

THE KEY FINDINGS REPORT FOR THE 2008 CATEGORY C SERVICE USER SURVEY

THE CO-ORDINATION CENTRE FOR THE ACUTE PATIENT
SURVEY PROGRAMME

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1 Executive summary

1.1 About this survey

The national NHS patient survey programme is the longest established, and one of the largest, patient survey programmes in the world. The Care Quality Commission assumed responsibility for the programme in April 2009, funding the design, development and co-ordination of the surveys and overseeing implementation of the programme. The survey programme provides a unique opportunity to monitor patients' experiences of healthcare and is an important part of the Care Quality Commission's annual health check of NHS trusts.

This report details the key findings from a survey of Category C service users who used the ambulance service in England in July 2008.¹ Category C service users are those assessed by the ambulance service as having a non-urgent or not life threatening condition and are assigned a lower priority by the ambulance services, behind conditions that are immediately life-threatening (Category A) or require urgent attention (Category B). Category C covers a wide range of conditions, from falls or fainting to minor wounds or non-dangerous injuries.

Between October 2008 and January 2009, just under 4,000 Category C service users responded to the survey asking about their recent experiences of using the ambulance service at one of the eleven ambulance service NHS trusts in England.² This represents an overall adjusted response rate of 45%.

1.2 Key findings

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

- The vast majority of service users reported positive experiences for almost all aspects of care. Particularly positive were impressions of overall care, waiting times and of staff who came out to help service users "at the scene"
 - Overall:
 - 98% rated the care they received overall as 'excellent', 'very good' or 'good'
 - 94% felt that they were 'definitely' treated with respect and dignity
 - 90% said main reason for their call was 'completely' dealt with to their satisfaction
 - 90% felt staff 'definitely' listened to what they had to say
 - Waiting times:
 - 93% felt they spoke to a telephone advisor 'as soon as necessary'
 - 88% felt staff who came out to help them "at the scene" arrived 'as soon as necessary'
 - Staff who came out to the scene:
 - 91% 'definitely' had trust and confidence in staff
 - 90% were 'definitely' reassured by staff

¹ Trusts were instructed to draw a sample of 850 eligible service users from July 2008 callers, but one trust also included service users from June 2008 as sufficient records could not be obtained from July only.

² All ambulance service NHS trusts in England took part in the survey, with the exception of ambulance services provided on the Isle of Wight by Isle of Wight PCT because they do not receive a sufficient volume of Category C calls to generate the sample size. For this reason they were excluded from the survey.

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

The survey results are discussed in further detail in sections 3 to 7 of this report.

2 Introduction

This report summarises key findings from the first survey of Category C ambulance service users. The 2008 Category C service user survey is part of the national patient survey programme. The national patient survey programme is owned by the Department of Health and has been operating since 2002. The Care Quality Commission administers the programme. The Care Quality Commission (CQC) is the independent regulator of all health and adult social care in England¹.

Understanding the experiences of service users is key to effectively auditing services and ensuring they are designed around user's needs. These findings will be used by the Care Quality Commission as part of its 2008/09 annual health check to measure the quality of care being provided to patients.²

The survey was carried out in all 11 eligible³ NHS ambulance service trusts in England. Each trust identified a random list of 850 eligible Category C service users who had used the ambulance service in June and July 2008. Service users were eligible if they were 16 years or older and met the Department of Health definition of Category C callers⁴. The following were not included in the sample:

- incomplete and hoax calls
- records with incomplete information for posting a questionnaire

There are various care pathways available to Category C service users beyond a traditional 'blue light' ambulance response conveying patients to hospital. Figure 1 below summarises the pathways taken by respondents to this survey and the proportions following each route.

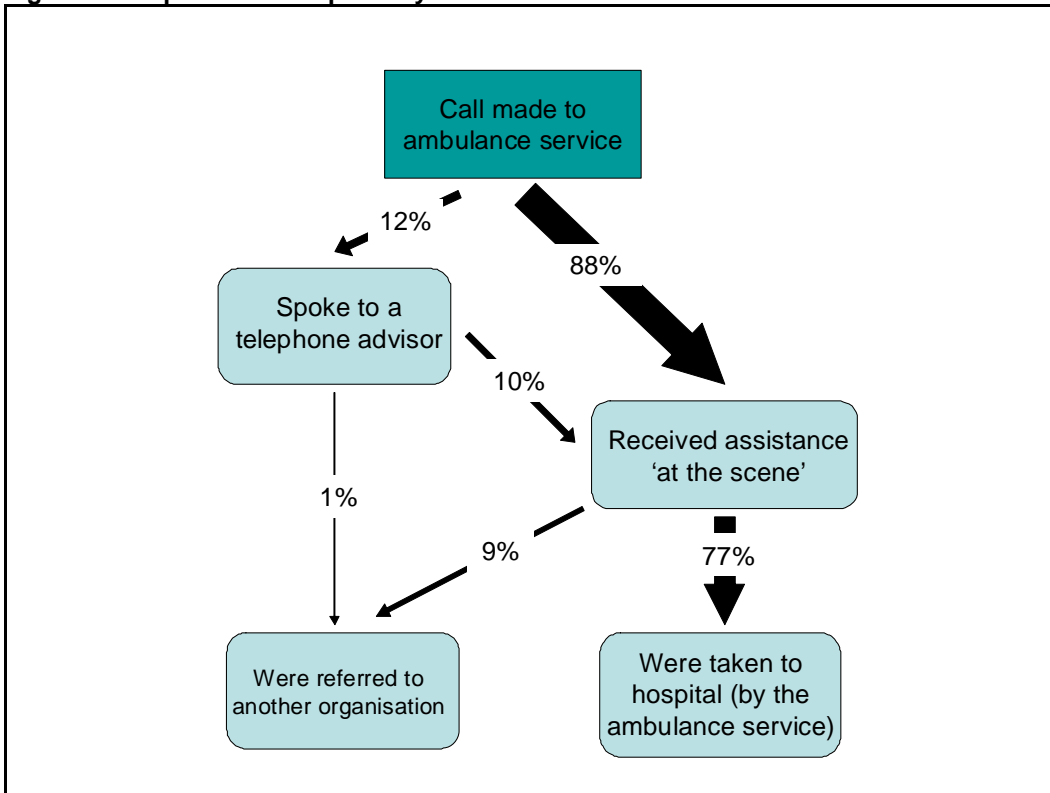
¹ For more information about the Care Quality Commission and the national patient survey programme see Appendix 1: About the Care Quality Commission and the national NHS patient survey programme

² <http://www.cqc.org.uk/guidanceforprofessionals/healthcare/nhsstaff/annualhealthcheck2008/09.cfm>

³ As mentioned above, ambulance services provided on the Isle of Wight by Isle of Wight PCT were excluded from participation because they do not receive a sufficient volume of Category C calls to generate the specified sample size.

⁴ For further information on Department of Health ambulance call categorisation definitions see their website: http://www.dh.gov.uk/en/Healthcare/Emergencycare/DH_065023

Figure 1: Respondent care pathways



Base: All respondents

Note: In Figure 1 above the 12% who spoke to a telephone advisor were those who spoke to a clinically trained advisor *after* speaking to the initial call taker at the ambulance service.

Differences between respondents using the ambulance service for the first time in a year, and those using the service more frequently are discussed throughout the report, Z-tests were used to test for differences between subgroups and all differences noted in this report are significant at the 5% level ($p < 0.05$). Where no differences are reported between these subgroups, this is because none were found. Differences by age group are not discussed in this report, however there was a general trend throughout the survey (also found in other patient surveys¹) where reported experiences of younger respondents were less positive than those of older respondents.

The appendicised tables present data to one decimal place, but where values are discussed in the text of the report, these are rounded up from two decimal places. Due to rounding, the sum of responses discussed in the report may not always equal 100%.

Caution must be exercised when comparing results broken down by subgroup, or when looking at associations that have been found between responses to different questions. This is because the relationships between both the responses and characteristics of respondents are complex, and the analysis presented here does not control for all relevant factors. That is, although two things may appear to be connected, the analysis is not sufficient to prove that there is a causal link between them: it might equally be that an additional variable is responsible. For example, people giving a certain response to one question may appear more likely to give a specific response at another, but it may actually be due to differences in the age of respondents. The aim of this report is simply to identify and describe the associations, not to make conclusions about the nature and cause of such associations.

