

Accident & Emergency



Calling for an ambulance in an emergency

Lynn Cawley - Chief Officer

healthwatch
Shropshire

What we did and why

- In 2022 there were increasing concerns nationally and locally about growing ambulance delays
- Directors of Public Health asked both Healthwatch to ask the public to share their experiences and views to increase the amount of qualitative data available to support the quantitative data
- This is a complex issue and requires a 'system response' (involving organisations across health and social care). We wanted to hear from the public to understand when and where things worked well or smoothly on their 'patient journey' from calling for an ambulance through to discharge and where the issues were to help the system to target their response



What we did and why

- 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
- The Chief Officer of Healthwatch Shropshire was interviewed on BBC Radio Shropshire and several articles appeared in The Shropshire Star
- People were able to provide feedback through short 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

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Tell us about your experience of calling for an Ambulance in an emergency



What went well, what didn't go so well?

Tell us about your experiences and help to make a difference

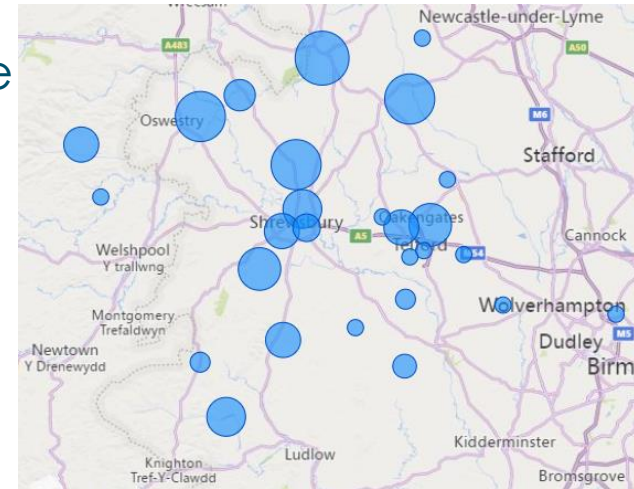
Visit: www.healthwatchshropshire.co.uk

Or ring us on 01743 237884



Who we heard from

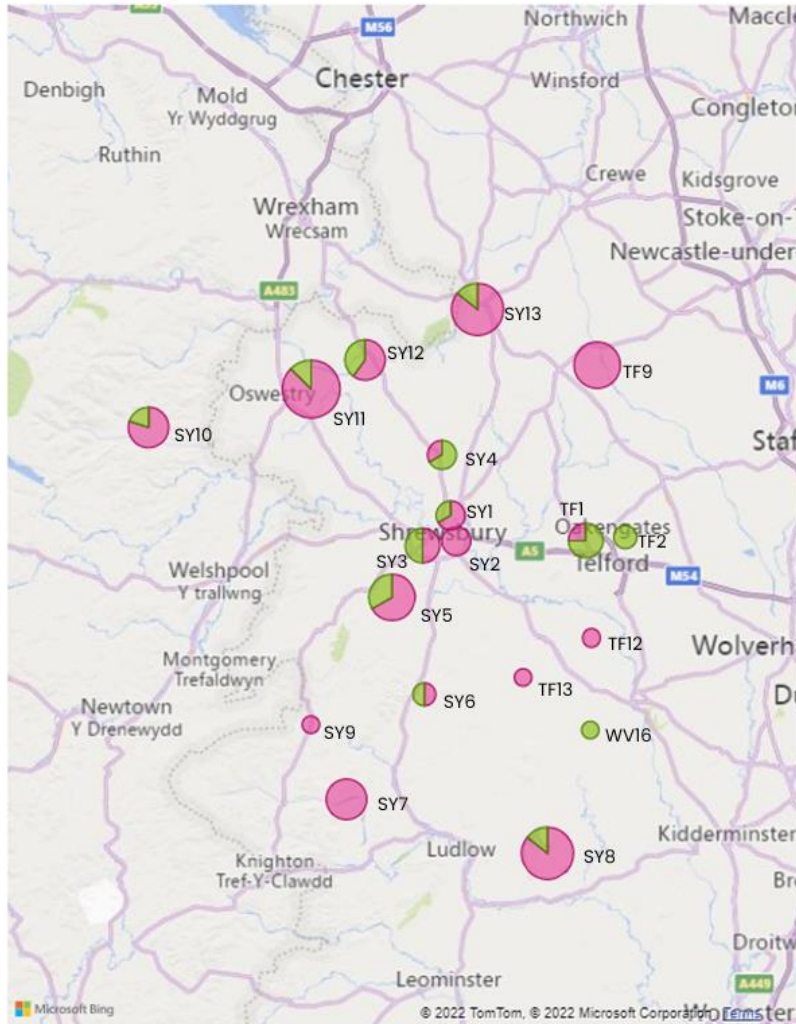
- We heard from 168 people. 160 responses were received by Healthwatch Shropshire and 8 by Healthwatch Telford & Wrekin.
- In most cases, it was evident who was responding:
 - 56 patients reported on their own experience
 - 94 reported on the experience of a relative or friend
 - 4 reported on the experience of someone with whom they had no close relationship
 - 5 health or social care professionals/workers reported
- 12 experiences took place before October 2021, 103 occurred between October 2021 and September 2022, 53 included no date



