following Monday…'
- 'When he was released, he had no social care and his wife and daughter tried to care for him as he was bedbound. I phoned social services and they were very helpful however it took two weeks to get emergency care. My neighbour never fully recovered from the experience and later died.'

Key Findings

Ambulance Service

Wait Times

- Of those who told us about their experience of calling for an ambulance 107 people (66%) told us they were concerned with the length of time they had to wait while 27 people (17%) were pleased.
- Many respondents told us about how the wait they experienced affected the patient.
    - Some felt that there were serious consequences, including death of the patient and life changing irreversible damage
    - Others shared the discomfort and indignity of the patient that can result from a long wait

Transport arrangements

- 28 people (17%) made alternative arrangements to transport the patient to the Emergency Department. One person described using a taxi, the others were transported by relatives' or friends' cars.

  - 11 people took the decision themselves after waiting for an ambulance
  - 10 people were advised to use their own transport by either the ambulance service, their GP or the hospital
  - 6 people made the decision after being advised of the waiting times
- 4 people (2%) reported that they would have made the decision to transport the patient if they had been given better information about the estimated time of arrival (ETA) of the ambulance and in one case the family feel that if they had the patient would not have died.

Falls

- 38 people (%) described the reason for calling an ambulance as a fall. A number of these explained that the person was not injured but needed assistance in getting up. We heard from an Independent Living Scheme about the need for a 'Falls Team in Shropshire' and from an organisation who supports adults with learning difficulties in their own homes about conflicting advice from the ambulance service to that given by their own organisation of who can safely help a person who has had a fall.

Staff

- Nearly everybody who told us about the ambulance staff, 43 out of 44, described a positive experience of the care and support the staff gave.

Emergency Department

- 74 (%) people told us about their experience of an Emergency Department, 15 people (20%) described a positive experience, 4 people (5%) described a mixed experience, with both positive and negative aspects and 55 people (75%) described a negative experience
- Waiting times was the most frequently mentioned negative aspect, 42 out of the 74 people (58%) felt they waited too long to receive treatment.
- 20 people reported a long wait in the ambulance on arrival at the hospital but before admission, the longest reported wait was 8 hours.
- All of those who described details of their wait in an ambulance (4 people) felt cared for and supported.

Discharge from hospital

- 18 people told us about the discharge process and the post discharge support available, 16 of these were negative experiences. Five felt that the discharge was 'unsafe' or too hasty. Three described delays in discharge.

Service Provider / Commissioner Responses

Public Health

The Directors of Public Health for Shropshire and Telford & Wrekin have said,

(9 December 2022)

Understanding the lived experience of our residents is so important, it helps us to see beyond the data and hear the real impact these delays are having on people's experiences of care and outcomes. This independent report from Healthwatch highlighting these experiences needs to be at the heart of the planning and improving services and outcomes for our residents. We commend this report to our health and care system.

Shrewsbury & Telford Hospital NHS Trust

As provider of emergency and inpatient care.

The Director of Nursing at told us,

(21 December 2022)

Across the system we are seeing an increased challenge with ambulance delays which ultimately impacts on the care of our patients and local communities. As the report highlights, we at SaTH are unfortunately holding more ambulances, we are working closely with the Ambulance Trusts and system partners to address this. The pressures within the Emergency departments are complex and multi factorial, as a Trust we have more patients delayed in hospital who are waiting to move to their next destination for ongoing care, this has a direct consequences on our ability to deliver timely urgent and emergency care and ultimately impact on the Ambulance Service.

As a Trust we have several interventions which we are undertaking to support the urgent and emergency care service. We have launched an Emergency Transformation

Programme, this includes the development of an Acute Medical Floor on our RSH site, Same Day Emergency Care Services and an Ambulance Receiving Area. Additional plans are also in place for early 2023, these include assessment areas for specialty conditions, for example trauma, haematology and oncology, ensuring our patients are in the right place, to receive the right treatment at the right time. Other work is also ongoing to support timely discharge along with admission avoidance pathways.

Shropshire Council

As provider and commissioner of Adult Social Care

The Executive Director for people, who is responsible for Adult Social Care, told us,

(24 January 2023)

This report highlights the challenges faced right across the health care system in Shropshire and the experience of Shropshire people who use these services.

The council is one of a number of partners working to relieve pressure across the health care system, particularly on hospital admissions and ambulance call outs.