¹ Healthcare Commission (2006) Variations in the experiences of patients using the NHS services in England: Analysis of the Healthcare Commission's 2004/05 surveys of patients. Healthcare Commission.

More information on the methods and tables showing the results of this survey are included in the appendices.

3 Calling the ambulance

The sections of this report follow service users' experiences at each stage of their contact with the ambulance service. This section first outlines respondents' experience of calling the ambulance and touches on their decision to do so.

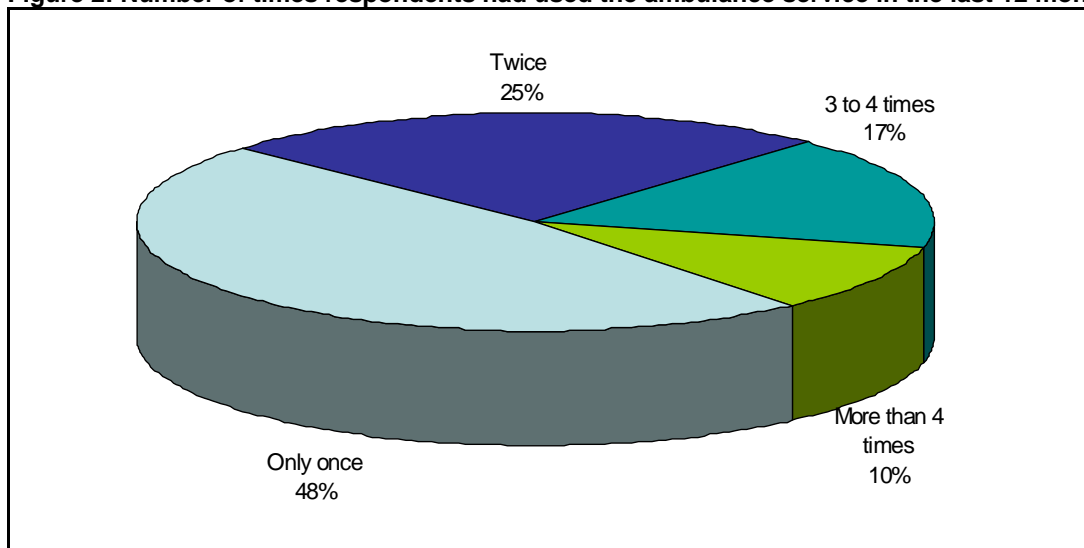
Service user behaviour

Category C callers are characterised by their need for assistance for a non-life threatening or urgent condition. Someone in this type of situation could potentially contact a number of different NHS services to get the help they need (such as a GP, an out of hours service, NHS Direct), or even a service or organisation outside the NHS (such as social services or a voluntary organisation). The survey asked service users whether they, or the person calling 999 on their behalf, had considered any other organisation or service before calling the ambulance service. Just under a third of respondents (31%) said they had considered calling another organisation or service such as NHS Direct or a GP. If respondents who did not speak to the operator themselves are excluded this figure is slightly lower, 27% of respondents who called and spoke to the operator themselves said they considered some alternative before calling the ambulance service.

Most respondents (81%) were at home when the ambulance service was called; only 11% were in a public place. The remaining 8% said they were "somewhere else".

Just over half of respondents (52%) had used the emergency ambulance service more than once in the last 12 months, as shown in Figure 2. A quarter (25%) of respondents had used the service twice, 17% three or four times and 10% had used it more than four times.

Figure 2: Number of times respondents had used the ambulance service in the last 12 months



Base: All respondents (n=3623)

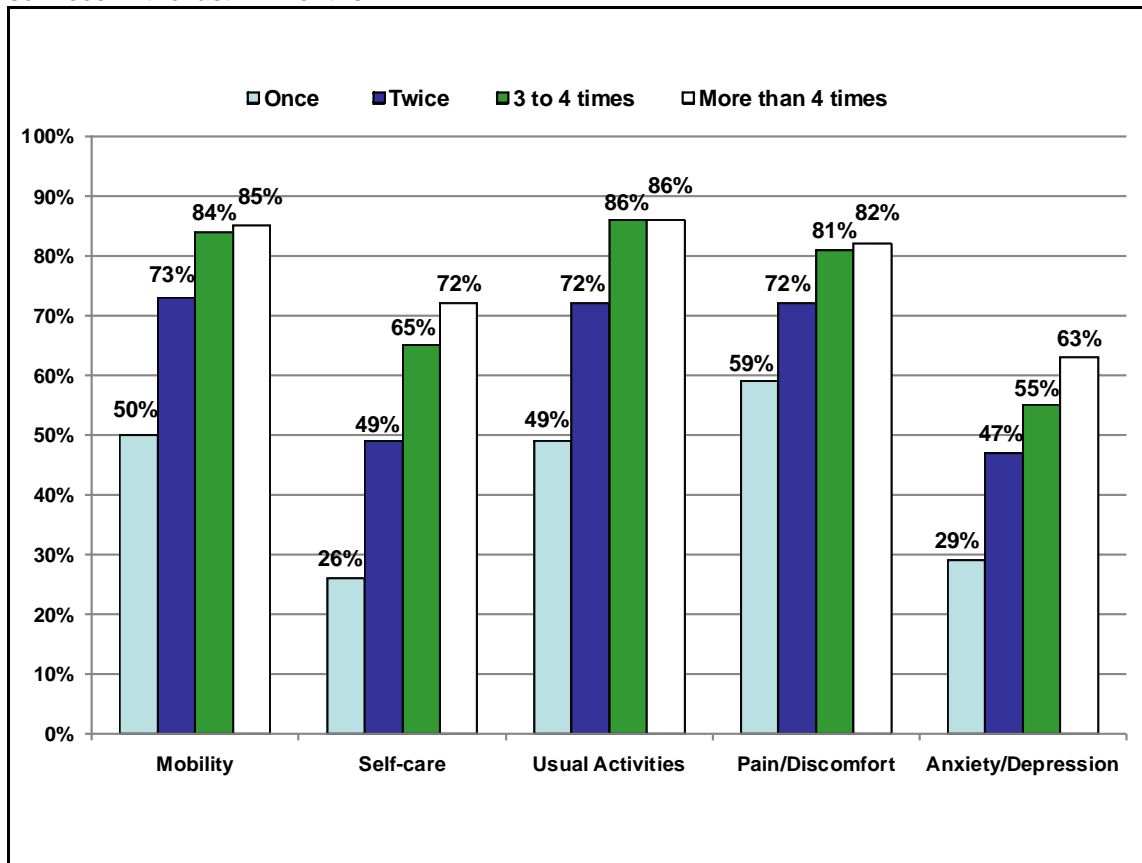
Throughout this report it is noted where differences in reported experiences exist for respondents using the ambulance service once, twice, 3 to 4 times or more than 4 times in the last 12 months¹.

¹ This information is based on respondents' answers to Q36 in the questionnaire 'How many times (including this one) have you used the emergency ambulance services in the last 12 months (excluding any times you may have called an ambulance for someone else)?'

Therefore it is worth noting some of the characteristics of these groups. A greater proportion of more regular users, those using the ambulance service four or more times in the last 12 months, were at home when they called the ambulance service (94% compared to 70% who had only used the ambulance service once and 89% who had used it twice). More men than women had used the ambulance service more than four times in the last 12 months (12% compared to 9% of women). More women on the other hand said they had used the service only once in the last 12 months (50% compared to 46% of men). A greater proportion of older respondents said they had used the ambulance service more regularly in the past 12 months, with 64% of respondents aged over 80 and 54% of those aged 66 to 80 years saying they had used the ambulance service more than once in the last 12 months. This compares with just 44% of those aged 51 to 65 years, 41% of those aged 35 to 50 years and 40% of those aged 16 to 35 years old.

