



PATIENT ENGAGEMENT ANNUAL REPORT 2020/21

| Section header | Page |
|--|-------------|
| Foreword | 3 |
| Introduction | 4 |
| Collating patient experience | 5 |
| Patient engagement surveys | 6 |
| Friends and Family Test | 8 |
| Patient stories | 13 |
| Demographics | 13 |
| Patient, public and community group engagement | 15 |
| Patient and Public Panel | 18 |
| Reporting | 23 |
| Learning Activities | 24 |
| Focus areas for 2021/2022 | 26 |
| Appendix 1 – Patient experience survey demographics | 27 |

Foreword

I am delighted to present the trust's Patient Engagement Annual Report for 2020/21. Patients are at the heart of everything that we do, and we are committed to listening to and engaging with our patients, the public and all our key stakeholders to improve our services. This report highlights all the ways in which we do this as well as providing examples of changes introduced because of Covid-19 and the creative approaches we have taken to gathering patient feedback and involvement.

This report also showcases positive recruitment and engagement work that has been undertaken during the height of the pandemic and particularly with our Patient and Public Panel (PPP) membership which has continued to grow and develop over the past year despite the challenges we faced as individuals, as a service and as a nation.

In August 2020 we commenced our roll-out of a new NHS 111 First service across the North West. We are the provider of NHS 111 telephony services for the region and were pleased to play our part in the communication and engagement activities supporting the introduction of the service. Since August 2020 we have also regularly sought feedback on our patients' experience of calling NHS 111 First.

Never has it been more important to understand the needs of our patients, their families, and the communities that we serve. This has been a year like no other and we have needed to be innovative and make changes in the way that we work. I hope you will agree we have risen to that challenge and continued to communicate, engage, and involve our communities in the work of the trust. We have used technology to provide digital surveys and SMS as means to capture patient feedback as well as hosting a range of virtual meetings and events via Microsoft Teams, Skype and Zoom.

I hope you enjoy reading the report and would welcome your feedback which can be sent to talktous@nwas.nhs.uk.



Salman Desai

Director of Strategy Partnerships and Transformation

Introduction

Our Patient Engagement Team engages with and obtains feedback from our patients across all service areas, including our Paramedic Emergency Service (PES), Patient Transport Service (PTS), the NHS 111 Service and our Urgent Care Desk.

Historically, we engage with patient, public and community groups face to face, offering service-related information and eliciting feedback through our hosting and attendance at events across the North West region; as well as manually and proactively send out postal surveys to a minimum 1% of users of our services.

Due to the pandemic and national Government guidance, together with support from our lead commissioners, both face to face engagement activities and the sending out of postal surveys were mainly paused. As a result, this year some of our methods of engaging have been adapted so that we could not only continue engaging throughout but also so that we could proactively gain feedback in relation to our handling of the pandemic. This has included improving our digital offer by offering the opportunity to complete our patient surveys online: [Tell us how we did - NWS - North West Ambulance Service](#).

Additionally, instead of our traditional face to face engagement we have been hosting and joining virtual engagement sessions via Microsoft Teams and Zoom.

Our PPP was established in September 2019 to give members of the public a voice and the chance to have their views acted upon. The panel is made up of representatives from local communities, interest groups, the voluntary sector and partner organisations, and offers meaningful opportunities to influence improvements in our emergency, patient transport and 111 services.



Throughout the pandemic, PPP recruitment and involvement activities have continued although they have all moved online rather than be delivered on a face-to-face engagement basis.

Collating Patient Experience

Our approach to gathering patient experience is varied. We engage with our patients through postal and digital surveys, the national Friends and Family Test (FFT) is delivered via mobile phone SMS texting. We host events and activities to engage with patient, public and community groups as well as attending high footfall events across the region. We also seek out and use feedback received from our PPP volunteers and use this to share patient stories, produce analysis reports and themed findings which will inform service development.

During the pandemic, we quickly realised that proactively identifying patient groups that were meeting virtually, scoping the topics of interest to them, combined with use of digital tools to elicit feedback and perceptions of trust services provided the highest dividend.



The opportunities presented through virtual engagement also included saving on travel time. For example, we could engage with a patient, public or community group that was meeting in Greater Manchester following a meeting with another group in Cheshire or Merseyside the same day. Further opportunities presented by this were being able to host virtual PPP meetings involving members from a range of North West county areas all at the same time. This approach was also successful in allowing us to invite individuals from all county areas that showed interest in PPP volunteering to virtual recruitment sessions.

Although we used several sources including targeted emails with community groups, social media, and stakeholder briefs to promote our PES

and PTS digital patient experience surveys hosted on our website, the take up on these remained very low when compared to use of SMS. A further significant challenge identified during the pandemic period was the lack of opportunity to engage with ethnic minority communities, deaf communities and those that were digitally excluded in this process.

Patient Engagement Surveys

A significant 8,189 patients have provided us with feedback via our patient engagement surveys using a range of methods. See Figure 1 below.

| Patient Engagement Survey - Survey Channels | | Completed Returns | % of total |
|---|---------------|-------------------|------------|
| Patient Transport Service PE Survey* | Online | 8 | 0.1% |
| Patient Transport Service Friends and Family Test (FFT) | SMS | 3025 | 36.9% |
| Patient Transport Service Friends and Family Test (FFT) | Postcards | 12 | 0.1% |
| Paramedic Emergency Service PE Survey | Online | 136 | 1.7% |
| Paramedic Emergency Service Friends and Family Test (FFT) - See and Treat | SMS | 1205 | 14.7% |
| Paramedic Emergency Service Friends and Family Test (FFT) - See and Treat | Postcards | 24 | 0.3% |
| Urgent Care Service - PE Survey | Online | 2 | 0.0% |
| NHS 111 PE Survey | Postal | 2944 | 36.0% |
| NHS 111 First PE Survey | Postal/Online | 825 | 10.1% |
| Pandemic Patient Experience Survey | Online | 8 | 0.0% |
| TOTAL | | 8189 | |

Figure 1 - 2020 - 2021 PE Survey Channel Table (Please Note: All data as of 31 March 2021)

Figure 2 below shows a summary of survey response feedback data by quarter for the Patient Transport Service, Paramedic Emergency Service and the Urgent Care Service including the overall experience of patients with trust services and whether they felt they were cared for appropriately, and with dignity compassion and respect. Please note that postal surveys were suspended during lockdowns in the pandemic (which is represented by C-19 in the table below) and it took us a little time to move from postal surveys to online.

| Patient Engagement Surveys Postal/Online 01April 2020 - 31March 2021 | Cared for Appropriately with Dignity, Compassion and Respect (Strongly Agree/Agree) | | | | | Overall Experience of Service (Very Good/Good) | | | | | |
|---|--|-------|---------|---------|----|---|---------|-------|---------|-------|-------|
| | 2020-2021 | Q1 | Q2 | Q3 | Q4 | YTD | Q1 | Q2 | Q3 | Q4 | YTD |
| Patient Transport Service | C-19 | 100% | 80.0% | No Data | | 87.5% | C-19 | 100% | 80.0% | C-19 | 87.5% |
| Paramedic Emergency Service | C-19 | 89.1% | 86.4% | 91.7% | | 88.2% | C-19 | 91.3% | 86.4% | 91.7% | 96.2% |
| Urgent Care Service | No Data | 100% | No Data | 100% | | 100% | No Data | 100% | No Data | 100% | 100% |

Figure 2 - Survey Response Feedback data by Quarter for Patient Transport Service, Paramedic Emergency Service and Urgent Care Service.

Figure 3 below shows summary of survey response feedback data by quarter for the NHS111 service and NHS 111 First service including satisfaction with the overall service received and for NHS111 whether they would recommend the service to their friends and family. Please note that the NHS111 First service was not introduced until Q3 which is why there is no data for Q1 and Q2.

| Patient Engagement Surveys Postal/Online 01April 2020 - 31March 2021 | Overall Satisfaction Received (Very Satisfied/Fairly Satisfied) | | | | | Overall Experience of Service (Very Good/Good) | | | | | Recommend Ambulance Service to Friends and Family (Very Good/Good) | | | | |
|---|--|-------|-------|-------|-------|---|---------|-------|-------|-------|---|-------|-------|-------|-------|
| | Q1 | Q2 | Q3 | Q4 | YTD | Q1 | Q2 | Q3 | Q4 | YTD | Q1 | Q2 | Q3 | Q4 | YTD |
| NHS 111 Service | 94.9% | 95.2% | 92.3% | 94.2% | 94.3% | n/a | n/a | n/a | n/a | n/a | 94.5% | 95.9% | 91.6% | 93.7% | 94.2% |
| NHS 111 First Service | n/a | n/a | 94.1% | 96.6% | 96.4% | No Data | No Data | 91.7% | 95.6% | 95.2% | n/a | n/a | n/a | n/a | n/a |

Figure 3 - Survey Response Feedback data by Quarter for NHS 111 Service and the NHS 111 Service



Feedback received during 2020/21, shows a high regard for ambulance services and in particular the care and treatment provided by staff. A high 96.2% of PES patients felt their overall experience of the service was either good or very good with 88.80% stating that they were 'cared for appropriately with dignity, respect, kindness and compassion'.

