The Vital Link: Ambulance services and patients

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The Patients Association
The Patients Association

- Over 50 years old
- Independent national health and social care charity
- “Listening to patients, speaking up for change”
- We achieve this through:
  - Helpline
  - Media
  - Research
  - Campaigning
The Patients Association—Helpline

- 6,000+ enquiries a year.
- Large database of patient experiences.
- Captures stories about health and social care across the UK.

Admin advice and direction or ‘take-up’.
TV and Radio interviews

Twitter

PA welcomes decision to delay rollout of #caredata till autumn: public needs to be involved more to make informed decisions about the scheme...

Website
Press comments/statements/releases
Weekly e-news letter
Presentations
Research reports
Publications and Magazines
“In our report *The NHS Constitution: Fact or Fiction* we found that over two thirds of respondents have never heard of the NHS Constitution”

“Using ‘burden placed on society by illness’ as a criteria could be a very discriminatory approach...”

“Patients need to be made aware that they have a choice when it comes to which hospital they want to be treated at...”

“As a patient organization we strongly believe that innovations should be for the benefit of the patient”

“Midwives, like all frontline staff in the NHS, must be given the best opportunity to be able to provide the high quality care patients expect from them”
The Patients Association – Stakeholders

- We work with other charities, including **over 30 health and social care charities**, which form part of our Network for Patients.
- We work with stakeholders such as parliamentarians, the media, civil servants and professional bodies.

- Department of Health
- NHS England
- Care Quality Commission
- Nursing and Midwifery Council
- General Medical Council
- Royal Pharmaceutical Society
- National Institute for Health and Care Excellence
- Royal Colleges
- NHS
- **Patients and Public**
The Patients Association

- Consultation submissions

  - London Health Commission (Improving Londoners health),
  - The Leadership Alliance (Care of the dying)
  - Health Education East of England (Talent for Care)
  - European Union (Patient safety and quality of care)

- All Party Parliamentary Group on Patient and Public Involvement in Health
  - We provide secretariat support

- Local Ambassadors (local eyes and ears).

- Focus groups, listening events, research,

- Corporate members e.g. Abbott, Nutricia.
  - Expert interviews, roundtable events, research.
The CARE Campaign:

- The Care Campaign is based on the four most frequent concerns that we receive from patients, their relatives and carers, regarding poor patient care.

- Care stands for:
  - C – communicate with compassion
  - A – assist with toileting, ensuring dignity
  - R – relieve pain effectively
  - E – encourage adequate nutrition
Patient-centred care and our aims

- For nursing staff in hospitals to adopt the CARE Challenge based on our four point tool
- To highlight obstacles nurses face in delivering the CARE Challenge
- For patients to recognise the CARE checklist and use it to challenge poor care
- To support nurses who expose failures to deliver the fundamentals of CARE
- To ensure patients are treated as people not statistics
- To inform and improve healthcare
Why we speak up for patients

The Patients Association believes that the interests of the patient should always be put first.

- We speak up for those in society who are the most vulnerable and don’t have a voice.
- Patients put a huge amount of trust in healthcare professionals and the wider pharmaceutical industry, and we must ensure that their trust is not misplaced.
- We must be honest, open and transparent in everything we do, we must be accountable.
The health care landscape

• 1 million people using the NHS every 36 hours
• Many frequent users
• Many frail and elderly – need 1 to 1 care
• Many with complex conditions
• Great medical care but not always great stay
• Concerns regarding quality, safety and dignity
• 162,000 complaints per year (3,000 a week)
• NHS under financial strain – lack of resources
Patient profile

Modern patient
More informed
Internet savvy
Demanding
Raise concerns

Worried well
Frequent visitors

Socially isolated
Depressed
Lonely

Busy patients

Migrants

Teenage mental health patients

Patients with complex conditions/dementia
Need 1 to 1 care

Traditional patients
Doctor knows best
Less informed
Sense of gratitude
Reluctant to complain
Cultural Changes

- Patients expect more choice
- Patients deserve more choice
- The government wants patients to choose
  - “Choose and Book” website
- Prof Haslam wants patients to be pushy
In England, more than 15 million people have a long term condition – a health problem that can’t be cured but can be controlled by medication or other therapies. This figure is set to increase over the next 10 years, particularly those people with 3 or more conditions at once.

People with long-term conditions, such as asthma, diabetes, epilepsy, chronic obstructive pulmonary disease, conditions related to old age and cardiac and stroke-related conditions are reported to be the most intensive users of health services.

The ambulance service is therefore an essential and effective conduit for patients seeking emergency care therefore.
Specific patient conditions – dementia

- Ambulance services attend to patients with dementia on a daily basis.

- Although it is difficult to estimate how many calls to ambulance services relate to this condition, as dementia’ is not separately recorded, the establishment of internal processes within ambulance services to identify vulnerable patients including those with dementia can provide some indication.