More frequent users of the ambulance service tended to report poorer health status *at the time of answering the questionnaire* (as measured by the 5 item EQ-5D descriptive system). More of those using the service more than 3 times in the last 12 months (i.e. the '3 to 4 times' and 'more than 4 times' groups) reported problems with mobility, self-care, usual activities (such as work, study, housework, family or leisure activities), pain / discomfort and anxiety / depression when compared to those using the ambulance service 2 to 3 times only. As shown in Figure 3 below, fewer of those using the ambulance service for the first time in 12 months reported problems in any of these areas.

Figure 3: Proportion of reported problems by dimension and frequency of use of the ambulance services in the last 12 months¹



Base: All respondents

¹ Figure 3 shows the sum of the proportion of reported level 2 and level 3 problems.

Call handling

Less than a third of respondents (29%) had spoken to the ambulance control room call handler themselves. In most cases (71%) someone else had done this on behalf of the service user.

More regular service users were also more likely to have spoken to the call handler themselves, 43% of those using the service more than 4 times in the last 12 months had done so, compared to only 21% of those using it for the first time in 12 months.

Of those who had spoken directly to the call handler, most found this person reassuring and courteous. Eighty-seven per cent said their call handler was 'definitely' reassuring and 12% said they were reassuring 'to some extent'. Only one per cent felt the call handler was not reassuring. When rating the courtesy of the call handler most respondents felt this was 'excellent' (59%) or 'very good' (30%). Eight per cent of respondents rated the call handler's courtesy as 'good'. Only 2% of respondents who had spoken to a call handler felt the courtesy they received was 'fair' and less than 1% felt it was 'poor' or 'very poor'.

A greater proportion of those who had used the ambulance service 3 to 4 times in the last 12 months found the ambulance call handler 'definitely' reassuring (92%) compared to those who had only used it once (84%).

4 Telephone assessment and advice

All 999 calls for the ambulance service are assessed by call handlers at an ambulance control room. In addition to this, ambulance trusts also run telephone advice services allowing callers to speak to clinically trained staff on the telephone who can assess the patient's clinical needs and provide advice. In some cases service users will not need an ambulance if their problem can be dealt with solely by telephone advice or by being referred elsewhere (e.g. to NHS Direct, a GP etc.). With the mounting pressure placed on ambulance services by increasing call volumes¹, telephone advice provided as an alternative to assistance at the scene offers a solution to the problem of meeting this increasing demand. This section discusses the experiences of respondents who talked to a telephone advisor after speaking to the call handler.

Just under half (48%) of respondents who spoke to a call handler themselves said their call was passed on to a telephone advisor who assessed their situation or gave them advice over the phone.

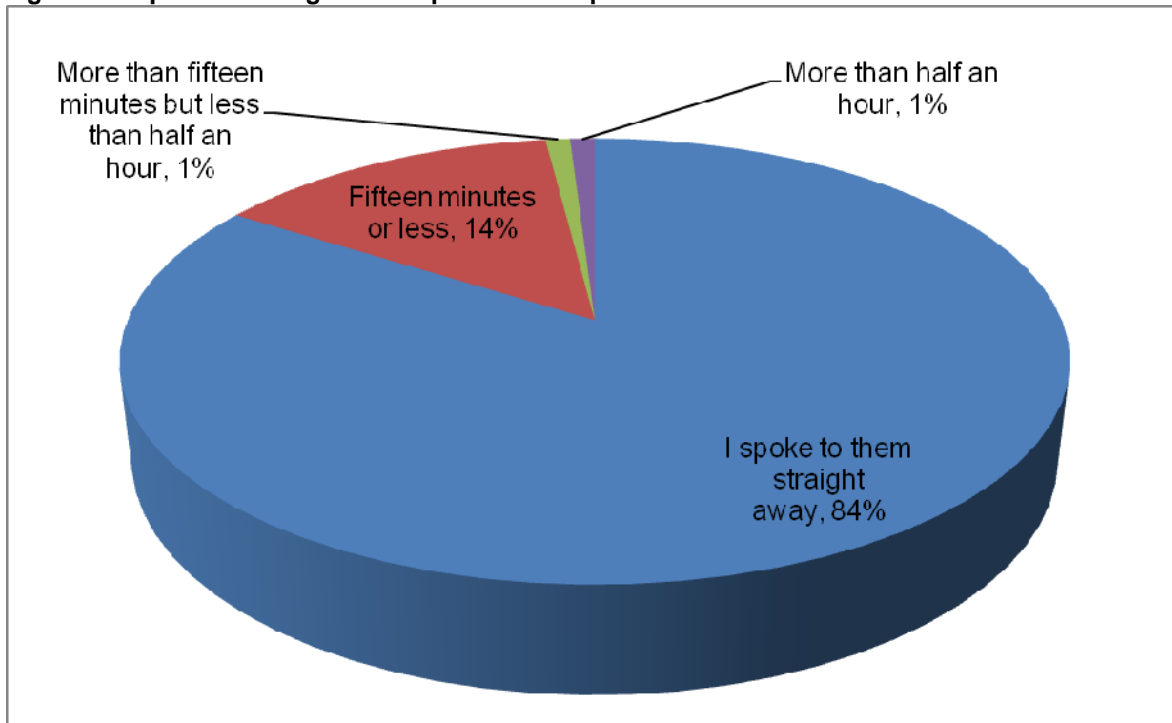
A greater proportion of respondents who were more regular service users said they had been passed on to a telephone advisor. Twenty-three per cent of those who had used the service more than 4 times in the last 12 months and 17% of those using it 3 to 4 times had been passed on to a telephone advisor. This compares to just 11% of those using the ambulance service twice in the last 12 months and only 8% of those using it just once.

4.1 Response times

Feedback from respondents who spoke to a telephone advisor was generally very positive. As shown in Figure 4, most did not have to wait long to speak to an advisor, 84% were able to speak to someone straight away and a further 14% were able to do so within 15 minutes. Only 1% waited between 15 minutes and half an hour to speak to a telephone advisor and a further 1% waited more than half an hour. The immediacy of telephone advice was reflected in respondents' satisfaction with the waiting times. Almost all (93%) felt that they spoke to an advisor as soon as they thought was necessary. Six per cent of respondents felt they should have spoken to an advisor 'a bit sooner', and 1% 'a lot sooner'.

¹ For statistics on call volumes to emergency ambulance services see the NHS Information Centre's Statistics and Data Collections for Ambulance Services

Figure 4: Reported waiting time to speak to a telephone advisor



Base: All who spoke to a telephone advisor (n=415)

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

4.2 Reassurance and communication by staff

Most respondents who spoke to a telephone advisor found them reassuring and courteous. Eighty-five per cent found the telephone advisor 'definitely' reassuring, while 13% felt they were reassuring 'to some extent'. A small proportion of respondents (2%) were not reassured by the telephone advisor they spoke to.

Over half (58%) of respondents who said they spoke to a telephone advisor rated the courtesy with which they were treated as 'excellent', almost a third (31%) gave a rating of 'very good', 8% rated courtesy as 'good' and 2% rated it as 'fair'. Less than 1% rated the courtesy of the telephone advisor as either 'poor' or 'very poor'.