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... where they lived

Sentiment ● Negative ● Positive



Waiting times

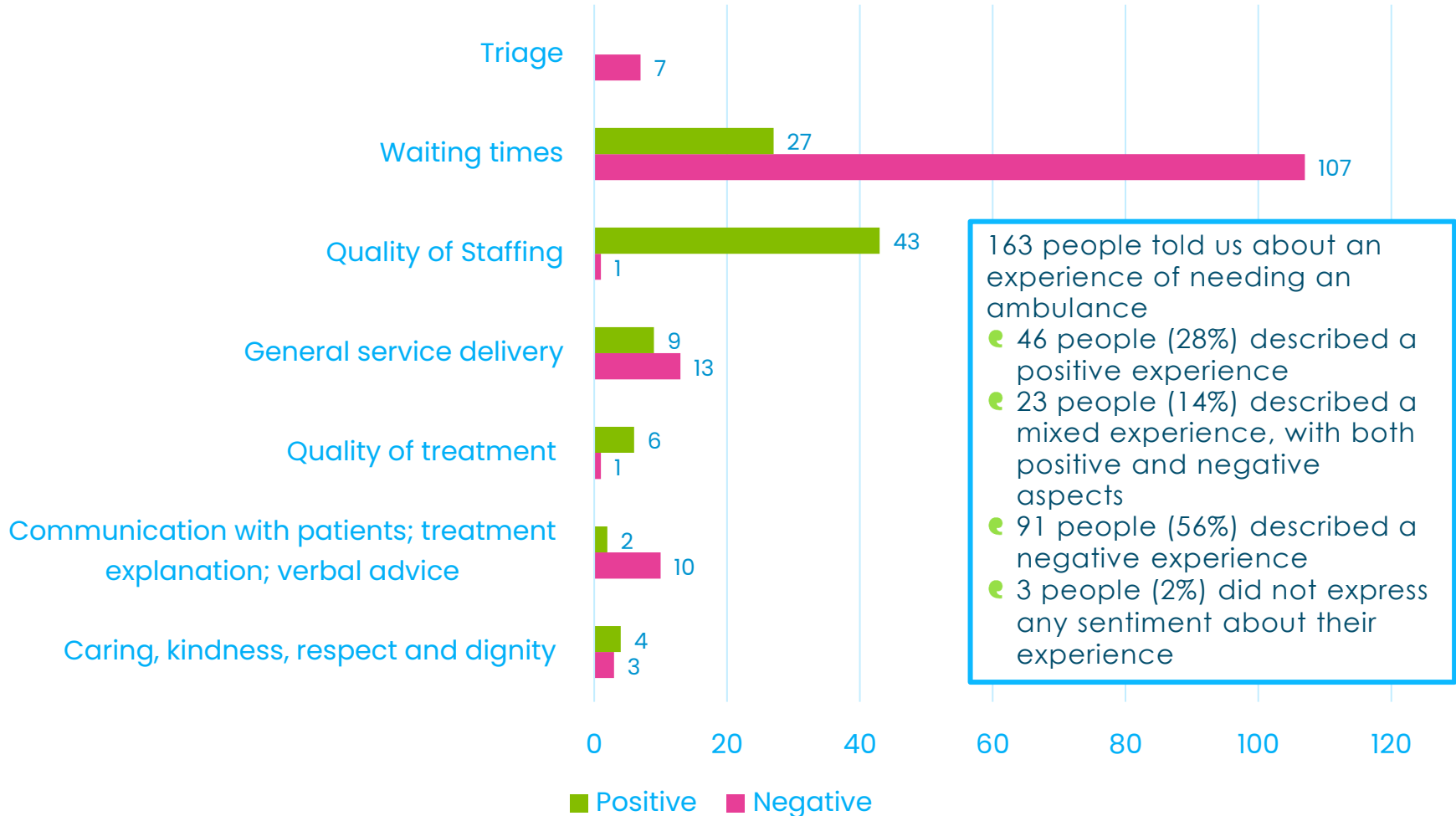
74 of 134 people included postcode information of where the ambulance was asked to attend.