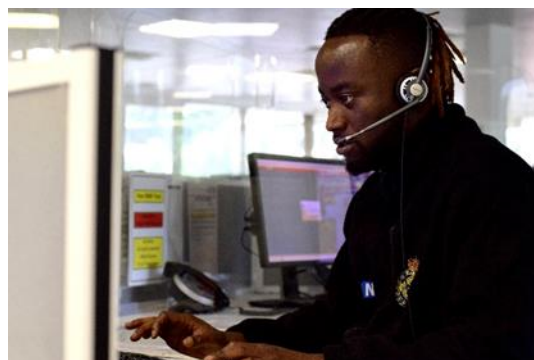
Dispatcher was very calm and reassuring and stayed on the phone to reassure me till the ambulance crew arrived. Ambulance crew were kind, caring and treated both my Grandma and me with such compassion whilst still doing their jobs." (PES)

"Professional empathetic intelligent caring and listening would describe all staff perfectly. Dignity maintained at all times and paramedics really help to dignify me before leaving home thankfully." (PES)

95.2% of NHS 111 First patients and 87.5% of PTS patients also felt their overall experience of the respective services was either good or very good with 87.5% of PTS patients stating that they were 'cared for appropriately with dignity, respect, kindness and compassion'.

" I was approximately 36 weeks pregnant, and I had just been told an hour prior to my journey that at 23 years old I had a blood clot in my brain. The ambulance crew were fantastic. I could not have asked for any more support or care. They actively engaged with me and helped me relax, something which was crucial to me given my partner wasn't allowed to travel with me (Covid-19 restrictions)." (PES)

"I rang for advice but following my answers to some question told I needed to go to A and E. Was really pleased when they said they could book me in to save time - a great help I'm 73." (NHS 111 First)



Friends and Family Test (FFT)

Patients who have used either PTS or PES (see and treat) are offered the opportunity to provide feedback using the FFT process. This is a nationally mandated requirement and is available both as postal surveys and as a digital offer on the trust's website. Additionally, there is also the option to provide FFT feedback and comments using SMS text messaging, which is also available online. These FFT responses are historically collated monthly and submitted for national reporting via the Strategic Data Collection Service used for NHS Digital Data Collection.



As a result of the Covid-19 virus, NHS England suspended the mandatory FFT process in March 2020 and resumption was not until end of Q3 2021. Changes previously announced to the FFT question as framed by NHS England became effective on 01 April 2020. This enabled the opportunity for a second additional question, '*Please tell us about anything that we could have done better*', tailored to capture qualitative feedback which provided further patient experience insight. The trust successfully implemented the change and continued to offer the FFT to patients using digital channels only.

With the suspension of proactive postal surveys during the 2020 - 2021 PE programme, 99% of FFT feedback received was via the SMS text channel. In this period a total of 4,266 FFT responses, across both PTS and PES, were captured, with 3,390 supporting comments. Below in Figure 3 we see the cumulative scores by response selection, trust-wide and for PTS and PES respectively in the period of April 2020 – March 2021.

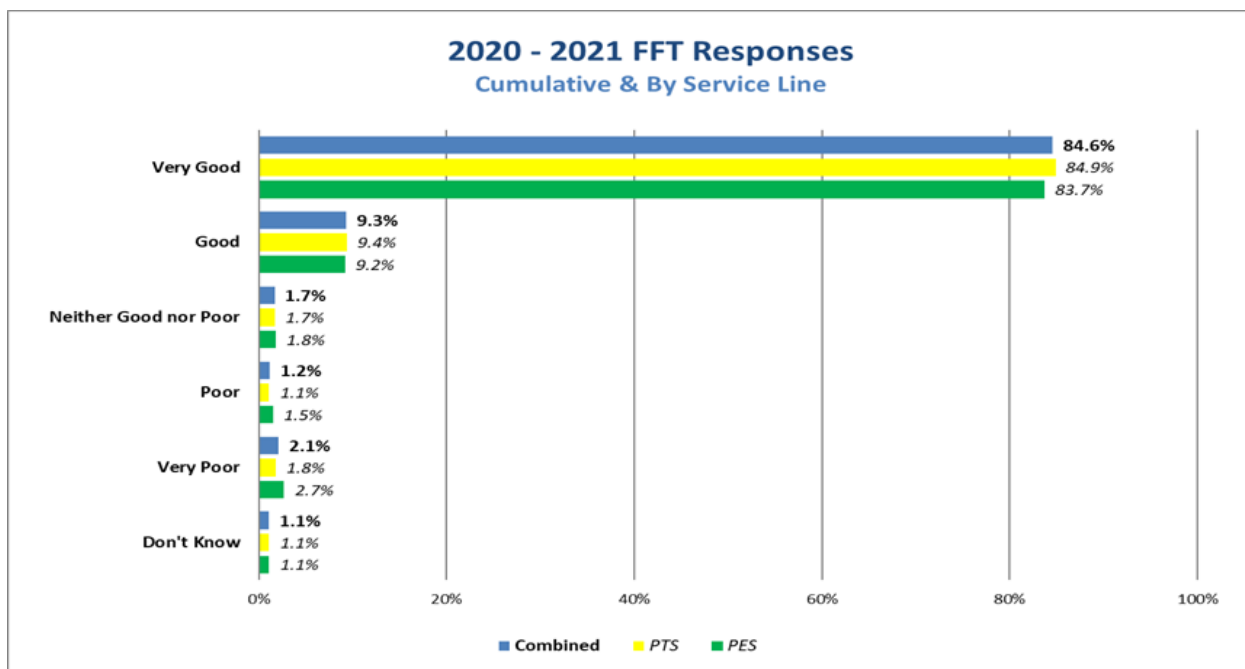


Figure 4: 2020 - 2021 Friends and Family Test (FFT) Responses by Service Line

Cumulatively, trust-wide, we saw 93.9% of responding patients stating that they felt their experience of using our services was 'very good or good'. Broken down by service line, this translates into 94.3% for PTS (-1.3% from 2019/20) and 92.9% for PES (+13.4% from 2019/20). Thematic analysis of the supporting commentaries revealed the following for our individual service lines.

FFT - Patient Transport Service



We saw 94.3% of FFT PTS respondents indicating that they felt their experience of using our patient transport service was 'very good or good'.

Emerging themes included the helpfulness and friendliness of staff, the extra care and reassurance shown, being treated with dignity and respect, patient safety, professionalism, and excellent service.

Below are some of the additional comments accompanying the selected response of 'very good or good':

"The crew were very pleasant caring met me at my door and carried my oxygen for me they were friendly the vehicle was clean and warm, they wheeled me to my dept and collected me. As an NHS nurse off sick. I value this resource as I can't drive at present whilst waiting for a lung transplant. All the crews that have transported me have put me at ease as suddenly being a patient has been difficult. I'm very grateful to the service."

"All of the ambulance crews I have encountered have been amazing and helpful whilst keeping a highly professional attitude and have always made me feel safe especially during this pandemic."

"I have never had a negative experience whilst using patient transport. In fact, I always feel happy and uplifted afterwards. The staff are kind, helpful and reassuring. They always make sure I'm comfortable. In these very difficult times, they are all obviously very dedicated to each other and their patients and I want to say thank you so very much. You're all amazing. Happy Christmas!"

"I was given the best of care and my questions were answered. everyone I have met treated me with dignity."

"Made my dad feel safe from start to finish, excellent service, very confident that my dad in safe hands especially as he had to go on his own with no family members due to the Covid-19 situation, thank you."

"COVID aware and felt very safe. Good drivers and caring friendly people. A lovely experience when you're not feeling great. Thank you."

