# National findings from the 2013/2014 Ambulance survey

# of ‘Hear and Treat’ callers

## Introduction

This report details the key findings from the 2013/2014 survey of callers who were classified as ‘Hear and Treat’, and as a result they received telephone advice from trained clinical support advisors when calling ‘999’[[1]](#footnote-1). This is the first telephone survey carried out under the national NHS Patient Survey programme, and received responses from over 2,900 callers.

The numbers of people using ambulance services are increasing[[2]](#footnote-2) meaning services have to find appropriate ways of dealing with the growing volume of calls. In addition, it’s likely there is a greater recognition that patients may be more appropriately dealt with by not being taken to A&E. Resolution of 999 calls via telephone advice is one way of tackling these issues, and all services are seeing an increase in the volume of service users being helped via this route.

‘Hear and Treat’ callers are service users who do not have serious or life threatening conditions or who did not require an immediate ambulance crew response. After being triaged by the ambulance service, one of a number of responses may be considered appropriate, including advice on how to care for themselves, or where they might go to receive assistance (for example their GP or the local Minor Injuries Unit); they also might receive a visit from an Emergency Care Practitioner (ECP) who can provide certain medical procedures in situ. In some cases an ambulance crew may have been deployed after the completion of telephone advice and triage: for example, due to the person calling back after the initial advice as their condition has worsened, or if the triaging identifies a need to upgrade the response. ‘Hear and treat’ callers are included under the Green 3 or Green 4 category[[3]](#footnote-3) by the ambulance service, and for the purposes of this survey only included service users who reached the ambulance service via 999 rather than NHS 111.

Two different triage systems are in use by ambulance trusts in England and these determine priority of response that callers receive from the ambulance service: NHS Pathways, and the Medical Priority Dispatch System (MPDS)[[4]](#footnote-4).

 With NHS Pathways, the ambulance service call taker will conduct a thorough triage during the original call and may classify the service user as ‘Hear and Treat’ depending on the responses to questions put to the callers. With MPDS, however, the caller will respond to a small number of clinical questions with a call taker and then normally receive a more detailed call back from a clinician within a time frame determined by the severity of the condition. In the MPDS system there are often two calls: an initial 999 call from the service user and then a call back from the clinician, having been classified as a ‘Hear and Treat’ case. This can occur in NHS Pathways as well as part of the triage process, though not as standard and often during busy times, when callers cannot be put straight through.

The ten ambulance service NHS trusts in England were involved in the survey, of whom six use MPDS and four use NHS Pathways[[5]](#footnote-5).

The callers selected for the survey had been classified as ‘Hear and Treat’ and received clinical advice from the ambulance service when they called ‘999’ during December 2013 and January 2014, whether they were the patient or someone else calling on a patient’s behalf. The sample of service users aimed to exclude callers with conditions relating to pregnancy, domestic disputes or severe mental health issues.

Over 2,900 callers receiving ‘Hear and Treat’ advice were surveyed, as 55% of the people who were contacted agreed to take part in the survey[[6]](#footnote-6). Almost half of the respondents to the survey were the patient themselves, though the survey also included people calling on someone else’s behalf.

The results for England as a whole are included here[[7]](#footnote-7). Any differences referred to as ‘significant’ are those which have been shown to be statistically significant. A set of tables showing the results for each question is available on the CQC website, along with the results for each NHS trust (see further information section for the website link).

**Results from the Survey**

**Calling ‘999’**

## Just under half of the respondents to the survey were the patients themselves who had called ‘999’ for assistance (48%). The remainder had called on behalf of another adult (49%) or someone under 18 years of age (3%)[[8]](#footnote-8).

## The majority of respondents had decided for themselves to dial ‘999’ (82%), with the most common sources of referral to the ambulance service being NHS Direct or NHS 111 (7%) or the local doctors’ surgery (6%) which suggests that staff there felt more assistance was needed than what they could provide. Four percent were referred by an out of hours GP service. Three percent of all respondents were advised by a hospital or hospital department, one percent by a walk in centre, and two percent by ‘another health professional or service’.

Overall, 67% of callers spoke to just one person at the ambulance service (not including the ‘999’ emergency line operator). Twenty eight percent spoke to two people, and four percent reported that they spoke to more than two people. When looking at each triage system separately, 70% of callers to NHS Pathway services spoke to one person, significantly more than those using MPDS (65%). Correspondingly, significantly fewer respondents using NHS Pathways services (25%) spoke to two call handlers, compared with 31% of MPDS callers. There was no significant difference in the respondents who spoke to two or more call handlers across the two systems (5% of those using NHS Pathways services and 4% of MPDS).