- Ambulance services are delivering effective training for its front-line staff providing them with the skills and knowledge to support vulnerable patients, which include those with dementia.

- For patients suffering with dementia, the ambulance service is invaluable.
Specific patient conditions – diabetes

- 2.8 million people in UK diagnosed with diabetes with further 1m estimated to be unaware they have the condition.
- Patients with diabetes are twice as likely to be admitted to hospital.
- London Ambulance Service attends approx 20,000 diabetic emergencies per year.
- Nationwide, the ambulance service plays an essential role in treating long-term conditions such as diabetes and continues their work to improve referral pathways.
The care jigsaw

Patients

Staff

CARE CULTURE
The priority of the ambulance service is no longer simply getting patients to hospital as fast as possible.

We now know that lives are saved by assessing and treating people at the scene of an accident or at the time of the medical emergency.

This means highly-trained professionals carrying out life-saving procedures and giving drugs on the spot, sometimes under difficult conditions.

This service is absolutely vital to patients across the country.
NHS ambulance services face some of the most demanding performance targets in the world.

The total number of emergency calls over 2012/2013 was 9.08 million, a 6.9 per cent increase over 2011/2012 when there were 8.49 million. Of these, 2.95 million (32.5 per cent) were category A (immediately life threatening).

Ambulance services are taking a wide range of steps to manage an incredible demand.

This is helping to ensure more patients get the right care from the right service at the right time and to bring about efficiency savings throughout the NHS.
Helping patients to access the most appropriate NHS services

- Studies indicate that patients find the current system for accessing NHS services confusing and frustrating.

- Many do not know when or how to access their GP, phone NHS Direct, go to a walk-in centre or dial 999. Many people therefore dial 999 for non-emergencies because they know that they will receive advice or a response.

- At present, this is leading to some patients not receiving the most appropriate response and is placing huge demands on ambulance services and A&E departments.

- The NHS Pathways system, born from a desire to reduce unnecessary call-outs for emergency services, puts in place a robust directory of services that ambulance services can access and use to refer patients to the most appropriate healthcare professional.

- This service is crucial to addressing patients’ concerns.
Taking care to the patient, not always taking the patient to hospital

- At present, about 70% of patients treated by the ambulance service are taken to hospital (Ambulance Service Network).

- Reducing the number of inappropriate ambulance call-outs and A&E visits can play an important part in improving care, particularly for elderly people who have had a fall and for people with dementia.

- Ambulance services are therefore working hard to improve on-site care to ensure that fewer patients need to be taken to A&E and more patients are treated in their own home.

- Crucially, ambulance services also work hard to ensure that patients are taken to the most appropriate setting – not necessarily to A&E.

- The patients’ safety is of paramount importance, and so ambulance services perform heroics to ensure the best care is received at the most appropriate setting.
What do patients want?

- Ambulance staff to be compassionate, competent, caring, professional and efficient.
- High quality and safe care
- Care with dignity
  - assistance
  - pain relief,
  - information and involvement
  - being listened to
Patients expectation from staff

Are they caring and compassionate?
How good are the development/training opportunities?
Is their overall knowledge and skills up to date?
Do they know how to ensure good patient experience and outcome in relation to dignity and respect?
How do staff get feedback about how well they are doing?
How do they show that they use those concerns/complaints to change the service for the better?
When ambulance staff attend a person who has self-harmed, they should urgently establish the likely physical risk, and the person's emotional and mental state. If a person is assessed as being mentally incapable, staff have a responsibility, under common law, to act in that person's best interests. If necessary, this can include taking the person to hospital, and detaining them to allow assessment and treatment. Cultural and religious sensitivities when attending a patient at their home.
After the patient had broken some bones following a fall, they claim that they called the ambulance crew who asked whether the injuries were life-threatening. After saying no, they told the patient to make their own way to hospital – where they were admitted for five days.

A patient reported to our helpline that they were refused treatment by an all-male ambulance crew at the request of the patient’s GP, who was present at the scene and warned that the patient had recently made allegations of sexual abuse. A female crew member would have to be present for the patient to receive treatment’
View from the Patients Association

- Katherine Murphy, CEO of Patients Association:
  - It is absolutely vital that patients can reach Accident and Emergency quickly, especially if they have suffered serious trauma and every second counts.
  - We have been hearing for months that other hospital services are being put under mounting pressure despite Government promises to the contrary.
  - The ability of patients to reach an A&E via ambulance as quickly as possible is something that must be protected, and a fundamental component is ensuring timely and safe handovers and turnaround by Ambulance services.
“This Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies … are required by law to take account of this Constitution in their decisions and actions.”
What are the levers?

- The NHS Constitution – gives patients rights
- The Duty of Candour
- Recommendations of the Francis inquiry
- CQC – new ways of working
- Better support for whistleblowers
- Named physician – ‘whole stay doctors’
What needs to happen next...

“...put patients where they are entitled to be – the first and foremost consideration of the system and everyone who works in it.”

Robert Francis
Any Questions?

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