"The care and compassion given by the Ambulance service is outstanding, they help me so much when I am struggling and always make sure I am safely in my house before driving away. Amazing care. Thank you."

"I have Multiple Sclerosis and there was one particular day I looked like I was drunk. My speech was slurred I could barely keep my eyes open, and I was barely able to walk. They asked me if I was sure I was able to attend my appointments. Although I looked like I was using 'class A drugs' my mind was as clear as a bell. They reluctantly took me and when I got to my appointment they called my MS infusion nurses to come out and assess me and to take me inside safely with help from the ambulance patient transport crew. They treated me like glass. With great care and genuine worry for me. Thank you. Your team of people are amazing, take care."

"A cab driver was used on both outward and return journey. They were timely and both drivers were helpful, getting as close as possible to minimise my walking which is painful. The booking staff were pleasant and efficient."

Professional service. Booked over the phone. Polite staff who put my mind at ease. Collected on time with great care and return journey equally as good. Thank you."

FFT - Paramedic Emergency Service

92.9% of respondents indicated that they felt their experience of using our paramedic emergency service was 'very good or good'.

Emerging themes included patients being treated with dignity and respect, support and reassurance provided, friendliness and clear communication, speed of response, the empathy and professionalism of the paramedics.



Some of the additional comments below support the selected responses of 'very good/good':

Sympathetic 999 operator responded. Told there was a wait but to call back if concerned.

Paramedic called before team arrived to reassess the situation - very reassuring. Team that came were efficient, friendly but professional with humour. Was assured at every stage that I wasn't wasting precious time. I can't praise highly enough the people we dealt with, but they are very obviously under a huge amount of pressure - all credit due to them."

"The paramedics both put themselves at risk as I was Covid-19 positive, they reassured me and were very professional."

The patient was treated with respect and listened to and also received great care."

"Both paramedics were absolutely amazing and a delight to see them treat my mother with care and utmost respect. We absolutely appreciate their service and can assure you the patients experience was the same. Please pass our kindest regards to them and we would like to applaud them and state that they are an absolute asset to the NHS. 5 Stars."

"I used this service for my husband three times last month. On each occasion the response was swift and appropriate to the situation. The 999 operators were clear in their communications and very supportive. The paramedics were efficient, confident and also cautious in their approach. They were methodical and communicated their actions/plans etc. very well and with the utmost of respect. I feel so very fortunate to have this service. Thank you to each and every one of you."



The full service was amazing from the first call, I was given all the help and advice I needed over the phone before the paramedics arrived and when they did they were brilliant, very friendly and spent every minute they needed to with my daughter, helping her calm down within no time at all so they were able to assess her and help control her breathing, we were given all the advice and paperwork we need to arrange antibiotics for a chest infection the day after at our local GP. They were amazing."

"The compassion and care showed by the two EMT's who attended was outstanding... they were able to reassure me but at the same time assessed my needs... they went above and beyond their duty by driving to my GP to get the prescription sorted as they could not get through via telephone... they were amazing!"

"Because I received a shocking service from my GP and other health care professionals and the paramedics stayed with me and did everything they could to get me sorted, in fact they were amazing and I'm so grateful to them both."

"I have had 2 ambulances to my mums in the last 2 weeks and both times the paramedics have treated mum with respect and dignity. They have answered any questions I have asked; I know we have waited approx. 3 hours both times but under the circumstances these things cannot be helped. Thank you so much."

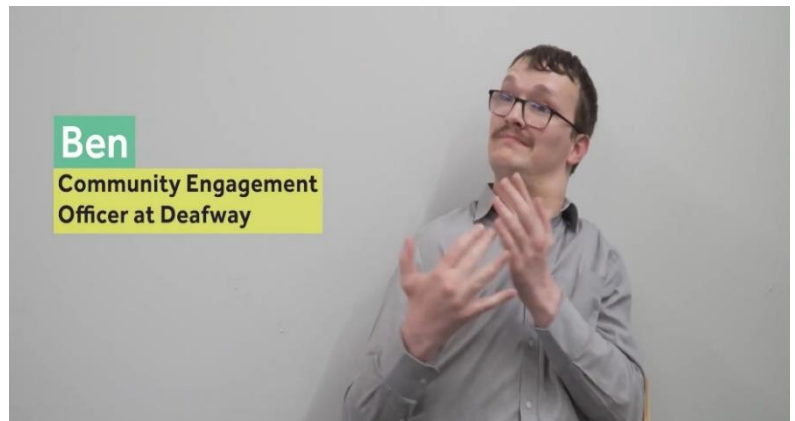
"Professional. Listened to my concerns and acted upon them. Supportive and Efficient. Kind and caring. Compassionate and sympathetic to my complex care needs which doesn't always happen."

Patient Stories

Patient stories continue to be a powerful tool to describe patients' experiences and any learning outcomes that have been achieved. These are presented bi-monthly to the Board of Directors, Quality and Performance Committee, to staff as part of their mandatory training, and are part of education and awareness campaigns.

These have continued during the pandemic though there have been some challenges due to lockdown in sourcing and filming them and innovative ways of presenting have been used – such as using voiceovers to outline the story and filming them over Microsoft Teams. The patient stories have included experiences related to maternity, laryngectomy patients and increased learning and

understanding within the organisation of their needs and how we support vulnerable patients and their families whilst under Covid-19 restrictions. Increased development of filming skills within the communications and engagement team has supported in-house production of patient stories.



Demographics

The Office for National Statistics (ONS) 2011 data states that the total usual resident population of the North West stands at 7,052,177. About 8% of those residents (577,232) were born outside of the UK. This same data on age estimated 0 -15yrs at 21%, 16-74yrs at 72% with 65+yrs at 16.7% and 75+yrs at 7%. The gender breakdown ONS 2011 data shows women at 48% and Men at 52% of the region's total population. The numbers in the North West population stating they had a disability or permanent illness was 374,928 (5%). Approximately 9.2% of the region's population belongs to ethnic minorities. Of these 5.5% are of Asian or Asian British origin.

Demographic information is collected by NWAS to ensure equity of access to our services as well as to better understand the experience of different segments of our patient population.

Appendix 1 at page 19-23 shows percentage demographic data breakdowns of our survey respondents by patient; age, gender, disability, and ethnicity on our NWAS four service lines NHS 111, PTS, UCD and PES respectively. A summary breakdown of the key demographic data received via our survey respondents is shown at Figure 5 below:

| 2020-2021 Patient Engagement Surveys Summary of Key Demographic data | | PTS* | PES | UCD | NHS 111 | NHS111 First |
|---|-------------------|-------|-------|-------|---------|--------------|
| Patient Age | Under 16 yrs | 0.0% | 6.6% | 0.0% | 3.6% | 8.7% |
| | Over 45+ yrs | 87.5% | 63.2% | 100% | 70.9% | 66.1% |
| | Over 75+ yrs | 12.5% | 16.9% | 0.0% | 18.5% | 17.2% |
| | Over 85+ yrs | 0.0% | 4.4% | 0.0% | No data | 4.3% |
| Patient Gender | Female | 75.0% | 58.1% | 50.0% | 60.4% | 61% |
| | Male | 25.0% | 41.2% | 0.0% | 37.8% | 38.4% |
| | Prefer not to say | 0.0% | 0.7% | 50.0% | 1.7% | 0.6% |
| Patient Impairment | Limiting illness | n/a | n/a | n/a | 34.3% | n/a |
| | None | 25.0% | 43.4% | 50.0% | 60.7% | 48.5% |
| | Mobility | 75.0% | 22.8% | 50.0% | n/a | 8.7% |
| | Hearing | 0.0% | 6.6% | 50.0% | n/a | 7.5% |
| | Visual | 0.0% | 5.2% | 0.0% | n/a | 2.1% |
| | Mental Health | 25.0% | 19.9% | 0.0% | n/a | 4.7% |
| | Learning | 0.0% | 5.9% | 0.0% | n/a | 1.1% |
| Patient Black and Minority Ethnicity (BME) | BME | 0.0% | 1.5% | 0.0% | 5.5% | 2.8% |
| | Prefer not to say | 0.0% | 1.5% | 0.0% | 0.0% | 0.8% |
| Demographic data request | None respondent | 0.0% | 0.0% | 0.0% | 2.4% | 1.1% |

Figure 5: Summary breakdown of the key demographic data received via survey respondents

Data on survey returns availability for patients using PTS services remains limited due to the restrictions on clinics largely being closed throughout the pandemic and the PTS service only running for dialysis and cancer patients during this period. It should also be noted that during the pandemic period we followed national government and local commissioner guidance so whereas previously we proactively sent postal surveys to 1% of all PES and PTS users – we put this on hold. To compensate and ensure we continued to receive feedback on these services, the trust requested patients to reactively access the NWAS website and provide feedback on our survey questions digitally.