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

4.3 Quality of advice

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

5 Assistance at the scene

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

5.1 Response time

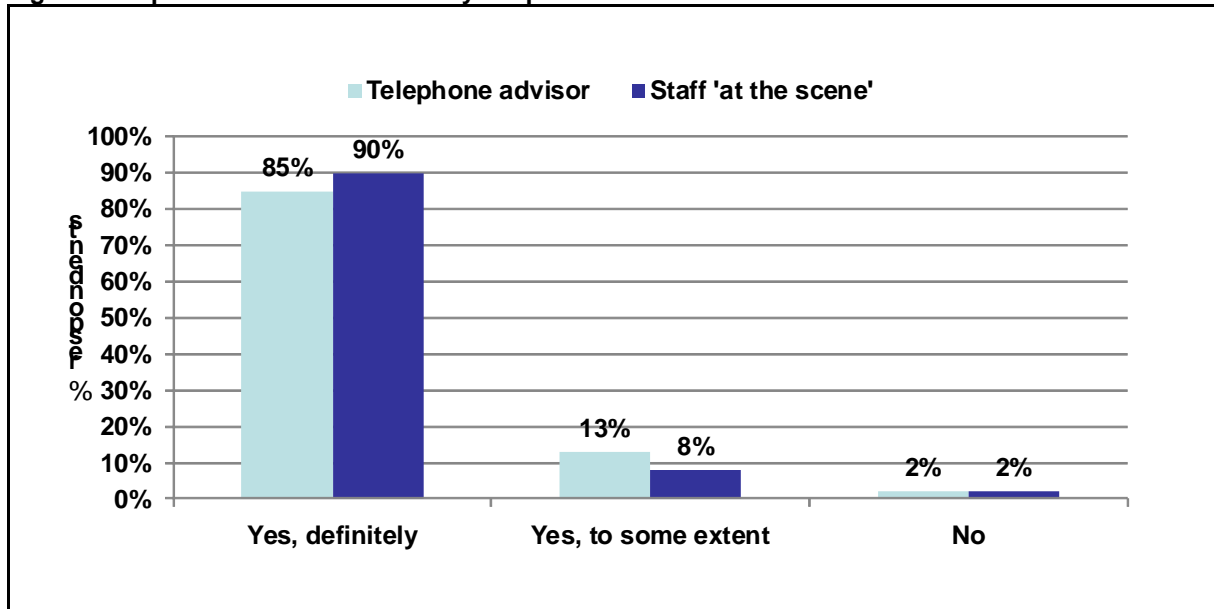
There are no national targets for Category C service users to receive assistance within any particular time frame and it is for each ambulance trust to determine their own response time targets locally (unlike Category A and B calls which are subject to national response time targets). When asked how they felt about the length of time they were waiting before someone from the ambulance service arrived, service users' opinions did vary somewhat between trusts. Overall, 8% of respondents felt the arrival of help from the ambulance service could have been 'a bit sooner', and 4% felt help should have arrived 'a lot sooner'. The remaining majority (88%) were seen 'as soon' as they thought was necessary. This figure ranged fairly widely between different trusts across England from 76% to 95%.

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

5.2 Confidence and trust in staff

High levels of trust and confidence were placed in staff assisting respondents at the scene. Nine out of ten (91%) respondents 'definitely' had confidence and trust in staff who came out to help them and 8% said they did 'to some extent'. Only 1% did not have trust and confidence in the staff attending them. As shown in Figure 5, reassurance from staff present at the scene was rated somewhat higher than for telephone advice. Ninety per cent of respondents found the ambulance service staff that came out to help them 'definitely' reassuring, and 8% felt they were 'to some extent' (cf. 85% 'definitely' found telephone advisors reassuring, 13% 'to some extent').

Figure 5: Experience of reassurance by telephone advice staff and staff 'at the scene'



Base: All who spoke to a telephone advisor (n=416) and All those who had someone from the ambulance service come out to help them (n=3,596)

5.3 Managing pain

Respondents were asked whether they were in any pain at the time the ambulance service staff came to help them, and whether they felt that the attending staff did everything they could to help control this pain. Sixty eight per cent of respondents reported that they were in pain at the time. Of these, three quarters (75%) said the staff attending them 'definitely' did everything they could to help control their pain. Nineteen per cent felt that staff had done so 'to some extent', but 6% did not think staff had done everything they could to help control their pain.

A higher percentage of those who were using the ambulance for the first time in 12 months said they were in pain at the time (75% compared to 66% of those using it twice, 58% of those who had used the service 3 to 4 times and 62% of those who had used it more than 4 times) and more of this group also felt that attending staff had 'definitely' done everything they could to help control their pain (77% compared to 70% of those using the service 3 to 4 times in the last 12 months). More frequent ambulance service users were more likely to say staff had only done everything they could to help control their pain 'to some extent' (24% of those using the service more than 4 times in the last 12 months and 23% of those using the service 3 to 4 times, compared to 17% of those using it for the first time in 12 months).

5.4 Information and communication

Feedback on communication from staff who attended respondents at the scene was akin to that for telephone advisors. Most respondents (82%) said their care and treatment was explained in a way they could 'definitely' understand, however 15% felt this was only done 'to some extent'. Only 2% said their care and treatment was not explained to them in a way they could understand.

Ninety-five per cent of respondents thought friends and relatives who were with them at the time were given enough information from staff about their condition and treatment.

5.5 Transport

Of those who had someone from the ambulance service come out to help them, 83% were then provided with transport by the ambulance service and almost all (96%) of this group were conveyed to hospital.

Almost all respondents who were conveyed in an ambulance service vehicle felt that the interior was 'very clean' (90%) or 'fairly clean' (9%). One per cent said the interior of the vehicle was 'not very clean', or 'not at all clean'.

6 Contact with other organisations or parts of the NHS

This section describes what happened to respondents following on from the care provided by ambulance service staff. Contact with the ambulance services is normally just the beginning of a patient's care pathway and typically the next stage of care comes from a hospital A&E department. However, in many cases attendance at A&E is neither necessary nor desirable for service users who can be treated at home or in a community setting. A strategic review of ambulance services in 2005¹, recommended ambulance services work towards reducing unnecessary hospital attendances by providing an increased range of services, working more closely with other local healthcare providers.

As shown in Figure 6, of all survey respondents (including those not receiving a response at the scene) over three quarters (77%) were conveyed to hospital by the ambulance service. A further 3% were provided with transport but said they were not taken to a hospital (the survey did not ask these respondents to specify where they were conveyed to). This is only slightly higher than national figures which report that 76% of all Category C incidents² resulted in a patient journey in 2007/08³.

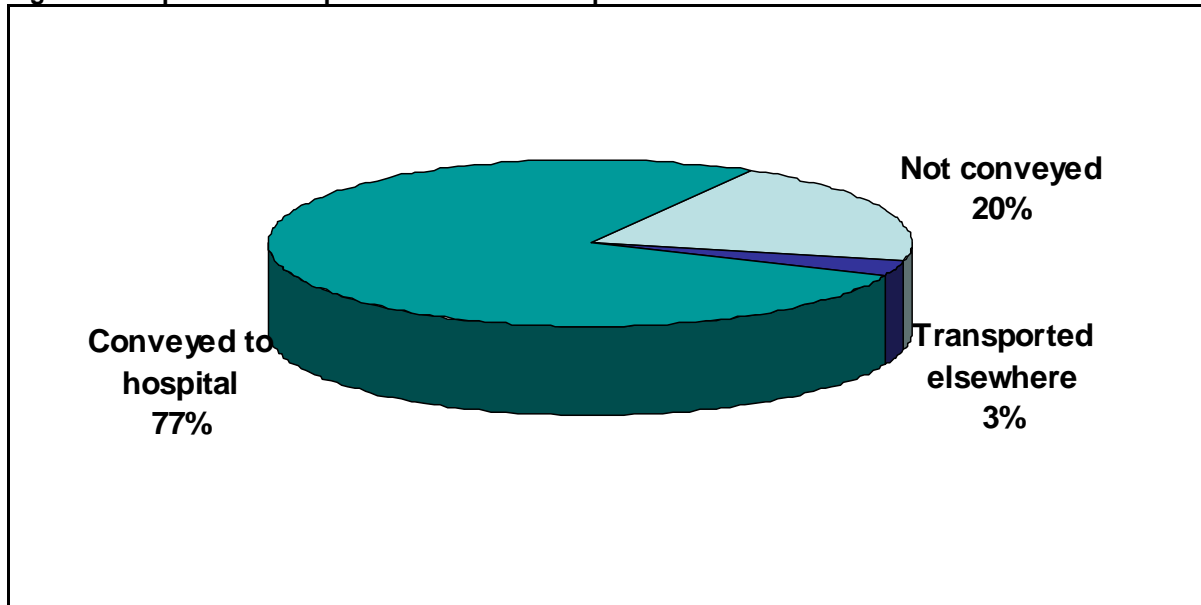
More of those who had used the ambulance service 3 to 4 times in the last 12 months said that they were not taken to hospital (5%), compared to 3% of those who were using the service for the first time in 12 months.