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.

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

Themes of experiences

Ambulance Service – themes within the experiences



Positive comments

"...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. "

"When the paramedics arrived, they were **amazing**, and **their care was exemplary.**"

"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]"



"The call handlers and the paramedics were **very helpful** and pleasant. "

"**Excellent, polite** and **professional** and very friendly and communicated very well with each other. **Really good teamwork... Very 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."

Sample negative comments

Waiting times 'Had the ambulance arrived in the specific time for a non-breathing person who was being given CPR from a few minutes into the call I am convinced the person would have survived.'

Triage '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.'


Alternative travel arrangements
'Because of the misleading information we stayed put.. '

Falls 'We have been directed 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... we are not trained or qualified to assess for any serious injuries beyond regular First Aid Training' (Social care provider)

Discharge 'The discharge process for me was a mess, confused, unnecessarily long, distressing...'

Dignity and distress '...two grade two pressure sores developed where mum was lying in her own urine/faeces. The indignity and discomfort would have been more extreme for her.'

6 “My mum died in April [2022]. She was in a residential home with a Dementia Unit. Mum was discovered by a care worker at approximately 5am. She had a suspected broken hip; she was lying on the floor in a lot of pain. The first 999 call was made at 5.18am. There were five 999 calls made that day and one clinician callback at 10.23 am. Mum waited 16 hours from the time an ambulance was called until the ambulance arrived.”



“Our GP phoned for an ambulance for my husband at noon and it did not arrive until 8.30am two days later. If we had known that they would take such a long time then we would have transported him there. He was kept waiting in an ambulance on arrival even though he was in so much pain.”

Within an hour of arriving at PRH he was diagnosed with terminal cancer and died shortly afterwards.



Response from the Integrated Care System

‘Long ambulance waits and handover times are complex issues, and are a result of pressure on the whole health and care system... primary and community care, secondary care and social care. To improve people’s experiences of calling for an ambulance in an emergency it is important... that we take a holistic approach. 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.’

Chief Medical Officer for NHS Shropshire, Telford and Wrekin



Actions taken by the Integrated Care System

Multi-agency working, e.g.

- **Winter Control Room** – using multi-agency data to respond to pressures across health and social care services
- **Ambulance Decision Area** at RSH and PRH so paramedics and Emergency Department staff can care for patients in the hospital and not on the back of ambulances
- **Rapid Response Teams** – WMAS and community partners working together to ensure patients receive the appropriate clinical care in the right setting and prevent unnecessary hospital admissions
- **Same Day Emergency Centres (SDECs)** in SaTH and **Urgent Treatment Centres** diverting people from the Emergency Department when clinically appropriate (booked slots given to 111)
- **Virtual Wards** – allowing people to be cared for safely at home
- **Nursing and therapy in-reach teams** to care homes to facilitate additional discharge

Actions taken by the Integrated Care System

Shrewsbury & Telford Hospital NHS Trust, e.g.:

- **Acute Assessment Floor** at RSH for GP admissions
- **Increased capacity** in ED and Wards at RSH
- Action taken to improve patient '**flow**' to enable earlier/more timely discharge and create bed space for new patients

Primary Care, e.g.:

- Expansion of the number of **appointments** across the Primary Care footprints (including Extended Access)

Shropshire Community Health Trust, e.g.:

- **Virtual wards** allowing patients to get the care they need at home safely and conveniently, rather than being in hospital (intended to provide step-down)
- **Work to support care homes**

Actions taken by the Integrated Care System

Additional mental health support, e.g.

- **24/7 all age Mental Health Helpline** to support people who feel they have a mental health crisis
- **24/7 Crisis Teams** to support people with mental health problems
- **Calm Cafes** in the community 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** 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 physical AND mental health problems (for example eating disorders) to ensure they have the most effective treatment and to facilitate discharge.

Response from the Integrated Care System

‘Our focus is across 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
... this 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.’

Chief Medical Officer for NHS Shropshire, Telford and Wrekin



Response from Healthwatch England

Healthwatch England is a statutory committee of the independent regulator the **Care Quality Commission (CQC)**.

Their main statutory functions are to:

- Provide **leadership, guidance, support and advice** to local Healthwatch organisations.
- Escalate concerns about health and social care services which have been raised by local Healthwatch to CQC. **CQC are required to respond to advice from the Healthwatch England Committee.**
- **Provide advice to the Secretary of State for Health and Social Care, NHS England and English local authorities**, especially where we are of the view that the quality of services provided are not adequate. Bodies to whom advice is given are required to respond in writing. The Secretary of State for Health and Social Care is also required to consult Healthwatch England on the NHS mandate, which sets the objectives for the NHS.