The discharge of patients from hospital, particularly older patients who often need other care and support to leave hospital, is a complex process and the numbers of patients "medically fit for discharge" are often not the same as those who are ready to leave hospital.

There are many reasons for this. For example - people become unwell again; they refuse a care package or placement, there's a family dispute often due to the extra caring responsibilities that come as a person is discharged; a delay in medication or discharge letters or in transport to take the person home from hospital. Around only one in five hospital discharges that are delayed are because social care is not in place. However, reducing further this will help reduce pressure on the system.

Social care is one of Shropshire Council's key responsibilities and it is putting every effort into supporting the health system to ensure discharges from hospital continue as smoothly and in a timely way as possible to help ease the recent winter and workforce pressures, as well as those created by the pandemic.

Among the steps the council has taken to support discharges from hospital are:

- 7 day a week working and supporting daily escalation system meetings, with staff taking on extra hours and giving up leave to ensure discharges happen on time
- Commissioning extra capacity to help find care home placements, domiciliary care and therapy support for those about to leave hospital

- Developing greater use of assistive technology to help people leave hospital sooner and stay in their own homes with support.
- Paying incentives to care providers who support timely discharges from hospitals
- Putting social workers and social prescribers into hospitals to support discharges and refer patients leaving hospital to other support services, often in the community
- Developed an incentive payment for carers
- At times of peak pressures in the system, the Council has mobilised extra resources to support discharges
- The Council's Rapid Response team is now working closer than ever with health colleagues to prevent hospital admissions
- Working with voluntary sector partners to create a winter support project for people leaving hospital and to help avoid hospital admissions
- Developed a trial responder service for people who suffer falls – this will inform a potential future service.
- Expanded our pioneering '2 Carers in a Car' initiative to cover an even bigger area at night. This means we can provide more support to more people when they need this at home.
- Transport support at times of a critical incident if an ambulance is not needed.

Care homes and domiciliary care providers have a key part to play and we continually work very closely with them to support recruitment and retention of their staff. We are also working with the care sector on redesigning the care at home model to ensure consistent and equal access to support.

Shropshire Council is absolutely committed to continuing to do what we can to help relieve the pressures on the health care system through supporting discharges from hospital and making community care accessible that can help prevent people needing to go hospital in the first place.

West Midlands Ambulance Service

As provider of emergency ambulance services

The Executive Director of Nursing and Clinical Commissioning told us,

(2 February 2023)

I would like to thank Healthwatch for their work on this report. I would also like to acknowledge the candour demonstrated with the respondents.

Reading this type of report generates mixed emotions; clearly there is a theme of people being treated well by our ambulance service, but also concerns of unacceptable delays waiting for an ambulance to arrive. For those people who have waited too long for an ambulance to respond, I am really very sorry, and we will do everything we can to improve this situation.

Most people rarely use an emergency ambulance service and often do so only at a time of significant need and often when people are most vulnerable.

As an emergency ambulance service, we have invested time and resources to ensure we have a service that is able to deliver excellent care to people that need it in a timely manner. Across Shropshire, Telford and Wrekin we have increased ambulance resource, with modern vehicles and equipment, qualified Paramedics and trained Technicians on every vehicle; our staff want to be out there responding to people at their time of need.

Despite this, we are constrained with levels of delay that in my career I never thought I would see. When we take people to hospital, we are often presented with a delay that means the ambulance will never be back on the road during that shift. We have patients stuck for hours in the back of ambulances outside hospitals meaning that the ambulance is unable to respond to the next patient.

In December 2022, we lost over 45,000 resourced hours due to delays at the 22 hospitals we serve, and 17% of these lost hours were at the two hospitals in Shropshire, Telford and Wrekin. These delays directly impact our ability to get to people who need us, and our staff find this distressing and unacceptable and I know colleagues in the hospitals and emergency departments also share this concern.

We need to ensure that all of our health and care services take on board the challenges we face, to ensure that we have seamless care without delay.