¹ Department of Health. *Taking Healthcare to the Patient – Transforming NHS ambulance services*. London: Department of Health, 2005

² Category C incidents are calls to the ambulance service prioritised as 'Category C' and resulting in an emergency response arriving at the scene of the incident

³ Source: The NHS Information Centre: Ambulance Statistics 2007/08

Figure 6: Proportion of respondents taken to hospital



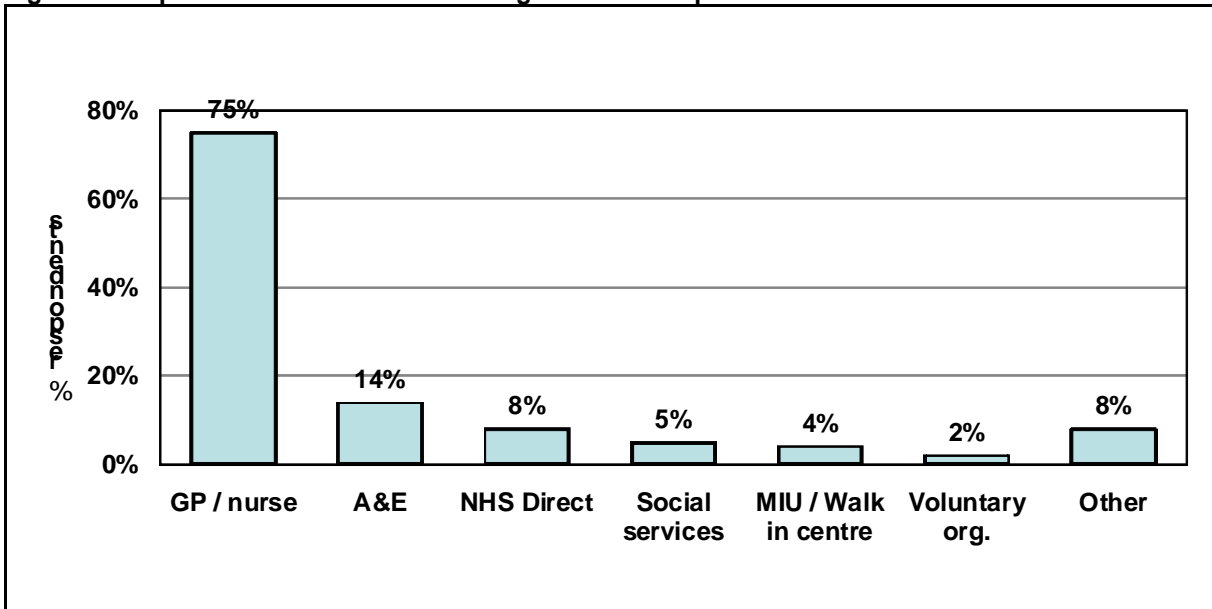
Base: All respondents (n=3787)

Of those respondents who were not taken to hospital by the ambulance service, the vast majority (95%) agreed with this decision, 5% did not agree.

Over half (53%) of those not taken to hospital by the ambulance service were referred to another organisation or part of the NHS. Twenty-two per cent were put in touch with these other organisations by the ambulance service, whilst 31% were told to contact the organisation themselves. As a proportion of all survey respondents, 9% were referred to another organisation or part of the NHS.

Respondents were asked where they were referred to from a list of organisations and services (respondents were instructed to 'tick all that apply'). Of respondents referred elsewhere, 14% were put in touch with or told to contact more than one service or organisation, although it is not clear from responses whether they had been told to contact all options, or offered the choice of who to contact from a selection of services. In most cases, service users were put in touch with, or told to contact, a GP or nurse (75%) or an A&E Department (14%). Nearly four fifths of referrals (78%) were to a GP or nurse, or A&E, or both. As shown in Figure 7, a relatively small proportion of respondents were put in touch with or told to contact other NHS services such as NHS Direct (8%), walk-in centres or minor injuries units (4%), other organisations such as social services (5%) or voluntary organisations such as Age Concern, Samaritans etc. (2%).

Figure 7: Proportion of referrals to other organisations or parts of the NHS



Base: All respondents who were not taken to hospital and were put in touch with or told to contact another organisation (n=308)

A smaller proportion of those who had used the ambulance service for the first time in 12 months said they were put in touch with social services (2%), compared to 10% of those who had used the ambulance service twice in the last 12 months.

7 Overall

Whilst previous sections have looked specifically at the different stages of care provided by the ambulance service, this section outlines respondents' overall impressions of the care they received.

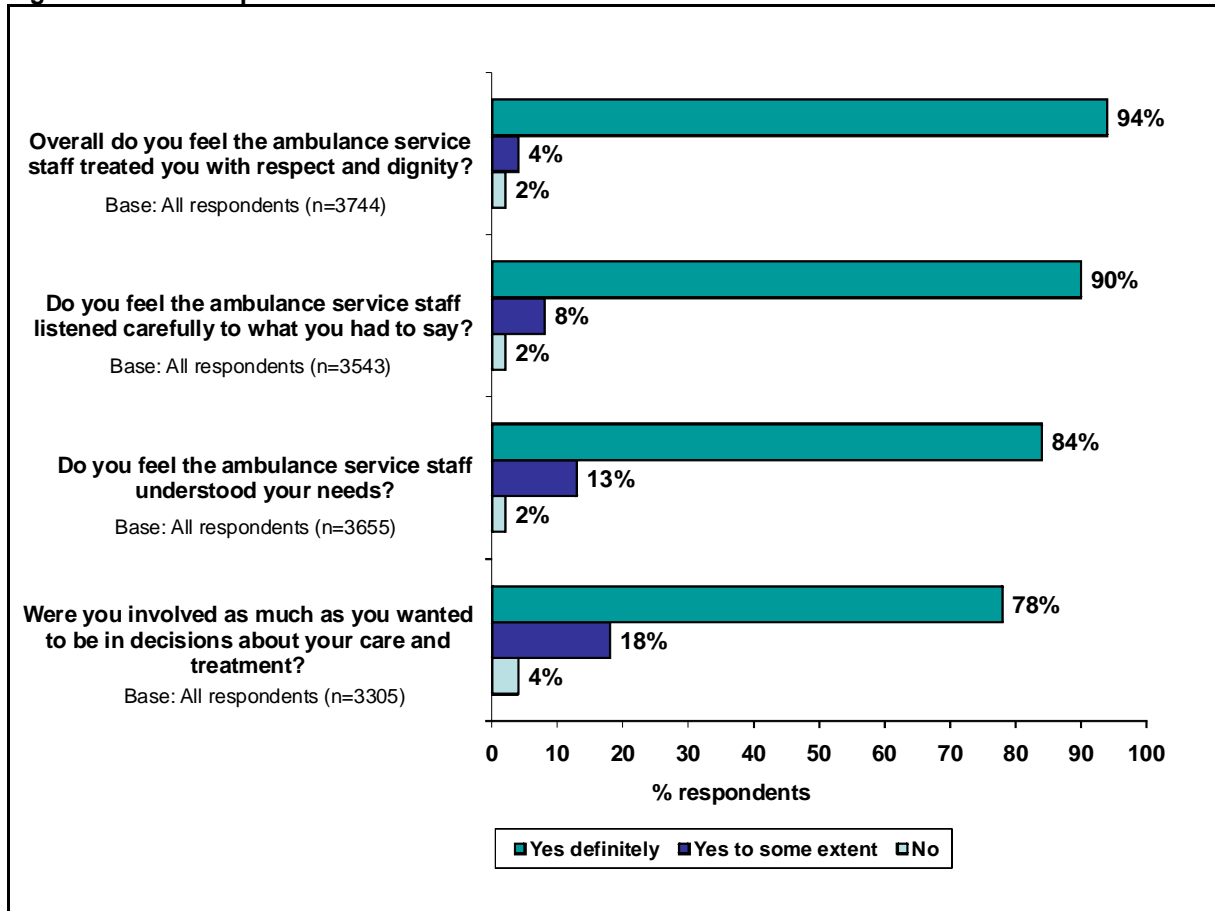
Respondents were asked to rate the care they received from the ambulance service on a six-point scale, ranking from 'excellent', 'very good', and 'good' through to 'fair', 'poor' or 'very poor'. Ratings of overall care were very positive, with 98% giving a rating of 'excellent', 'very good' or 'good' and 73% giving the highest possible rating of 'excellent'. Twenty-one per cent rated their care as 'very good' and 4% gave a rating of 'good'. Only 1% rated their care overall as 'fair' and 1% as 'poor'.

