

# Service user perspectives on patient safety in the UK Ambulance Service

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## BACKGROUND

The contribution of service users to healthcare research is vital to ensure that evidence based policy and practice is relevant to their needs. Their experiences and knowledge are an essential complement to contributions from clinicians, health professionals and researchers.

The aim of this research was to explore service user perceptions of ambulance service care and patient safety, focusing on transition decisions.

## METHODS

Focus groups were conducted with service users in three Ambulance Services in England. FG 1 (n=7); FG 2 (n=8); FG 3 (n=8)

The discussions enabled participants to share their respective perceptions, experiences and concerns in relation to transition decision by front-line ambulance service staff.

Discussions were audio-recorded, transcribed and thematically analysed.

*It seems to be that unless the people who are taking the calls are properly trained and do have the sense to realise that certain bits of information are essential then it is going to make it even harder for that triage to take place and for priorities to be made.*

*If they're [patients] signposted somewhere else other than hospital, who makes sure that happens? Who will follow that up? 25 years ago it would have been the GP [General Practitioner], wouldn't it. Who does make sure that the patient actually receives the appropriate treatment?*



## SERVICE USER CONCERNS

### Call handling – communication and triage

- The skill of call handlers is regarded as critical in obtaining information for appropriate triage decisions.
- The risk at this stage is perceived to be greater where callers have communication difficulties/impairments.
- Support for shared access to patient information across healthcare organisations for call-handlers and paramedics.

### Involvement in decisions

- Patient/carer involvement in decisions made at-scene was considered important but different levels of understanding in relation to their actual rights were apparent.
- Variability in awareness of new ambulance service roles and alternatives to ED conveyance was identified.
- Balancing safety and dignity (e.g. end of life care).

### Balancing demand and resources

- Concern over the impact of increasing demand for ambulance service care on staff and patients.
- Ambulance services "filling the gap" due to difficulties accessing urgent care and poor awareness of alternatives.
- Increasing patient education in self-management of chronic conditions viewed as desirable to reduce demand and risk.

### Access to care

- Handover delays at Emergency Departments (ED) pose a risk for patients at ED and those waiting for an ambulance.
- Non-conveyance [to ED] was viewed as an acceptable option, where appropriate, and alternative care is assured.
- Limited awareness of paramedic skills and alternatives to ED generates concern about non-conveyance to ED.

### Risk aversion

- Risk aversion amongst the public and health professionals was perceived as a potential contributor to the increased ambulance service demand and conveyance to ED.

### Vulnerable patients

- Some patients were considered particularly vulnerable at care transitions (e.g. communication difficulties, mental health/capacity problems, requiring end of life care).
- Concern over potential delays for some patients due to limited availability of vehicles (e.g. wheelchair users, bariatric patients).

### Geographical location

- Longer journey times in rural areas considered a risk but local voluntary first responders were felt to be working well in reaching patients quickly.
- Concerns over increased centralisation of services and longer journeys to specialist centres.



*The goal has to be that the emergency services deal with emergencies otherwise that is piling more demand onto the ambulance service. If you are over-stretched that puts some patients at risk of not getting emergency help as quickly as they need.*

*It doesn't matter if the first responder isn't a specialist or qualified in that area as long as they can give assistance. And then [...] the qualified response turns up afterwards.*

## CONCLUSIONS

Despite the relatively small sample, the findings provide useful service user perspectives on care transitions and safety concerns in the prehospital emergency care setting.

As highlighted by a number of participants, it is important that such views can be represented through public/patient involvement in decision making at organisational and service commissioning level: "...I think it is this sort of thing that ambulance services need because we are talking as people, either service users or people outside of the service and that is what the ambulance services need".

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