Analysis of the demographic data shown in Figure 4 suggests that females are more likely to contact NHS 111 and NHS 111 First and over 6% on average of the users of this service are under 16 years of age.

100% of those who provided feedback after using the patient transport service indicated that they were over forty-five years of age.

In terms of all the feedback received we saw that when disability was declared – the main disability identified was those with mobility impairments however with those who used our UCD service, hearing impairments also featured highly.

Mental health was a huge priority in the pandemic due to the situation and lockdowns. In the feedback that was provided by respondents, 25% of those who had used PTS and 19.9% of those who had used PES told us that they consider themselves to have a mental health condition

however the number may be higher as people may not always feel comfortable sharing that in optional demographics.

Ethnicity data shows lower consistency on PTS, NHS 111 First and PES however it remains proportionally consistent with the North West demographic profile when linked to age of respondents for our service line of NHS 111. Only 1.75% of PES respondents and 0.8% NHS 111 First respondents preferred not to declare their ethnicity data when completing the surveys.

Patient, Public and Community Group Engagement

Whilst patient surveys provide us with a real insight into the care and treatment that patients have received, another method we use to gain qualitative feedback is by engagement with community and patient groups within our region – due to the pandemic this has taken place virtually this year. There were plans to hold some large-scale community events, but these were paused due to the national restrictions and pressures on the service.



However, we did engage virtually with many patient and community groups on multiple topics, one was to talk about our response to the virus and to help understand how we could support our groups during further waves of the pandemic. Another focus for engagement was the introduction of NHS111 First and talking to groups about how they could access that service and the other services that NWSAS provide.

Patient Public and Community Group Engagement Framework

A 5-year Patient Public and Community Group Engagement Guidance Framework was agreed in 2020 supported by annual implementation plans with the following aims:

1. To engage and educate a range of patient, public and community groups, on what to expect from and how to access ambulance services.
2. To work in partnership with our patient, public and community groups, stakeholders and PPP members to design services which meet their needs.
3. To capture and share changes which have been made because of patient, public and community group feedback.
4. To enhance patient, public and community groups access to ambulance employment opportunities.
5. To ensure that engagement is embedded throughout the organisation and that priority messages are shared with our patients, public and community groups.

Some of the engagement highlights and activities delivered during 2020/21 to support these aims include:

- Attendance in a principal speaker, advisor, or facilitator capacity at 87 virtual community patient and public community engagement events. These include Preston Health Mela, Healthwatch, Warrington Speak Up Learning Disability Group, Caribbean and African Health Network, Dementia Café, and CCG Conferences. Our engagement has looked slightly different to previous years as many of the ‘face to face’ high footfall events that we would usually attend such as freshers’ fairs, Disability Awareness Days and PRIDE were cancelled due to the pandemic. Wherever possible and if restrictions allow, we will attend these events in 2021.
- Maintenance of a central log to ensure attendance at high footfall community events is captured.
- Development of key messages to provide consistency of information for sharing at the events together with the development of a pro forma to gather feedback on our attendance.

Patient public and community engagement activities during 2020/21 have enabled us to:

- Receive advice and feedback from a range of our hard to reach and vulnerable patient groups on how to improve access to ambulance services.
- Better understand how we can support our vulnerable patient groups during the pandemic.
- Gain insight into how the pandemic has highlighted health inequalities for some communities within our region.
- Stay in contact with and keep our patient, public and community groups informed with information relevant to NWS and the pandemic through the introduction of regular info bursts.
- Increase awareness with a range of our communities on our ambulance service provision
- Provide reassurance for our patient groups, the public and communities that we take community engagement seriously even though there have been some barriers to engagement during the last twelve months and that all feedback received from our patient and community engagement activities is valued and where required will be acted upon.
- Promote partnership working with many of our hard to engage and vulnerable groups including with community first responder volunteering opportunities and our PPP membership.

Examples of some of the feedback and questions asked during community engagement include:

“We don’t know for sure if staff have taken precautions e.g., hand washing, so it can be worrying putting your trust into staff being safe and not to put you at risk.” (Patient group engagement)

“What protocols do you have in place for autistic patients?”
(Autistic Adult Forum)

“We can’t thank the NHS enough for all they have done during this Covid-19 period.” (Healthwatch engagement)

BAME have been adversely affected, will this lead to a mistrust with the NHS?' (South Asian Carers Forum)

"Do you prioritise people with a learning disability, would they still have to wait in ED?" (Learning Disability community group)

"There is a belief that if the ambulance takes you to hospital, you may not return home again." (Caribbean and African Health Network)

Many people going through a mental health crisis may not ring for an ambulance; they will just turn up at ED as they want immediate help. We need to understand why some people self-present at ED. What is coming through in the calls we receive and who is showing up in person? This is important to understand." (Mental Health forum)

The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. These are cited as: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity. Figure 6 below shows protected characteristic groups' engagement in 2020/21.

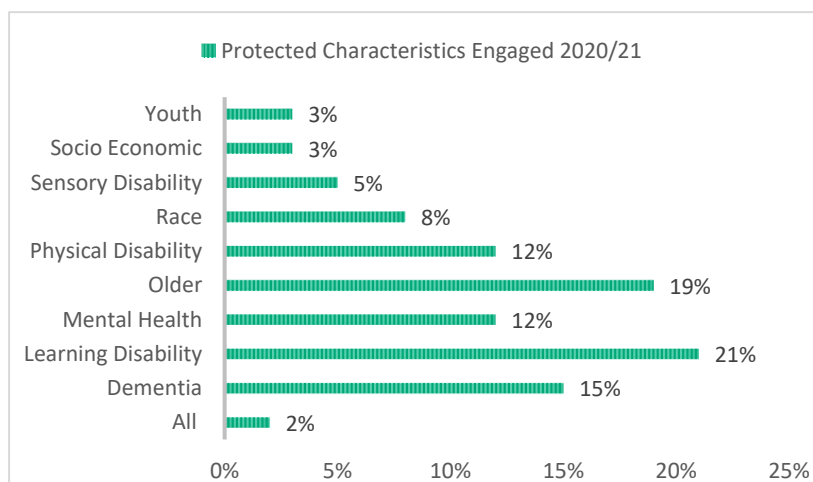


Figure 6 - Protected characteristic groups engaged with during 2020/21

Patient and Public Panel (PPP)

Our PPP was established in September 2019 to give patients/the public a voice and the chance to have their views acted upon. The panel is made up of representatives from local communities, interest groups, the voluntary sector and partner organisations, and offers meaningful opportunities to influence decisions and improvements in our emergency, patient transport and 111 services.

Despite the challenges from Covid-19, we have continued to recruit new PPP members and actively engage with the membership throughout the past 12 months via virtual platforms. This means we now have 143 members fully inducted, with most already involved in the work of the trust. We have also hit our original target of 125 members as well as doubling the membership from April 2020 to March 2021. We consider this is a great success for the trust.



The PPP has an infrastructure to enable patients/the public to become involved at a level that suits them. At the end of 2020/21 all levels were engaging virtually but with the lifting of restrictions in the Summer of 2021 this situation is under review. We offer 3 levels of involvement:

- 'Consult' is virtual, making the most of digital channels to interact with members who can get involved whenever or wherever they choose
- 'Co-produce' panel members work together on short-term projects using co-production techniques
- 'Influence' members take an ongoing, active role in high-level meetings to enhance decision making and discussions

A breakdown of panel members' involvement by level can be found at Figure 7.