Telford & Wrekin Council

As provider and commissioner of Adult Social Care

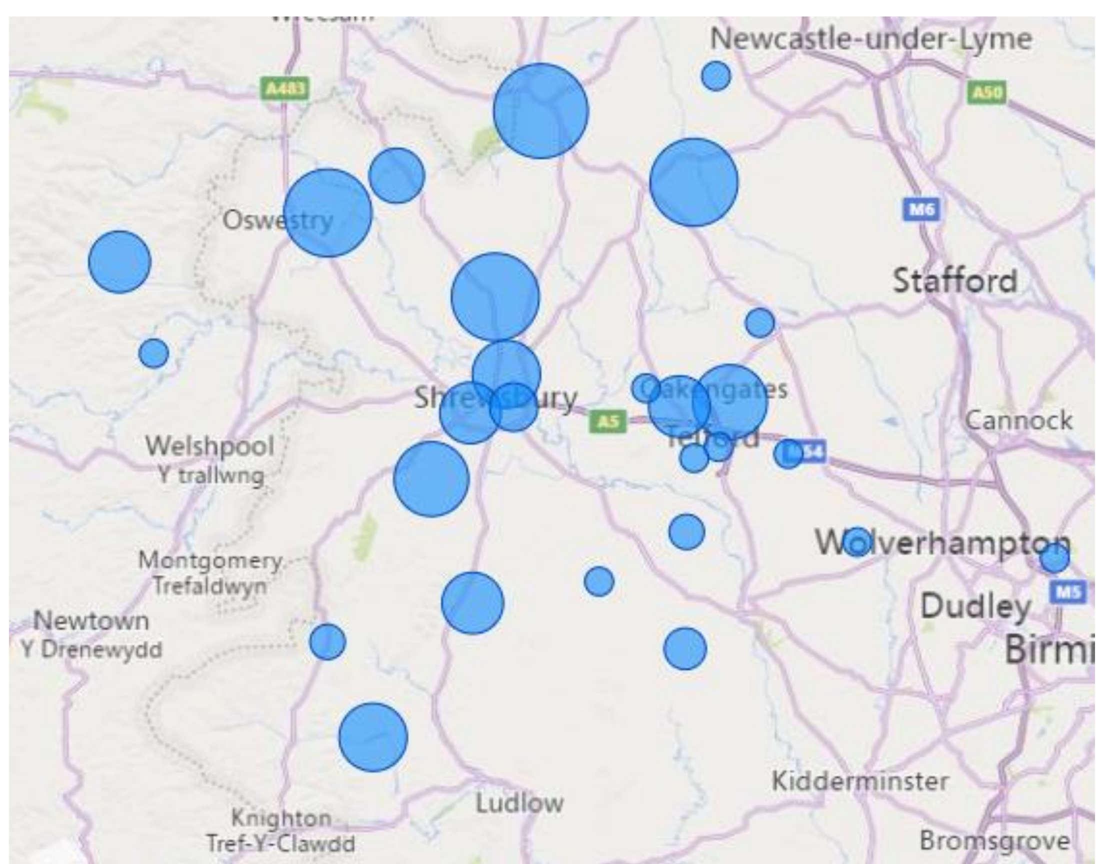
We have received no response from Telford & Wrekin Council in their capacity as commissioner of Adult Social Care in that area. If a response is received after publication it will be added to the report.

Appendix A – Demographics of respondents

Location

(Based on short postcode e.g. TF2 or SY12)

Total number of postcodes shared 130, largest bubble = 11, smallest = 1



Postcode Area		Postcode Area		Postcode Area		Postcode Area	
CW3	1	SY7	7	SY22	1	TF10	1
SY1	7	SY8	9	TF1	6	TF11	1
SY2	4	SY9	2	TF2	8	TF12	2
SY3	6	SY10	6	TF3	1	TF13	1
SY4	10	SY11	10	TF4	1	WS1	1
SY5	8	SY12	5	TF5	1	WV16	3
SY6	6	SY13	11	TF9	10	WV6	1
						Total	130

Age	Number
13 to 15	1
18 to 24	1
25 to 49	26
50 to 64	31
65 to 79	36
80+	8
Prefer not to say	1
Blank	64
Total	**168**

Gender	Number
Man	35
Woman	71
Blank	62
Total	**168**

Sexual Orientation	Number
Asexual	2
Bisexual	4
Gay man	5
Heterosexual / Straight	69
Lesbian / Gay woman	2
No	1
Prefer not to say	6
Blank	79
Total	**168**

Ethnicity	Number
Mixed / Multiple ethnic groups: Black Caribbean and White	1
White: Any other White background	2
White: British / English / Northern Irish / Scottish / Welsh	87
White: Irish	2
Blank	76
Total	**168**