As shown in Table 1 below, of those who were advised by someone to call ‘999’, the majority of respondents called ‘999’ within one hour (79%). Others may have been advised to wait longer, for example to see whether their condition changed.

**Table 1**:

|  |
| --- |
| How long before you called ‘999’ did you contact that person or service? (Those who were advised to call ‘999’) |
| 0-15 minutes | 56% |
| More than 15 minutes up to an hour | 23% |
| More than 1 hour but no more than 4 hours | 9% |
| More than 4 hours but no more than 24 hours | 2% |
| Between 1 day and 1 week | 4% |
| More than 1 week | 5% |

Due to the two different systems in use at NHS ambulance trusts, respondents were asked about their experiences when talking to the first person (the call handler) they spoke to. Those who spoke to more than one person were also asked about the conversation they had with the second person (usually referred to as a clinical advisor).

**The first call-handler at the ambulance service**

Overall, respondents to the survey were generally positive about the way they were spoken to by the first call-handler, with the majority reporting that they were listened to, felt reassured, and had confidence in that person. It is however important to note that there is scope for ambulance services to consider how to increase callers’ confidence in the call taker, as 11% reported not having confidence in the first call-handler.

Thinking about the first person that respondents had spoken to, 87% reported that the person listened ‘completely’ to what they had to say. Eleven percent said they listened ‘to some extent’, and two percent said the first person did not listen to what they were saying.

Of those who had fears or anxieties at that stage, 70% had the opportunity to discuss those fears or anxieties with the first person they spoke to, a further eight percent felt they could have discussed them but didn’t want to. The remaining 23% said they didn’t have an opportunity to discuss their fears or anxieties. It is worth noting that the triage stage often focuses on obtaining information according to a script for call-handlers to follow, which may explain why a considerable proportion did not have the opportunity to discuss their fears or anxieties more generally.

Seventy one percent of all respondents said the first person they spoke to was ‘completely’ reassuring, with 18% saying they were ‘to some extent’. Eleven percent did not feel that this person was reassuring. Seventy four percent said they had complete confidence in the first person, 15% had confidence ‘to some extent’, and 11% had no confidence in the first person they spoke to. We would expect that ambulance services explore further the reasons for the findings on confidence and reassurance.

Eighty seven percent of all respondents said the first person they spoke to had ‘completely’ treated them with dignity and respect, nine percent said they did ‘to some extent’, and four percent said they did not.

The questions that callers are asked during all triage processes are set by external reference panels, hence would not vary across ambulance services. Respondents were asked whether, in their opinion, the first person asked an appropriate number of questions. Eighty percent agreed that they did, 12% felt there were too many questions, and seven percent felt they were not asked enough questions. When asked whether the questions were relevant to their situation, 73% stated that they were ‘completely’, 19% replied with ‘yes, to some extent’, and eight percent felt the questions asked by the first person were not relevant to their situation. This raises the question of why almost one in ten people didn’t feel the questions were relevant, and why their situations didn’t relate to the questioning.

Seventy seven percent of respondents felt that the first person ‘completely’ understood what they were telling them, with a further 16% reporting they felt they did ‘to some extent’. The remaining seven percent of respondents answered ‘No’.

Of those who had spoken to more than one person, the first call handler had told 77% of respondents what to do if the situation changed, with the remaining 23% reporting that they were not told this. When comparing those who were called back, with those who were immediately put through to someone else during the original call, significantly more respondents had been told what to do if they were then called back (80% versus 72% of those who were immediately put through). However, this means 20% of people who were called back were not told what to do if their situation changed.

Ninety four percent of those who were told what to do if the situation changed had ‘completely’ understood those instructions, and six percent reported that they did ‘to some extent’.

**Transferring to a clinical advisor**

Around a third of respondents said that they spoke to more than one person at the ambulance service. Of these callers, 76% were called back after their original call, whereas 24% were put through to a second person during the initial call without the need for a call back. Of those who received a call back, 94% had been told that someone would be calling them back. Four percent had not been told, but reported that they ‘did not mind’, while a further two percent had not been told but would have liked to have known they would be called back.

Of those who had spoken to a second call handler and were told they would receive a call back, 71% were told what to do while they waited for the call back. Fifteen percent were not told, but ‘did not mind’, and a further 14% had not been told but would have liked to have known what to do while they waited.