Nine out of ten respondents (90%) considered the main reason for their call to the ambulance service dealt with 'completely' to their satisfaction, a further 8% saying this was the case 'to some extent'. Two per cent did not feel the main reason for their call had been dealt with to their satisfaction.

Ninety per cent of respondents felt the ambulance service staff 'definitely' listened carefully to what they had to say, while a further 8% felt staff had listened 'to some extent'. Two per cent did not think staff listened carefully to what they had to say. Slightly fewer respondents felt staff had 'definitely' understood their needs (84%), 13% saying staff had understood their needs only 'to some extent'. Two per cent felt the ambulance service staff had not understood their needs. In terms of involvement in decisions, although most respondents (96%) said they were involved as much as they wanted to be in decisions about their care and treatment, 78% said they were 'definitely' involved whilst nearly one in five (18%) said this was only done 'to some extent'. Four per cent were not involved as much as they wanted to be in decisions about their care and treatment.

Almost all respondents felt they were treated with respect and dignity by ambulance service staff; the majority (94%) considering this 'definitely' the case although for 4% this was only 'to some extent'. Two per cent did not feel staff had treated them with respect and dignity. Figure 8 summarises respondents' experiences of overall care provided by the ambulance service.

Figure 8: Overall experiences of care



Regular users (using the service more than 4 times in the last 12 months) were less positive about staff understanding their needs and their involvement in decisions. A greater proportion of those who had only used the ambulance service once in the last 12 months were satisfied that they had 'definitely' been involved in decisions about their care and treatment (81% compared to 75% of those who had used it 3 to 4 times and 72% of those who had used it more than 4 times). A greater proportion of this group also felt that staff had 'definitely' understood their needs (86% compared to 80% of those who had used it more than 4 times).

Appendix 1: About the Care Quality Commission and the national NHS patient survey programme

The Care Quality Commission (CQC) is the independent regulator of all health and adult social care in England. They inspect all health and adult social care services in England, whether they're provided by the NHS, local authorities, private companies or voluntary organizations and protect the interests of people detained under the Mental Health Act. They make sure that essential common standards of quality are met everywhere care is provided, from hospitals to private care homes, and work towards their improvement. The aim of the Care Quality Commission is to make sure better care is provided for everyone, whether that's in hospital, in care homes, in people's own homes, or anywhere else that care is provided.

The national NHS patient survey programme, which the Care Quality Commission assumed responsibility for in April 2009, is one of the largest patient survey programmes in the world. It provides a unique opportunity to monitor the experiences of healthcare users and is an important part of the Care Quality Commission's annual health check assessment of NHS organisations.

The national NHS patient survey programme aims to:

- Provide feedback from patients to healthcare organisations which can be used locally for quality improvement
- Gather information about the experiences of people using services to inform performance assessments and Care Quality Commission inspections and reviews at a local level
- Assess the performance of healthcare providers and monitor the experiences of patients at a national level
- Allow healthcare organisations to compare their results so that best practice can be shared.

During 2008, the Care Quality Commission¹ carried out five national surveys asking patients across England about their experiences of emergency, inpatient, ambulance, mental health care and local healthcare services (including GP practices, health centres and access to dentistry). The questionnaire and methodology used in this Category C ambulance service user survey was developed by Picker Institute Europe.

The results of the survey and data on service users' experiences in each NHS trust are available in detailed reports and can be found on the Care Quality Commission website at <http://www.cqc.org.uk/NationalPatientSurveyProgramme>

The Care Quality Commission has archived the survey data with the UK Data Archive with appropriate safeguards that ensure patient confidentiality. Registration is necessary to access the raw data, see <http://www.data-archive.ac.uk> for further information.

How was the 2008 Category C Service User questionnaire developed?

The questionnaire for the Category C service user survey was developed by the Co-ordination centre for the acute patient survey programme at Picker Institute Europe through consultation with service users and other stakeholders. Questions reflect the priorities and concerns of service users and are based on what is most important from a service user's perspective. The questionnaire was refined through cognitive testing and a mailed pilot in two NHS ambulance

¹ Before April 1st 2009 this work was carried out by the Healthcare Commission.

trusts. More information about the questionnaire development can be found on the NHS Surveys website (www.nhssurveys.org).

Questionnaire and method

The questionnaire was composed of 46 closed questions plus 3 open ended questions in the final section that invited respondents to comment in their own words on the aspects that were particularly good about their care, and the aspects that could be improved.

Service users selected for the sample were sent a postal questionnaire with a covering letter. Up to two reminder letters were sent to non-respondents¹.

Calculation of trust-based national averages for responses to all questions

The weighted percentages presented in this report were calculated so that each trust had an equal influence on the final estimate. They therefore represent the results from the “average trust”. If unweighted percentages had been used, the trusts’ influence would not have been equal, since some trusts had a higher response rate than others and would therefore contribute more to any percentage calculated in this way. The effect of this would have been to skew the national averages towards the averages for the trusts with the greatest response rates.

This method ensures that all trusts had the same influence on the percentages, regardless of their response rate. That is, the proportion of responses to each response option for each individual question is calculated within each trust. The overall national percentage for a given response is then calculated as a mean of all the trusts’ proportions.

This method provides a figure that represents every trust equally regardless of differential response rates.

The only exceptions to this approach were in the figures for demographics (number of times used the ambulance service, sex, age, any disability and its effect on daily living, ethnic group, and personal health evaluation). These are given as simple percentages, as it is more appropriate to present the real percentages of sampled service users and respondents, rather than average figures.

¹ In one trust only one reminder letter was sent to non-respondents.

Appendix 2: Who took part in the survey?

Questionnaires were sent to 9,354 service users¹ and completed questionnaires were received from 3,869 respondents. This represents an adjusted response rate of 45% when undelivered questionnaires, ineligible service users, and deceased service users have been accounted for (adjusted response rates varied between trusts from 36% to 51%).

Outcome of sending questionnaire

	Number	Percent (%)
Returned useable questionnaire	3869	41
Returned undelivered or service user moved house	441	5
Service user died	210	2
Too ill, opted out or returned blank questionnaire	471	5
Service user not eligible to fill in questionnaire	5	0
Questionnaire not returned - reason not known	4359	47
Total	9355	100

Of all those service users who returned completed questionnaires:

- 59.2% were women
- 12.0% were aged 16-35 years, 12.1% 36-50 years, 15.0% were 51-65 years, 30.1% were 66-80 years and 30.9% were 81 years or over
- 95.8% were White, 2.0% Asian or Asian British, 1.3% Black or Black British, 0.8% were of mixed race, 0.1% were Chinese or from another ethnic group
- 34% said they had no problems in walking about, 56% had no problems with self-care, 35% had no problems with performing their usual activities, 31% had no pain or discomfort, and 58% said they are not anxious or depressed (at the time of responding to the questionnaire)
- 65% described themselves as having at least one long-standing condition. The majority of these reported having a physical condition (37%) or a long-term illness (25%).
- Of those with a long-standing condition, 17% said that it does not cause them difficulty with activities. For those whose condition does cause them difficulties, over two thirds (68%) said that this causes them “difficulty with everyday activities that people their age can usually do” 44% said it causes them difficulty with “access to buildings, streets or transport vehicles” and 29% said it causes them difficulty with “communicating, mixing with others, or socialising”.

¹ There are 9,355 cases in the data file because 1 respondent removed their unique ID and so the response information could not be matched to the sample information

Demographics of respondents and non-respondents

It is important to compare the demographic characteristics of the respondents and non-respondents to the survey because respondents to a survey may not be representative of all service users that contacted a particular ambulance trust. The sampling strategy was designed to approximate the population of service users at each participating ambulance trust.

After service users who had died during the survey period, those who were ineligible, or whose questionnaires were returned undelivered were removed from the sample, completed questionnaires were received from 43.5% of male and 45.2% of female service users in the sample.

With the exception of those aged 81 or over, older service users were more likely to respond than younger service users and useable questionnaires were returned by:

- 25.6% of 16 to 35 year olds
- 39.4% of 36 to 50 year olds
- 54.1% of 51 to 65 year olds
- 58.6% of 66 to 80 year olds
- 45.3% of service users aged 81 or over.