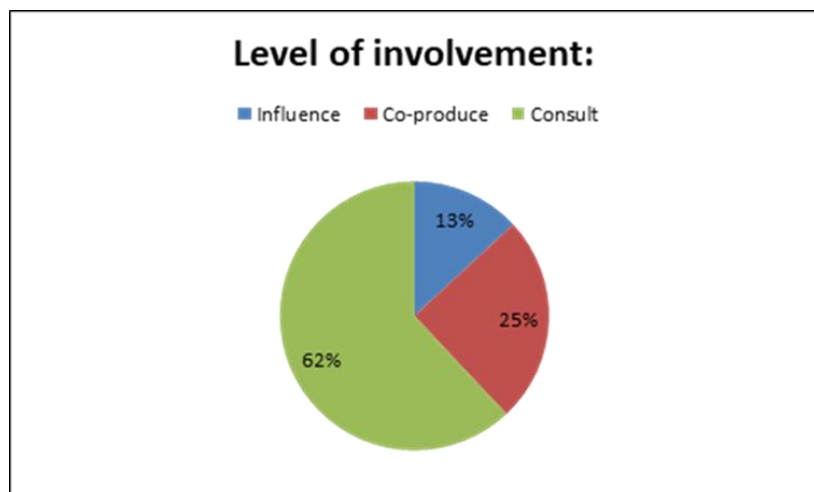


Figure 7: Breakdown of panel members' involvement by level

The demographics of PPP members continue to show that membership from the Cheshire and Lancashire regions is currently slightly below the target representation compared to the other areas we cover across the North West. See Figure 8.

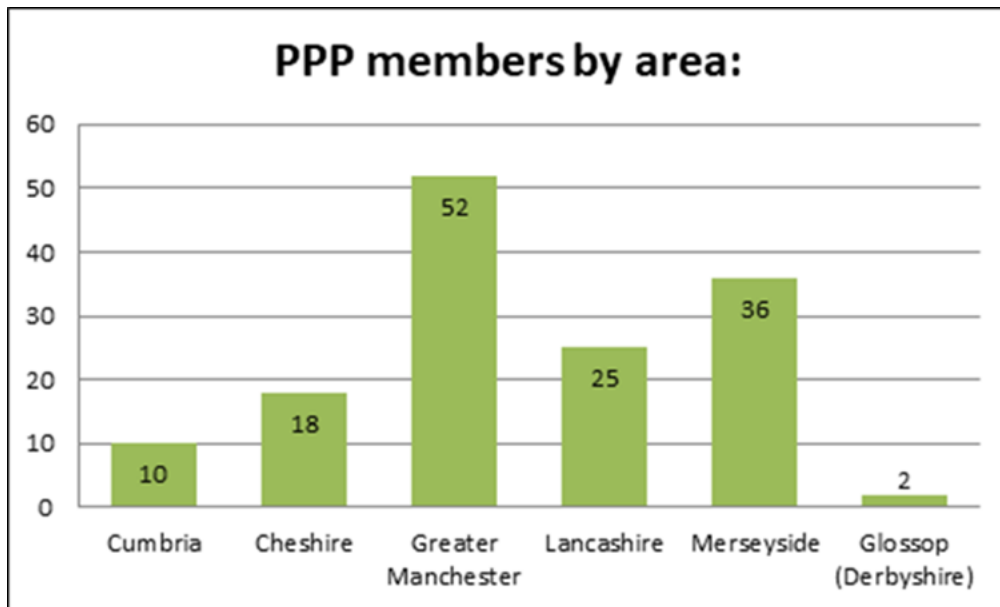


Figure 8: PPP members by area

Panel membership for those declaring a disability has been over and above the initial target, which is positive.

We have successfully recruited 19 members in the younger age bracket (16-24) during the last year and are keen to build on this in 2021/22 and future years. Figure 9 below shows a breakdown of membership by age.

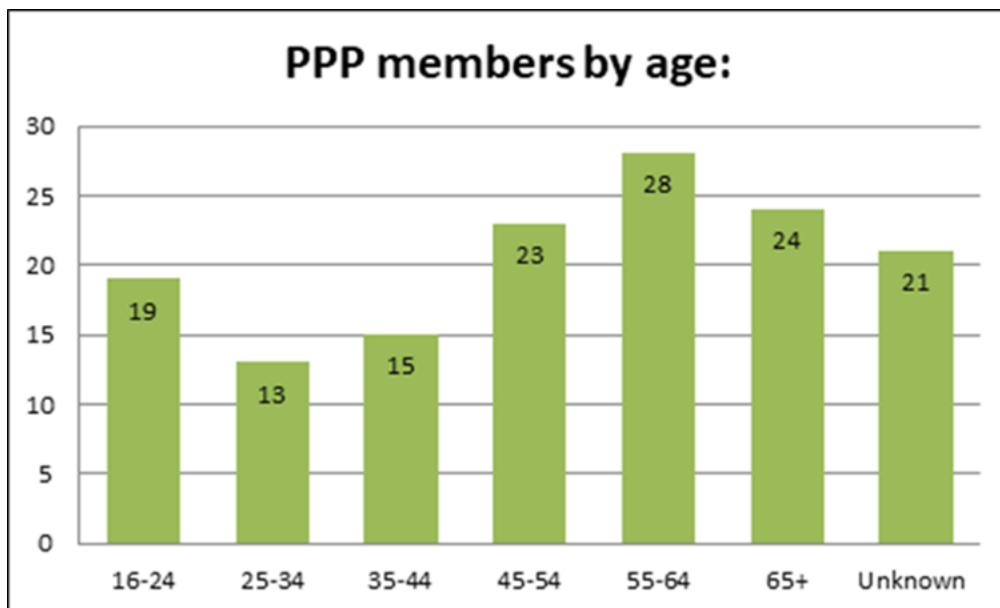


Figure 9: PPP members by age

As shown in Figure 10 below, we are underrepresented by members from ethnic minority groups across the North West and our recruitment plans for 2021/22 and beyond include targets to improve this.

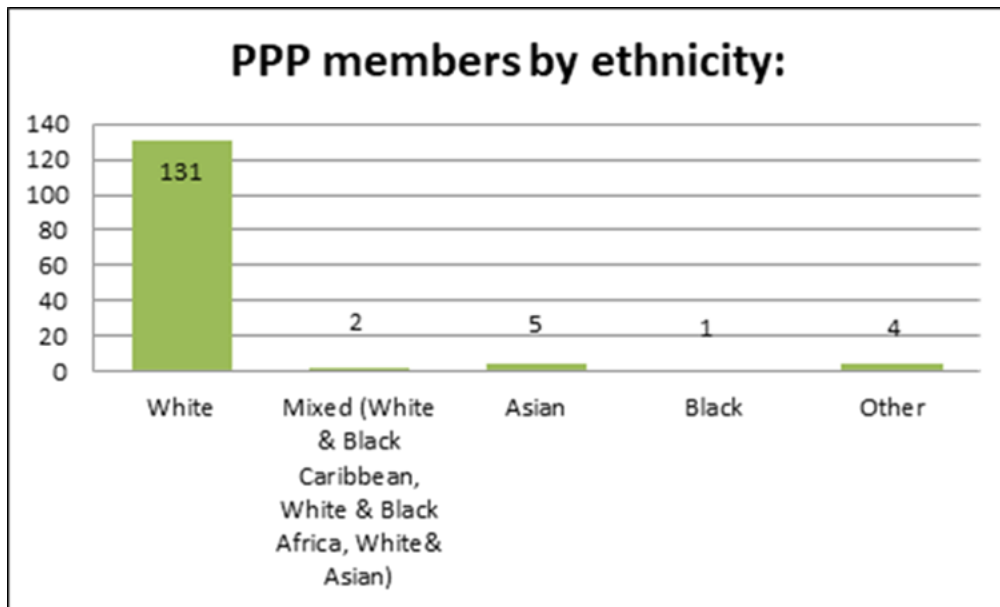


Figure 10: PPP members by ethnicity

From April 2020 to March 2021, PPP members have been invited to get involved in 44 opportunities with staff across the trust. The PPP have been able to get involved in regular high-level meetings (area learning forums, mental health work streams and complaints review panels), a mystery shopper activity with PTS, regular information and development sessions. They have also had the opportunity to provide feedback on key documents and publications. A more detailed analysis of panel achievements can be found below:

- **Supported the NHS 111 First initiative**

- Our members attended key focus groups to look at how we communicate key messages to local communities, faith, and vulnerable groups across the North West. Concerns were raised around the impact of NHS 111 First on people with mental health problems or disabilities. This feedback influenced the key messages and told us it was important to make clear that anybody turning up to A&E without an appointment would not be turned away. We have also worked with local mental health community groups to help alleviate any concerns.