Eighty percent of respondents were told when they would be called back. Eleven percent had not been told when they would be called back but would have liked to have known, and a further eight percent of respondents were not told though said they ‘did not mind’.

The respondents who had received a call back were asked how long they had to wait for that call after finishing the initial ‘999’ call. Sixty three percent said that they waited up to 20 minutes, 30% between 21 and 60 minutes, and six percent more than an hour but no more than 2 hours. Less than two percent waited more than two hours. There is no national target for the length of time callers must wait for a return call, however most ambulance trusts aim to do this within 60 minutes of the initial call. It is encouraging that 93% of respondents reported that this was achieved.

When asked how they felt about the length of time they waited before receiving a call back, 37% said it was sooner than they had expected, and 26% felt it was as soon as necessary. Twenty percent said it should have been ‘a bit sooner’, and the remaining 17% felt it should have been ‘a lot sooner’.

**The second person spoken to at the ambulance service**

Those who said they spoke to two or more people at the ambulance service (around one third of all respondents) were then asked a series of questions about the second person (clinical advisor) they had spoken to, who would have provided clinical advice in all instances.

Again, most respondents reported positively about their experiences with the second call-handler. However, similar to the first call-handler findings, there remains 12% of callers who did not have confidence in the second call-handler and one in twenty did not feel they were treated with dignity and respect.

When asked whether they needed to repeat the reasons for calling ‘999’ to the second person, 44% gave a response of ‘Yes, completely’. Eighteen percent reported that they had to do this ‘to some extent’, and over a third did not have to repeat their reason to the second person (37%). Of those who had to repeat themselves at least to some extent, 60% did not mind having to do this, with 26% saying yes, they did mind ‘completely’, and a further 14% minding ‘to some extent’. However, it is important to note that it can often be necessary to ask service users to repeat details to ensure that information has been recorded correctly, or that their condition hasn’t changed so that appropriate responses can be made.

Respondents were asked whether the second person they spoke to listened to what they had to say. Eighty two percent felt they listened ‘completely’, 12% ‘to some extent’, and six percent said they did not listen.

Of those who had fears or anxieties at that stage, 68% reported that they took the opportunity to discuss those fears and anxieties. Nine percent said they felt they could have discussed them but didn’t want to, and 23% reported that they didn’t have the opportunity to do so. It is likely that the call handler isn’t following a script at this stage of the call, and so it might be expected that callers are able to discuss their concerns at this stage.

Seventy three percent of respondents said the second person they spoke with was ‘completely’ reassuring, with 16% reporting they were ‘to some extent’. Eleven percent felt that the person they spoke with was not reassuring. Seventy three percent had ‘complete’ confidence in that second person, 15% did ‘to some extent’, and 12% had no confidence in them.

Eighty six percent of respondents felt they were treated with dignity and respect by the second person they spoke to, nine percent did ‘to some extent’, and five percent felt they were not treated this way at all.

**Advice received at the end of the call**

All respondents were asked what had happened at the end of their call to the ambulance services. Respondents could give more than one answer if they had more than one outcome. Just over half of all respondents (52%) said that an ambulance crew or paramedic came out to them. The ambulance service arranged an appointment with another health professional for 17% of all respondents, and 34% of respondents were advised to see another health professional or organisation. Forty two percent of respondents were given advice on how to care for themselves or the person they were calling for, and 11% of respondents reported some ‘other’ outcome to the call. Fifty two percent were reassured that their condition was not life-threatening.

The advice given to those not receiving an ambulance appears to generally be appropriate, enabling callers to resolve the situation that they had called for. However, a minority reported difficulties in understanding and following the advice they had received, which must be examined further to enable improvements.

Where respondents did not receive a visit from the ambulance service, they were asked whether they understood the advice given at the end of the call. Eighty three percent said ‘yes, completely’, ten percent said they understood the advice ‘to some extent’, and seven percent reported that they couldn’t understand the advice that was given. Although the majority of respondents were able to understand the advice, it is concerning that some were not able to, and ambulance trusts must look further into this to understand the reasons that callers were left with this impression

Those not receiving a face-to-face visit from the ambulance service were also asked if they agreed with the advice given. Seventy two percent said they agreed with the advice ‘completely’, and 15% did ‘to some extent’. Thirteen percent of all respondents said they did not agree with the advice that was given at the end of the call.