Do you have a disability?	Number
Yes	13

Do you have a long-term condition?	Number
Yes	38

Are you a carer?	Number
Yes	20

Financial status	Number
I don't have enough for basic necessities and sometimes run out of money	5
I have just enough for basic necessities and little else	8
I have more than enough for basic necessities, and a small amount of disposable income, that I can save or spend on extras or leisure	43
I have more than enough for basic necessities, and a large amount of disposable income, that I can save or spend on extras or leisure	13
Don't know/prefer not to say	28
Blank	71
Total	**168**

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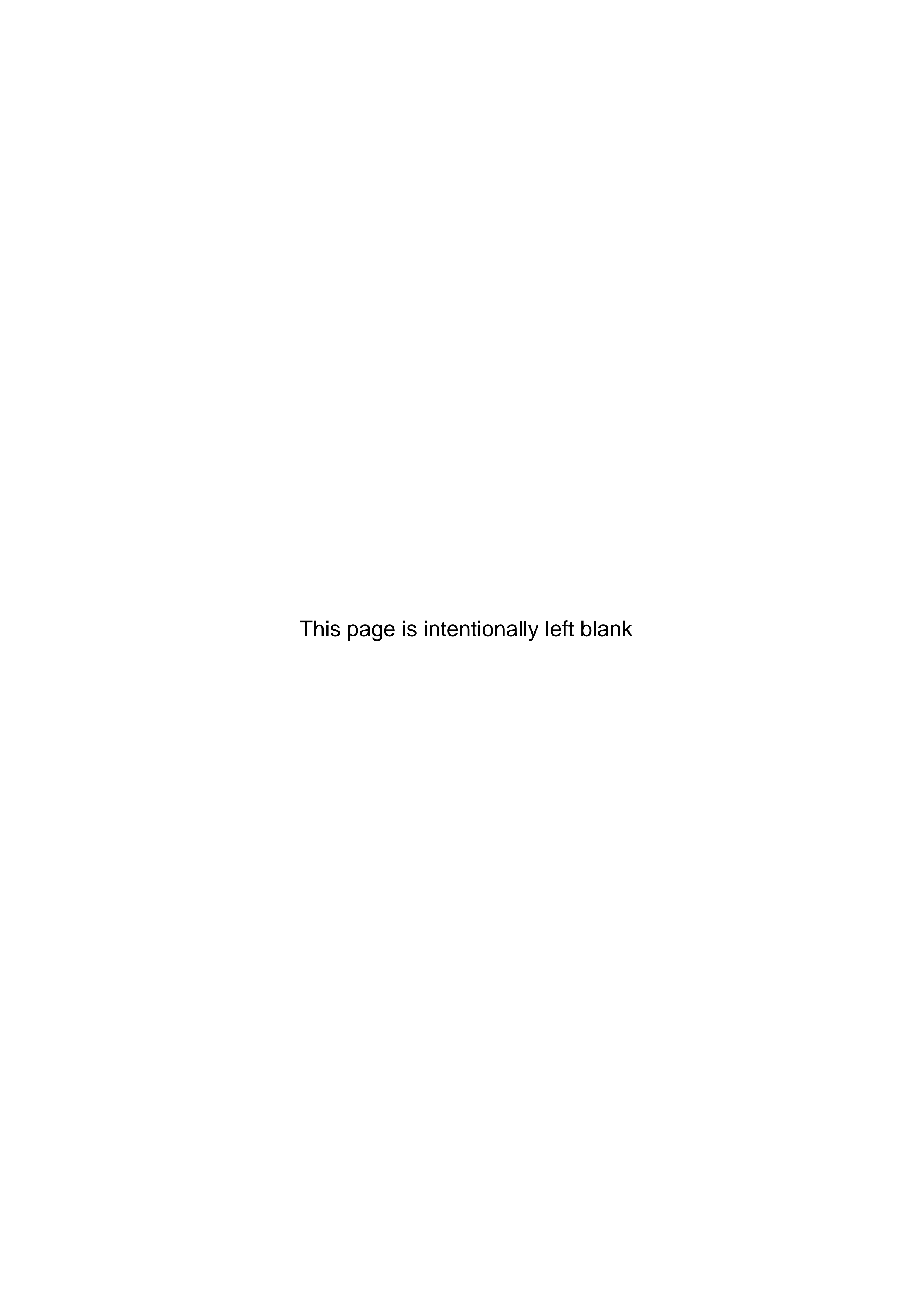
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