- **Helped to improve communication on the road**

- We recognised that our current pictorial communication handbook was outdated and therefore we needed to revamp this to improve patient experience across the North West. Our members co-produced an updated version of the handbook which will be available on all emergency ambulances. The feedback helped us to understand what works well and what was missing from the original version. Panel support has helped us ensure the new version is informative, fit for purpose and something that will be accessible at times when there may be communication barriers.

- **Worked with staff to refresh our values**

- Our members were invited to participate in workshops to shape ideas for our new values. Members were instrumental in the redesign of the trust values by providing experiences and feedback on what they felt was important to them about the service they receive from us. Panel input provided a fresh perspective which shaped the new values and behaviours launched in April 2021.



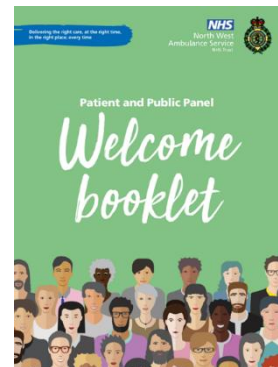
**WORKING TOGETHER.
BEING AT OUR BEST.
MAKING A DIFFERENCE.**

- **Worked with NHS England colleagues**

- We invited members with experience of using non-emergency patient transport services to attend a dedicated focus group discussion run by NHS England to influence and shape the new eligibility criteria for the service. Members provided advice and feedback which has resulted in the eligibility criteria being redrafted and a national report has been produced which can be viewed here: [NHS England » Improving non-emergency patient transport services: Report of the non-emergency patient transport review](#)

- **Refreshed PPP materials**

- Our initial PPP promotional materials were designed before members joined, so we asked members to proofread and provide feedback to make them more accessible to all. Our members identified accessibility issues with colours and text size which we didn't identify previously, leading us to redesign our materials and colour scheme.



- **Regularly supported internal meetings**

- Our members provide regular support at key internal meetings and the following quotes from staff show just some of the benefits that PPP involvement has provided:

“PPP attendance was thought provoking, sharing lots of information about the Jewish community, their faith and beliefs. Frontline staff will be able to transfer this information when assisting patients from the Jewish community.”

Kairen Smith, Positive Action Officer “

Emergency Operations Centre (EOC) Learning Forum “Often we are guilty of viewing problems from a single perspective, usually that of an ambulance clinician. Having PPP representatives at the learning forum allows us to ensure we are embedding the right lessons to avoid incidents and improve our services in the future.” Luke Marriner, Senior Clinical Lead for EOC & Clinical Hub

“The members involved in the suicide prevention work stream have been great representatives for mental health and patients. So far they have helped us with some great ideas provided brilliant feedback on a document we are thinking of introducing for front line staff in relation to suicide prevention.” Craig Hayden, Advanced Practitioner (Clinical Hub) and Suicide Prevention Lead

- **Adapted to a new virtual way of engaging**



- Our members continue to contribute to key meetings, work streams and focus groups virtually which means we have managed to involve and engage patients and public in our work despite the challenges we have faced from the pandemic.

- **Contributed to our new brand**

- Members provided ideas in a brand workshop led by a design agency to help gather the insight they needed to develop a new look for the NWS brand. Feedback and comments were valuable to the process as they were unbiased and brought a fresh, outsider's perspective.



- **Mystery shopper opportunity with the Patient Transport Service**

- Our members assisted us with a mystery shopper exercise for the taxi companies used by our patient transport service (PTS). At the start of the pandemic, we received complaints about taxi companies not following guidance relating to personal protective equipment (PPE). Our PTS Assurance Team worked with the PPP to conduct the mystery shopper exercise. 14 members volunteered to take part and appointments were made via our booking centre for taxi journeys from their home to a local hospital. Following the journey to and from hospital, members were asked to complete surveys virtually as well as give feedback via a phone call to share their experience. Our members were fully supported by the PTS Assurance Team

throughout their journey and provided with a contact number to use if any problems were encountered. The main purpose of the exercise was to identify if the taxi providers were following the guidance issued in relation to COVID-19, but it also highlighted several additional concerns that patients using this service may have. From this feedback, we have addressed specific issues and written to all taxi providers covering themes identified. Using our members' experiences, we have introduced a new system where we collate complaints about specific drivers and are in the process of changing the contract to reinforce our requirement

Reporting

The trust's Board receive a monthly dashboard of FFT patient feedback results. Quarterly data on all patient engagement initiative's themes and feedback reports are shared with the Quality and Performance Committee.

Our PPP members receive regular trust briefings and a Panel newsletter (NWS Voices). During the past year we have also introduced regular info bursts to our patient, community groups and panel members. These have contained a wide range of information including public health messaging, trust information and opportunities for support and engagement during the pandemic.

Recommendations for service improvements are introduced via 111, PES and PTS learning processes respectively.

This report is presented to the Board of Directors as well as being shared internally and externally with all stakeholders and is published on our website (www.nwas.nhs.uk).



Learning Activities

An analysis of the findings in this report and the feedback received from our patients, provides us with focus areas for our annual work programme, themes for learning and the opportunity to make improvements. Learning during 2020/21 included:

- Feedback from our deaf community highlighted increased barriers to communication due to our staff wearing PPE during the pandemic. Ways in which we have looked at breaking down these barriers include use of PPE with clear facial screens, a review of our pictorial handbook and introduction of a pilot online deaf awareness training programme. The pilot programme will initially train 125 staff within the trust and we are looking to extend the availability of this training to all staff members by March 2022. A patient story on how we engaged and what we have learned from the deaf community has been produced and shared with the Board.
- Additionally, we now ensure that any videos that are shown on social media are subtitled and for the first time in 2020 our virtual AGM was signed by a BSL interpreter. At the beginning of the pandemic, we shared co-produced information on how our emergency service could be accessed using Emergency SMS and how NHS111 could be accessed using Interpreter Now.



- Whilst we have used Microsoft Teams for most of our patient, public and community engagement in 2020/21, feedback told us that Zoom is much more accessible for those with additional accessibility needs. As a result of this we have purchased a Zoom licence for use with our North West groups

- We introduced transportation of assistance dog guidance into the trust to ensure that our staff provide the best experience when supporting our patients who need to use our services alongside their assistance dogs.
- Following feedback from our PPP members that we needed to make our publications more accessible, PPP information is now always provided in an accessible format for our visually impaired members and those who require their information in high contrast. We have also invested in a photo symbols subscription so we will be able to produce more easy read information in the future.





- We learned that early in the pandemic there was a lot of confusion about who patients and the public should contact for Coronavirus advice. As the number to contact in this situation was 119, there was some confusion about which number to use as this was also very similar to NHS111. During several engagement sessions and through our info burst emails we were able to share key messaging in relation to this.

- A key learning point for us during the pandemic was understanding the main concerns that the patients and public had in relation to using our services. There were two main concerns:
 - PPE/IPC concerns – many people that attended engagement sessions shared concerns about our crews wearing PPE. They wanted reassurance that all crews had enough PPE to protect themselves but also the patients should they require treatment. After seeing this an emerging concern – we included a question in our engagement presentation on concerns that people may have had about using us. We also shared information on the different types of PPE that people may see our crews wearing.
 - Vulnerable patients – a lot of the feedback that we received was in relation to vulnerable patients who would normally travel with a carer/escort if they needed out services. We worked to provide reassurance about the care/treatment that they would receive from our crews – both on PES and PTS and how our crews would try to help in this situation – providing clear information to carers and families and to the hospital on handover of patients. When guidelines began to allow escorts to travel with vulnerable patients, we also shared this information.



- The Patient Engagement Team also became aware that data was showing that some communities were affected more by the pandemic than others. We again included a specific question on this in our engagement to try to help improve our understanding and undertook some targeted engagement with groups in those communities – learning for us was that this remained a challenge especially with the lack of face-to-face engagement. We also tried to ensure that through our info bursts we provided information that the communities could trust – i.e. access to services and details of the vaccine and where possible we shared information from national campaigns in a range of languages to try and improve the reach of

those key messages. Targeted engagement with our diverse communities remains a key priority for us during the 2021/2022 patient engagement programme.

- During engagement sessions, patients and the public were asking us what they could do to help us if they needed to call an ambulance – we engaged on topics such as #whatthreewords and message in a bottle and will look to promote tools such as this and I.C.E (in case of emergency details) during the 2021/2022 patient engagement programme.



- Like many of us, Panel members missed the opportunity to communicate and engage with each other and were looking for a way in which to talk to each other, share their trust learning and feed back to one another. As a result, we created a new Panel members area within a secure section on our website.