The highest response rates were for female service users aged 66 to 80 (59.9%) and 51 to 65 (57.6%) and male service users aged 66 to 80 (56.6%). The lowest response rates were for men aged 16 to 35 (21.3%) and women aged 16 to 35 (29.4%).

Ambulance service trusts' recording of service users' ethnic group was available for only 33.7% of the sample. This means it is not possible to reliably determine response rates for different ethnic groups.

Appendix 3: Tables of results

Please note, due to rounding, the sum of some responses may not equal 100%.

Calling the ambulance

Q1 Before the ambulance service was called did you consider calling any other organisation or service for help?

	National average %	Number
Yes	30.5%	1081
No	69.5%	2459
Number of respondents		3540
Don't know/ Can't remember		239
Missing responses		90

Answered by all

Q2 Where were you when the ambulance was called?

	National average %	Number
At home	81.2%	3079
In a public place	10.9%	411
Somewhere else	7.9%	297
Number of respondents		3787
Don't know/ Can't remember		16
Missing responses		66

Answered by all

Q3 Did you speak to the operator?

	National average %	Number
Yes	29.4%	1083
No, someone else spoke to them on my behalf	70.6%	2605
Number of respondents		3688
Don't know/ Can't remember		87
Missing responses		94

Answered by all

Q4 Was the ambulance control room operator reassuring?

	National average %	Number
Yes, definitely	86.5%	897
Yes, to some extent	12.1%	135
No	1.4%	15
Number of respondents		1047
Don't know/ Can't remember		22
Missing responses		49

Answered by all who spoke to an ambulance control room operator

Q5 How would you rate the courtesy of the ambulance control room operator?

	National average %	Number
Excellent	58.8%	627
Very good	29.9%	322
Good	8.0%	90
Fair	2.3%	25
Poor	.6%	7
Very poor	.3%	4
Number of respondents		1075
Missing responses		44

Answered by all who spoke to an ambulance control room operator

Telephone assessment and advice

Q6 Did the ambulance control room operator pass your call on to a telephone advisor to assess your situation or give you advice over the phone?

	National average %	Number
Yes	47.5%	426
No	52.5%	477
Number of respondents		903
Don't know/ Can't remember		207
Missing responses		92

Answered by all who spoke to an ambulance control room operator

Q7 How long did you have to wait to speak to the telephone advisor?

	National average %	Number
I spoke to them straight away	84.1%	340
Fifteen minutes or less	14.4%	68
More than fifteen minutes but less than half an hour	.9%	5
More than half an hour	.5%	2
Number of respondents		415
Don't know/ Can't remember		7
Missing responses		10

Answered by all who spoke to a telephone advisor

Q8 How do you feel about the length of time you waited before you spoke to the telephone advisor?

	National average %	Number
It was as soon as I thought was necessary	93.0%	362
It should have been a bit sooner	6.0%	26
It should have been a lot sooner	1.0%	5
Number of respondents		393
Not sure/ Can't remember		14
Missing responses		20

Answered by all who spoke to a telephone advisor

Q9 Was the telephone advisor reassuring?

	National average %	Number
Yes, definitely	85.1%	351
Yes, to some extent	13.4%	57
No	1.5%	8
Number of respondents		416
Don't know/ Can't remember		6
Missing responses		11

Answered by all who spoke to a telephone advisor

Q10 How would you rate the courtesy of the telephone advisor?

	National average %	Number
Excellent	58.4%	241
Very good	31.0%	133
Good	7.8%	35
Fair	2.2%	10
Poor	.4%	2
Very poor	.3%	2
Number of respondents		423
Missing responses		10

Answered by all who spoke to a telephone advisor

Q11 Did you feel you were given enough advice on the telephone about what to do?

	National average %	Number
Yes, definitely	82.4%	348
Yes, to some extent	15.8%	68
No	1.8%	11
Number of respondents		427
I did not want/ need any advice		13
Don't know/ Can't remember		9
Missing responses		13

Answered by all who spoke to a telephone advisor

Q12 Did they explain the advice they gave you in a way you could understand?

	National average %	Number
Yes, definitely	82.5%	302
Yes, to some extent	15.9%	61
No	1.6%	7
Number of respondents		370
Don't know/ Can't remember		7
Missing responses		2

Answered by all who spoke to a telephone advisor

Q13 How would you rate the advice you were given over the telephone?

	National average %	Number
Excellent	54.6%	218
Very good	32.5%	131
Good	9.4%	40
Fair	2.4%	12
Poor	.8%	4
Very poor	.3%	2
Number of respondents		407
Missing responses		1

Answered by all who spoke to a telephone advisor

Attendance by the ambulance service

Q14 Did anyone from the ambulance service come out to help you?

	National average %	Number
Yes	97.8%	3622
No, but I think they should have	.8%	30
No, and I agreed with this decision	1.4%	54
Number of respondents		3706
Don't know/ Can't remember		33
Missing responses		130

Answered by all

Q15 Were you told how long you would have to wait for someone from the ambulance service to arrive?

	National average %	Number
Yes, but the wait was shorter	60.3%	1451
Yes and I had to wait about as long as I was told	32.4%	771
Yes, but the wait was longer	7.4%	173
Number of respondents		2395
No, I was not told		559
Don't know/ Can't remember		628
Missing responses		81

Answered by all who received a response at the scene and were told how long they would have to wait

Q16 How do you feel about the length of time you were waiting before someone from the ambulance service arrived?

	National average %	Number
They arrived as soon as I thought was necessary	88.3%	2925
They should have arrived a bit sooner	7.9%	256
They should have arrived a lot sooner	3.8%	122
Number of respondents		3303
Not sure/ Can't remember		281
Missing responses		79

Answered by all who received a response at the scene

Q17 Was the person who came out to help you reassuring?

	National average %	Number
Yes, definitely	90.3%	3248
Yes, to some extent	8.2%	294
No	1.5%	54
Number of respondents		3596
Don't know/ Can't remember		46
Missing responses		78

Answered by all who received a response at the scene

Q18 Did you have trust and confidence in them?

	National average %	Number
Yes, definitely	90.6%	3265
Yes, to some extent	8.0%	287
No	1.3%	48
Number of respondents		3600
Don't know/ Can't remember		35
Missing responses		86

Answered by all who received a response at the scene

Q19 Were you in any pain at the time?

	National average %	Number
Yes	68.1%	2354
No	31.9%	1102
Number of respondents		3456
Missing responses		245

Answered by all who received a response at the scene

Q20 Do you think they did everything they could to help control your pain?

	National average %	Number
Yes, definitely	75.0%	1776
Yes, to some extent	19.0%	448
No	6.0%	143
Number of respondents		2367
Don't know/ Can't remember		72
Missing responses		58

Answered by all who received a response at the scene and were in pain at the time

Q21 Did they explain your care and treatment in a way you could understand?

	National average %	Number
Yes, definitely	82.4%	2461
Yes, to some extent	15.2%	454
No	2.4%	71
Number of respondents		2986
No explanation was needed		280
I did not receive any treatment		161
Don't know/ Can't remember		109
Missing responses		172

Answered by all who received a response at the scene

Q22 If friends or relatives were with you, do you think they were given enough information about your condition and treatment?

	National average %	Number
Yes	95.3%	2394
No	4.7%	117
Number of respondents		2511
No friends or relatives were with me		659
No information was wanted/ needed		224
Don't know/ Can't remember		131
Missing responses		185

Answered by all who received a response at the scene

Transport

Q23 Were you provided with transport by the ambulance service?

	National average %	Number
Yes	83.3%	2969
No	16.7%	601
Number of respondents		3570
Missing responses		100

Answered by all who received a response at the scene

Q24 How clean was the inside of the ambulance or ambulance car?

	National average %	Number
Very clean	90.1%	2378
Fairly clean	9.2%	244
Not very clean	.6%	15
Not at all clean	.1%	2
Number of respondents		2639
I was not provided transport in an ambulance or ambulance car		9
Don't know/ Can't remember		354
Missing responses		27

Answered by all who received transport

Q25 Were you taken to a hospital?