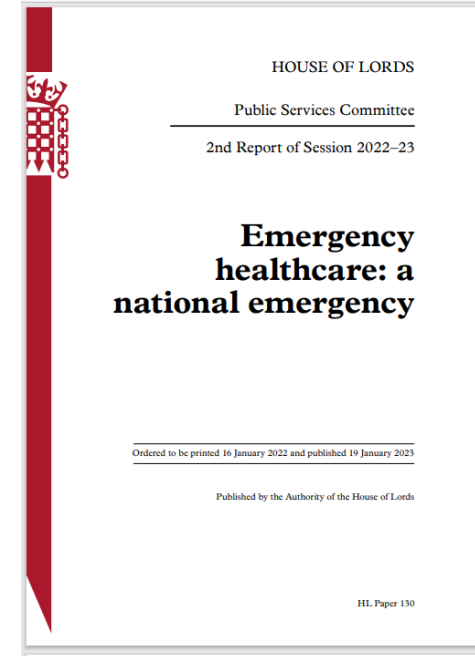
Response from Healthwatch England

Our evidence was used in a report to the House of Lords highlighting the national emergency care crisis:

Healthwatch evidence about declining patient confidence and poor access to urgent and emergency care services was cited in a House of Lords report about the ongoing crisis in a report published 19th January 2023.

The **report recommended that the government declares a national emergency and referred the NHS crisis to its COBRA committee** – which has previously dealt with exceptional risks to the UK such as the pandemic or terrorist attacks.

Healthwatch evidence quoted in the report included a case study shared by Healthwatch Shropshire about a woman with osteoporosis who was left on a kitchen floor for 21 hours after her daughter called for an ambulance.



Response from Healthwatch England

The Lords' report also called for:

- The NHS to report monthly on the number of patients waiting more than 12 hours from arrival at A&E, to give a more accurate picture of experience
- More clinical staff to be deployed in 111 call centres
- Action to address the “broken model for primary and community care” that drives patients to seek help from hospitals and “inadequate social care” that prevents timely hospital discharge

“People should be able to obtain reliable care at the right place, right time, and access care in the community through a GP, a health visitor, or a pharmacist whenever it is required including in the evenings and at weekends. Patients should be able to call a non-emergency service staffed by clinicians who are able to make a balanced judgement on what care is needed and avoid sending people to A&E or sending ambulances unnecessarily. Those who do need to access ambulances, or to visit A&E should be able to do so in a reasonable timeframe and be assured of safe treatment and swift admission into hospital if required. At the moment, the health service is delivering the very opposite of this model.”

Committee chair, Baroness Armstrong of Hill Top

6 Healthwatch Shropshire perspective and impact:

- Early findings were shared at the Shropshire Integrated Place Partnership Board - we found out that (unlike Telford) there was no **Falls Pathway** for Shropshire. GPs were not aware of **Two Carers in a Car** provided by Shropshire Council. Concerns around falls and the need to develop a pathway was immediately picked up by the Deputy Director of Nursing for the Integrated Care Board (previously the CCG).
- Concerns raised by **social care organisations** about their experience of calling for an ambulance for their service users were shared with Shropshire Council and we were assured they would speak to the care providers and WMAS to address the issues.
- People who shared their contact details were invited to speak to national media channels by **Healthwatch England**.
- WMAS shared that on the first day of **strike action**, for the first time they had ambulances available and no-one waiting. *Update: This has not continued.*

6 Healthwatch Shropshire ongoing work:

1. Contact the Director of Performance at the ICB to find out what, if any, knock on effect there was at SaTH of WMAS strike action (e.g. did people decide to make their own way there?)
2. Ask for evidence that the steps being taken by the Integrated Care System are positively impacting on ambulance delays via the Health and Wellbeing Board.
3. Work with Shropshire Community Health Trust to gather patient and carer experience of Virtual Wards.
4. Ask Care Home Managers and staff about their experiences of calling for an ambulance and the 'in-reach' support they are receiving from the NHS to prevent admissions and 'facilitate discharge' on Enter & View visits.
5. Re-visit our work to hear from children, young people and their families about their experiences of accessing mental health support. [Mental Health Crisis Services for Children and Young People in Shropshire, Telford & Wrekin | Healthwatch Shropshire](#)

For more information

Healthwatch Shropshire

4 The Creative Quarter

Shrewsbury Business Park

Shrewsbury

Shropshire, SY2 6LG

www.healthwatchshropshire.co.uk

t: 01743 237884

e: enquiries@healthwatchshropshire.co.uk

 [@HWSShropshire](https://twitter.com/HWSShropshire)

 facebook.com/HealthwatchShropshire

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