Focus areas for 2021/22

Whilst our patient public and community group experience gathering, and engagement has been challenging in so many ways during the last year it has allowed us time to reflect and evaluate our existing methods and approaches as well as learn from our communities and the collective experience of the wider NHS. Focus areas for the year ahead include:

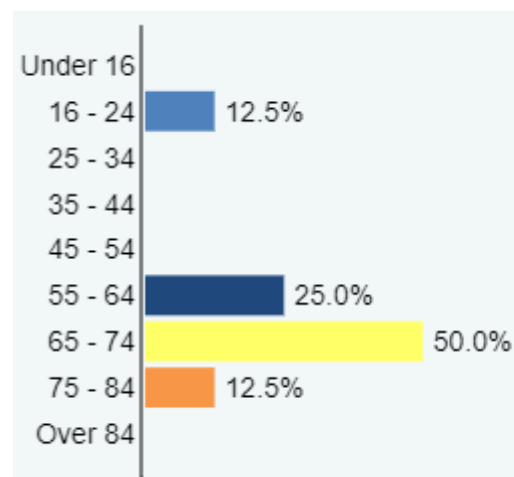
- Continued engagement with our North West patient, public and community groups, not only to meet identified targets and priorities but also to provide reassurance as we emerge from the pandemic regarding the safety and availability of ambulance services. This will be combined with the provision of information that may help benefit their health and well-being.
- A review of our patient experience channels to ensure they are inclusive, cost effective and reflect best practice. Whilst we intend to continue use of our digital solutions, we will also review the marketplace for new products and the latest solutions to ensure we maintain both quantity and richness of data.
- Completion of work on a new pictorial communication handbook which will be co-produced by the PPP, staff and patient and community groups and will be more representative of the communities that we serve.
- Continued growth of our Panel membership to include greater numbers of young people (16-24) as well as more representation from our ethnic minority community. Part of this work will include the development of a new youth zone on our website, to be developed in conjunction with existing Panel youth members as well as other youth groups in the community.
- Development of a patient engagement learning framework, which will support the wider circulation and use of patient feedback as a learning opportunity within the trust. Both quantitative and qualitative themed analysis as well as levels of patient satisfaction, FFT performance and dignity and respect data will be shared with all operational staff at the trust.



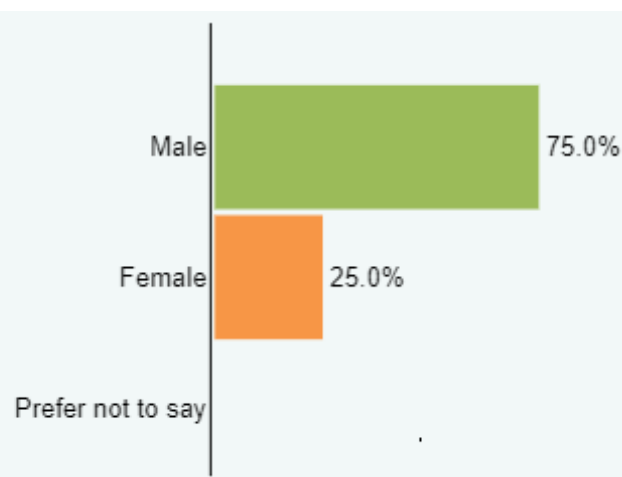
Appendix 1 – Patient Experience Survey Demographics