	National average %	Number
Yes	95.8%	2902
No	4.2%	123
Number of respondents		3025
Missing responses		36

Answered by all who received transport

If you were not taken to hospital

Q26 Did you agree with the decision not to be taken to hospital by the ambulance service?

	National average %	Number
Yes	94.7%	589
No	5.3%	36
Number of respondents		625
Not sure		30
I was advised to go to hospital but chose not to		37
Missing responses		92

Answered by all who were not taken to hospital

Q27 Did the ambulance service put you in touch with or tell you to contact any other parts of the NHS or any other organisation?

	National average %	Number
Yes, I was put in touch with someone else	22.2%	132
Yes, I was told to contact them myself	31.2%	188
No	46.6%	279
Number of respondents		599
Don't know/ Can't remember		70
Missing responses		106

Answered by all who were not taken to hospital

Q28 How much information was given to you by the ambulance service to help you contact this service or organisation?

	National average %	Number
Not enough	-	-
Right amount	-	-
Too much	-	-
Total		-
I did not want/ need any information		
Missing responses		

Answered by all who were not taken to hospital and were told to contact another organisation

Note: Responses to Q28 are not displayed as no trust had 30 or more respondents to the question.

Q29 Who were you put in touch with or told to contact? (Tick all that apply)¹

	National average %	Number
A GP or nurse	74.7%	142
A&E	13.9%	27
A walk in centre or minor injuries unit	3.6%	7
NHS Direct	8.2%	16
Social services	5.1%	10
Voluntary organisation	1.7%	3
Some other service or organisation	7.6%	14
Number of respondents		308
Don't know / Can't remember		10
Missing responses		5

Answered by all who were not taken to hospital and were put in touch with or told to contact another organisation

Overall

Q30 Overall do you feel the ambulance service staff treated you with respect and dignity?

	National average %	Number
Yes, definitely	94.1%	3525
Yes, to some extent	4.4%	162
No	1.5%	57
Number of respondents		3744
Don't know/ Can't remember		34
Missing responses		91

Answered by all

¹ Note: We have presented percentages for each option out of all those eligible to answer. Since respondents were asked to "tick all that apply" results add up to over 100% (some respondents ticked more than one category).

Q31 Do you feel the ambulance service staff listened carefully to what you had to say?

	National average %	Number
Yes, definitely	90.4%	3201
Yes, to some extent	7.8%	276
No	1.9%	66
Number of respondents		3543
Not applicable - I did not need to say anything		129
Don't know/ Can't remember		84
Missing responses		113

Answered by all

Q32 Do you feel the ambulance service staff understood your needs?

	National average %	Number
Yes, definitely	84.4%	3086
Yes, to some extent	13.1%	480
No	2.4%	89
Number of respondents		3655
Don't know/ Can't remember		64
Missing responses		150

Answered by all

Q33 Were you involved as much as you wanted to be in decisions about your care and treatment?

	National average %	Number
Yes, definitely	77.9%	2582
Yes, to some extent	18.0%	589
No	4.1%	134
Number of respondents		3305
I did not want/ need to be involved		196
Don't know/ Can't remember		176
Missing responses		192

Answered by all

Q34 Was the main reason for your call to the ambulance service dealt with to your satisfaction?

	National average %	Number
Yes, completely	90.3%	3283
Yes, to some extent	7.7%	280
No	2.0%	75
Number of respondents		3638
Not sure/ Can't say		64
Missing responses		167

Answered by all

Q35 Overall how would you rate the care you received from the ambulance service?

	National average %	Number
Excellent	72.8%	2705
Very good	21.3%	786
Good	3.7%	136
Fair	1.3%	46
Poor	1.0%	36
Very poor	.0%	0
Number of respondents		3709
Missing responses		160

Answered by all

About you

Q36 How many times (including this one) have you used the emergency ambulance services in the last 12 months (excluding any times you may have called an ambulance for someone else)?

	Percentage	Total
This was the only time	47.9%	1735
Twice	24.6%	890
3 to 4 times	17.4%	632
More than 4 times	10.1%	366
Number of respondents		3623
Don't know / Can't remember		102
Missing responses		144

Answered by all

Q37 Proportions of those participating to the survey by sex

	Percentage	Total
Male	40.8%	1578
Female	59.2%	2287
Number of respondents		3865
Missing responses		4

Answered by all - data taken from response but if missing taken from sample data

Q38 Proportions of those participating to the survey by age group

	Percentage	Total
16-35	12.0%	461
36-50	12.1%	466
51-65	15.0%	576
66-80	30.1%	1159
Over 80	30.9%	1190
Number of respondents		3852
Missing data		17

Answered by all - data taken from response but if missing taken from sample data

Q39 Do you have any of the following long-standing conditions? (Tick all that apply)¹

	Number	% (Base: Respondents)	% (Base: Responses)
I have a long-standing condition involving deafness or hearing impairment	521	15.3%	11.8%
I have a long-standing condition involving blindness or partially sighted	251	7.4%	5.7%
I have a long-standing condition involving a physical condition	1246	36.7%	28.2%
I have a long-standing condition involving a learning disability	99	2.9%	2.2%
I have a long-standing condition involving a mental health condition	263	7.7%	6.0%
I have a long-standing condition involving an illness such as cancer, HIV, diabetes, CHD, or epilepsy	840	24.7%	19.0%
I do not have a long-standing condition	1194	35.2%	27.1%
Total	3396		
Missing responses	473		

Answered by all

¹ Note: For Q39 and Q40 percentages are presented for each option out of all those eligible to answer. Since respondents were asked to "tick all that apply" results add up to over 100% (some respondents ticked more than one category).

Q40 Does this condition(s) cause you difficulty with any of the following? (Tick all that apply)

	Number	% (Base: Respondents)	% (Base: Responses)
This condition causes me difficulty with everyday activities that people of my age can usually do	1513	67.6%	30.6%
This condition causes me difficulty at work, in education, or training	248	11.1%	5.0%
This condition causes me difficulty with access to buildings, streets, or transport vehicles	980	43.8%	19.8%
This condition causes me difficulty with reading or writing	515	23.0%	10.4%
This condition causes me difficulty with people's attitudes to me because of my condition	342	15.3%	6.9%
This condition causes me difficulty with communicating, mixing with others, or socialising	651	29.1%	13.2%
This condition causes me difficulty with other activities	322	14.4%	6.5%
This condition does not cause me difficulty with any of these	374	16.7%	7.6%
Total	22239		
Missing responses	103		

Answered by all those with any long-standing condition(s)

Q41 Proportions of those participating to the survey by ethnic group

	Percentage	Total
White	95.8%	3477
Mixed	.8%	30
Asian or Asian British	2.0%	71
Black or Black British	1.3%	48
Chinese or Other Ethnic Group	.1%	4
Number of respondents		3630
Missing data		239

Answered by all - data taken from response but if missing taken from sample data

Self-reported health status

Q42 Mobility

	Percentage	Total
I have no problems in walking about	34.2%	1259
I have some problems in walking about	61.9%	2278
I am confined to bed	3.9%	145
Number of respondents		3682
Missing responses		187

Answered by all

Q43 Self-Care

	Percentage	Total
I have no problems with self care	56.3%	2037
I have some problems with washing or dressing myself	32.5%	1178
I am unable to wash or dress myself	11.2%	405
Number of respondents		3620
Missing responses		249

Answered by all

Q44 Usual activities

	Percentage	Total
I have no problems with performing my usual activities	34.6%	1252
I have some problems with performing my usual activities	43.4%	1571
I am unable to perform my usual activities	22.0%	797
Number of respondents		3620
Missing responses		249

Answered by all

Q45 Pain/Discomfort

	Percentage	Total
I have no pain or discomfort	30.9%	1123
I have moderate pain or discomfort	55.7%	2024
I have extreme pain or discomfort	13.4%	488
Number of respondents		3635
Missing responses		234

Answered by all

Q46 Anxiety/Depression

	Percentage	Total
I am not anxious or depressed	57.9%	2014
I am moderately anxious or depressed	35.8%	1244
I am extremely anxious or depressed	6.3%	219
Number of respondents		3477
Missing responses		392

Answered by all