Of those who received advice, 70% said that they ‘completely’ received an explanation of the reason for the advice. Thirteen percent did ‘to some extent’, with the remaining 16% reporting that they did not receive an explanation of the reason for the advice that was given.

Those who received advice were also asked whether it was possible to follow the advice that was given. Of those who personally received advice and chose to follow it, 81% felt it was ‘completely’ possible to follow, and 11% said it was ‘to some extent’. Eight percent said that it was not possible to follow the advice they were given.

Respondents who had said that they could not follow the advice completely were asked why it was not possible. More than one response could be given. The most common reasons involved the respondent being incapable of following the advice. For example some were not capable of following the advice due to not having the medication, or due to being disabled or housebound (23%). Another reason was that they had either been advised to see a GP or that a doctor had been sent out (23%), and so the advice given during the call was not the complete information received, hence the question itself was not relevant. These reasons were followed by: the patient was in too much pain (20%); incorrect or insufficient advice was received (15%); the advice was to call back if the situation got worse (10%); the caller didn’t understand the advice that was given (6%); and the advice couldn’t be followed completely due to language difficulties (5%).

Although these respondents represent a fairly small minority of those surveyed, it appears that the advice could not be followed in some cases due to the advice not fully meeting the patients’ needs (such as due to not having the medication, being housebound or disabled, receiving incorrect or insufficient advice). These cases should be considered by ambulance services to identify whether improvements can be made for similar cases in the future.

**Attendance by an ambulance crew or paramedic**

As mentioned above, just over half of all respondents (52%) said that an ambulance crew or paramedic came out to them. When looking across triage systems, significantly more callers to trusts using the MPDS triage system received an ambulance (53%), compared with callers to NHS Pathways trusts (49%)

**Those not receiving an ambulance or paramedic**

Respondents who did not receive a visit from the ambulance service in response to their 999 call and whose call was dealt with solely by a call handler (rather than being passed on to a clinical adviser) were asked whether they received an explanation for why they would not receive an ambulance. Of those people, 63% said they received a ‘complete’ explanation as to why an ambulance would not be sent. Ten percent said they received an explanation ‘to some extent’, and 27% did not receive any explanation. Of the same group – those who did not receive an ambulance and spoke to only one person – 55% said they ‘completely’ agreed with the decision not to send an ambulance, 12% did ‘to some extent’. Almost a third (32%) responded that they did not agree with the decision.

The respondents who had spoken to more than one person (meaning they spoke to a trained clinical advisor at the service) were also asked whether they had received an explanation as to why an ambulance would not be sent. Almost two thirds (63%) said they had ‘completely’ received an explanation, with 16% saying this happened ‘to some extent’. Just over a fifth (21%) had not received an explanation. Of those callers who spoke to a second person but who did not receive an ambulance response, almost half (48%) said that they ‘completely’ agreed with the decision not to send an ambulance. A further 19% said that they agreed ‘to some extent’, and one in three (33%) said that they did not agree with the decision.

Looking across responses to the survey, for those speaking to just one call-handler, a significantly greater proportion of the callers who had received a ‘complete’ explanation as to why an ambulance would not be sent had also reported that they ‘completely’ agreed with the decision (71%, compared with 20% of those who received an explanation ‘to some extent’, and 29% of those who received no explanation at all). Likewise, those who spoke to a second call-handler were more likely to agree with the decision not to send an ambulance if they had received a complete explanation (62%, compared with 21% of those who received an explanation ‘to some extent’, and 21% of those who received no explanation at all).

Conversely, respondents were more likely to disagree with the decision to not send an ambulance where they received only a partial explanation as to why an ambulance wasn’t sent (51% of those speaking to just one call-handler, 46% speaking to a second call-handler) or where they did not receive any explanation at all (61% of those with one call-handler, 59% of those speaking to a second call-handler). There remains a sizeable proportion who received a ‘complete’ explanation of the reasons that nevertheless disagreed with the decision not to send an ambulance (17% with one call-handler, 21% of those speaking to a second call-handler). Ambulance services should ensure as far as possible that callers understand why the proposed course of action means that they do not require an ambulance response.

**Following the call**

All respondents were asked if they contacted the ambulance service again in the seven days following the call. Eighty six percent said they did not make contact again within that time period. Eight percent contacted the ambulance service once more within seven days, four percent did so twice, and three percent called the ambulance service three or more times in the following seven days.

**Overall**

Of those who had questions to ask ambulance staff, 83% said they had the opportunity to ask them, with the remaining 17% saying they did not. This represents a considerable proportion of respondents who were not able to fully resolve their questions with the ambulance, due to not being able to get answers to their questions.

Those who spoke to more than one person were asked whether, overall, they felt they were treated with respect and dignity by the ambulance service – 82% said they ‘always’ were, 13% said they were ‘sometimes’, and five percent felt they were not treated with respect and dignity overall. This is similar to the findings for those who spoke to just one call-handler, or two.

When asked whether, overall, they felt they were treated with kindness and understanding by the ambulance service, 84% of all respondents said they were ‘all of the time’. Eleven percent felt they were ‘some of the time’, and five percent said they were not treated with kindness and understanding overall. Although the majority of people responded positively, this leaves one in 20 callers who did not feel they were treated in such a way.

All respondents were asked to rate their overall experience with the ambulance service on a scale of 0 (poor) to 10 (good). Over three quarters (76%) rated their experience as 8 or above, with almost half (47%) rating their overall experience as 10.

## Next Steps

This report has presented the results for England from the 2013/2014 ambulance survey of ‘Hear and Treat’ callers. The detailed survey results have been provided back to NHS ambulance trusts who are expected to take action based upon the results. The results will be used by the Care Quality Commission as part of its work on reviewing ambulance services.

NHS England will use the results of the survey to check progress and improvement against the objectives set out in the NHS mandate. The Department of Health will use the data to gain insights on how emergency ambulance services are delivered, which will help inform policy. The Trust Development Authority will use the results to inform its oversight, approvals and development work with trusts.

## Further Information

The full national results are on the CQC website, together with an A to Z list to view the results for each ambulance trust (alongside the technical document outlining the methodology and the scoring applied to each question):

**www.cqc.org.uk/Ambulancesurvey201314**

Full details of the methodology of the survey can be found at:

[**http://www.nhssurveys.org/surveys/285**](http://www.nhssurveys.org/surveys/285)

More information on the programme of NHS patient surveys is available at:

[**www.cqc.org.uk/public/reports-surveys-and-reviews/surveys**](http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys)

More information on CQC’s role in regulating, checking and inspecting services is available on the CQC website:

[**http://www.cqc.org.uk/**](http://www.cqc.org.uk/)

The trusts that use each triage system are listed below:

**NHS Pathways:**

North East Ambulance Service NHS Foundation Trust

West Midlands Ambulance Service NHS Foundation Trust

South East Coast Ambulance Service NHS Foundation Trust

South Western Ambulance Service NHS Foundation Trust

**MPDS:**

London Ambulance Service NHS Trust

North West Ambulance Service NHS Trust

Yorkshire Ambulance Service NHS Trust

East Midlands Ambulance Service NHS Trust

East of England Ambulance Service NHS Foundation Trust

South Central Ambulance Service NHS Foundation Trust

1. Although in some ‘Hear and Treat’ cases people’s conditions may escalate and services users are eventually attended by an ambulance crew, they originally will have undergone the telephone triage and advice process. [↑](#footnote-ref-1)
2. Health and Social Care Information Centre, the. (2013 June 19). *Ambulance Services, England – 2012-13: National Statistics*. <http://www.hscic.gov.uk/catalogue/PUB11062> [↑](#footnote-ref-2)
3. Green 3 and Green 4 cases are non-life threatening, non-blue light response calls, Not all G3 and G4 calls can be dealt with as ‘Hear and Treat’, e.g. a patient may have fallen over, not received an injury, but needs picking up. Hence they would receive an ambulance response. [↑](#footnote-ref-3)
4. Previously known as the Advanced Medical Priority Dispatch System (AMPDS). [↑](#footnote-ref-4)
5. Isle of Wight was not included in the survey as the ambulance service deals with too few calls to have participated in the survey. [↑](#footnote-ref-5)
6. Overall, 45% of the original sample of 9,614 callers were unable to be contacted, for reasons such as telephone numbers not being in use or those answering the phone stating that they had not dialled ‘999’ recently. See table in National Tables document for full breakdown. [↑](#footnote-ref-6)
7. Please note, the percentages for all response options may not add up to 100% exactly, due to rounding the figures for each response option individually. [↑](#footnote-ref-7)
8. The low number of callers on behalf of younger people may be due to children receiving an ambulance or paramedic as a standard response. [↑](#footnote-ref-8)