PTS 2020/2021 PE Survey - Demographics

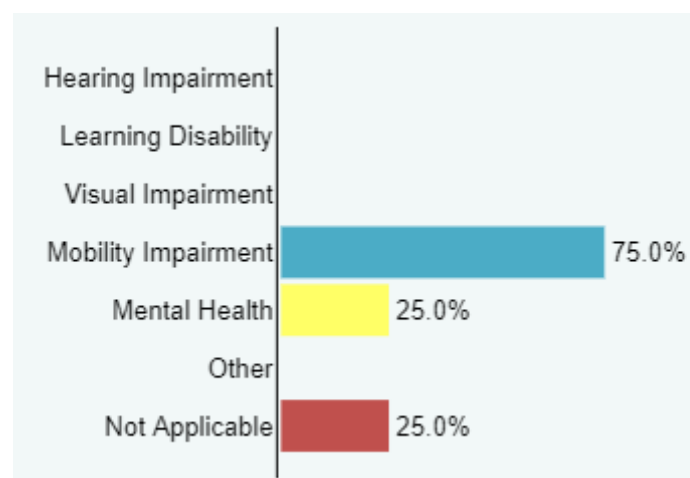
Patient age range



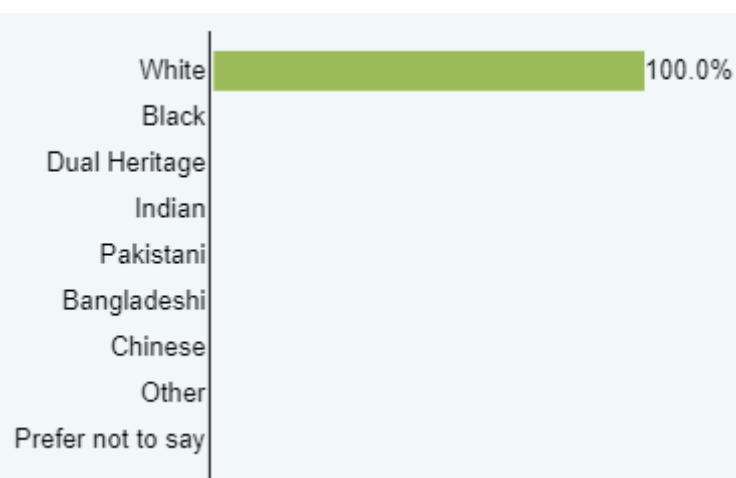
Patient gender



Patient impairment

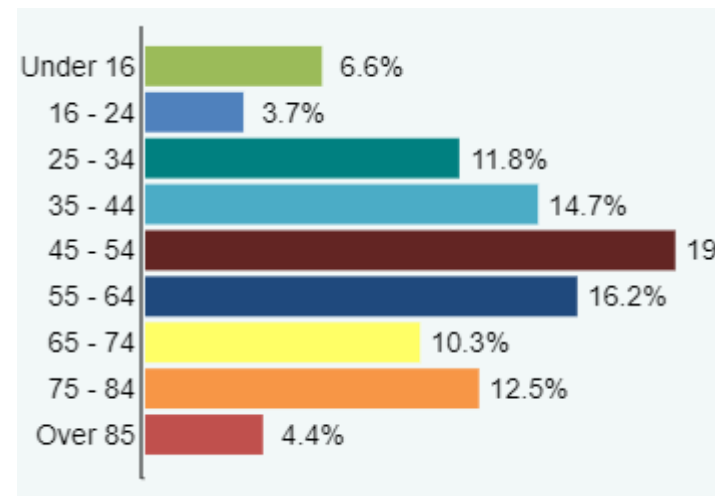


Patient ethnicity

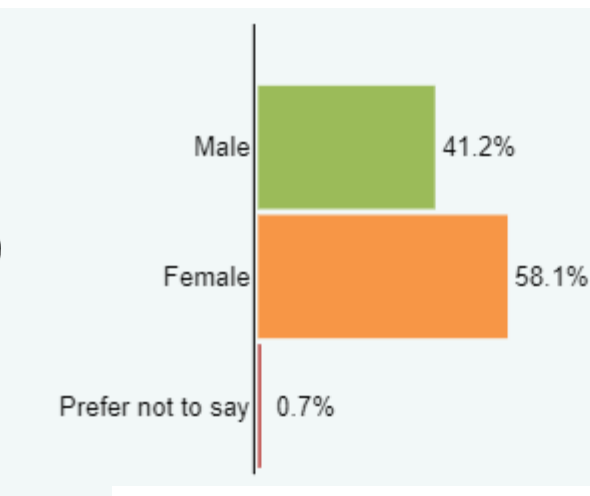


PES 2020/2021 PE Survey - Demographics

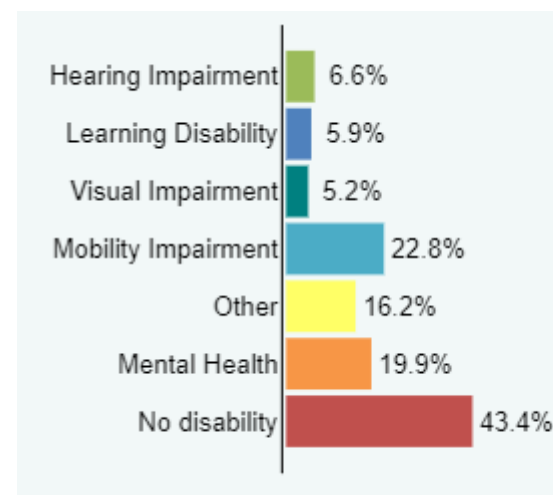
Patient age range



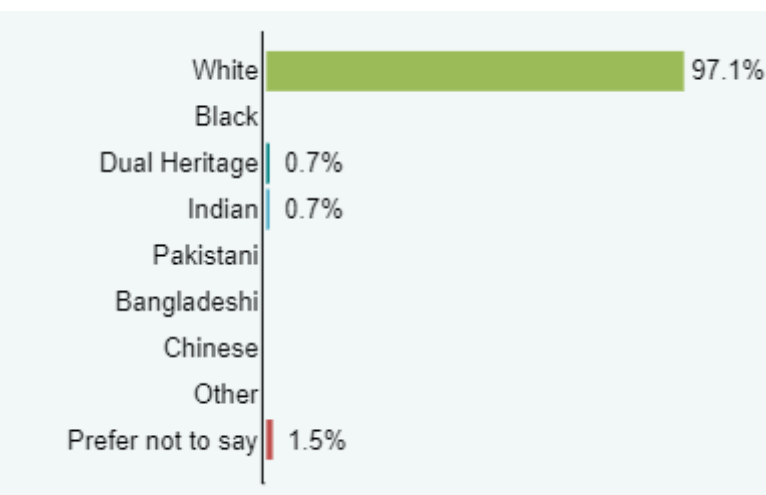
Patient gender



Patient impairment

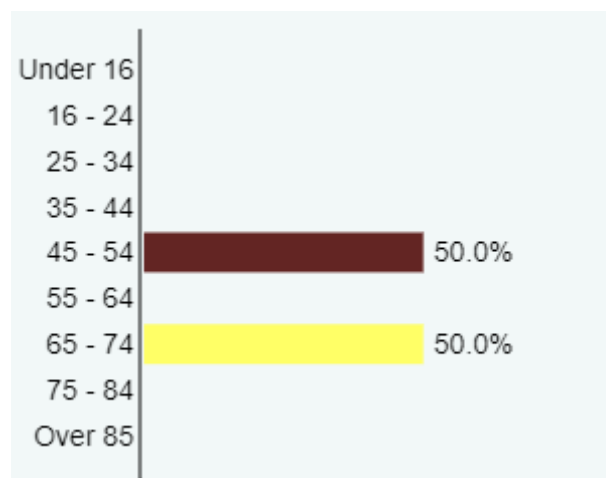


Patient ethnicity

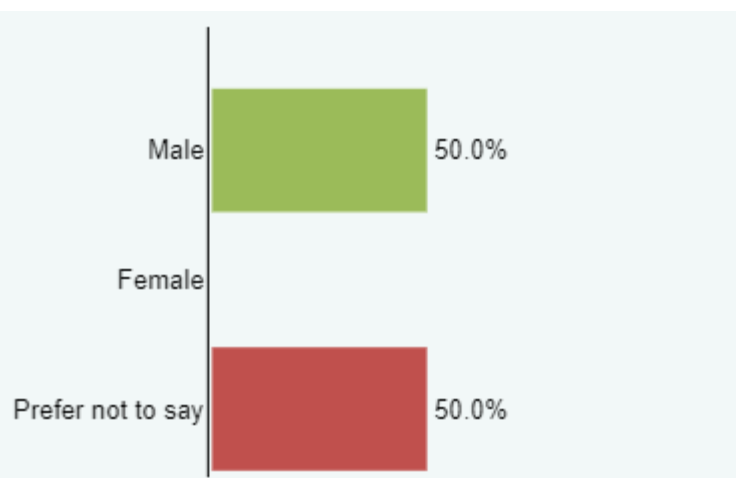


UCS 2020/2021 PE Survey – Demographics

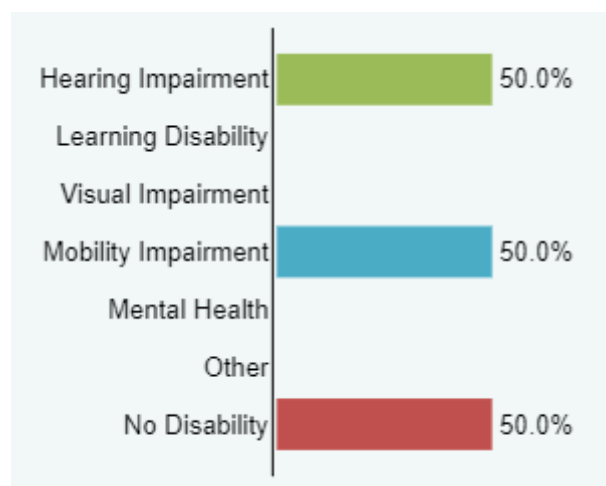
Patient age range



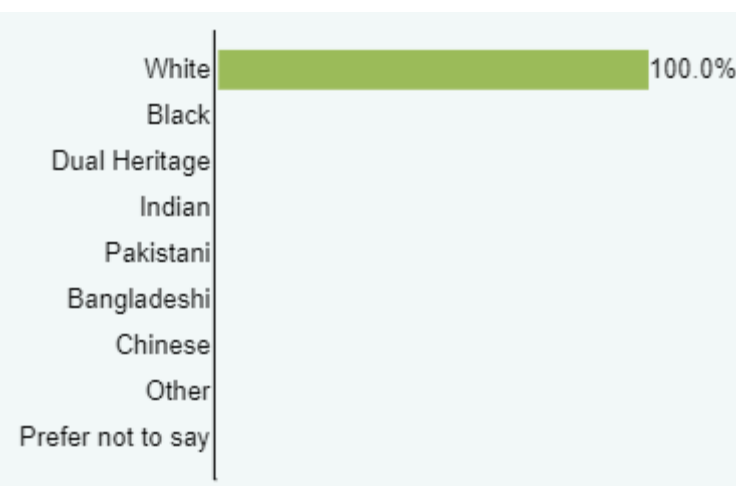
Patient gender



Patient impairment

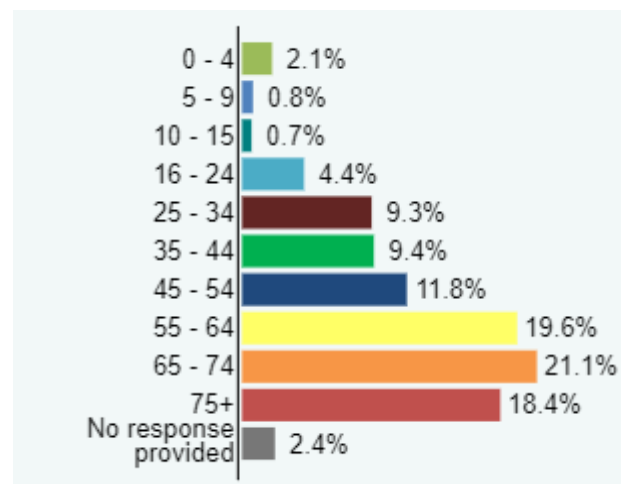


Patient ethnicity

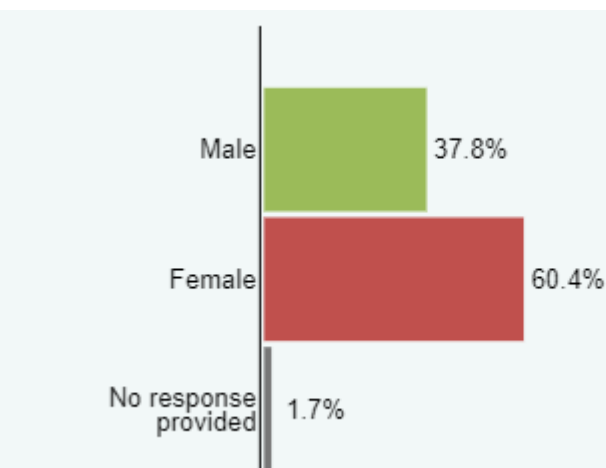


NHS 111 2020/2021 PE Survey – Demographics

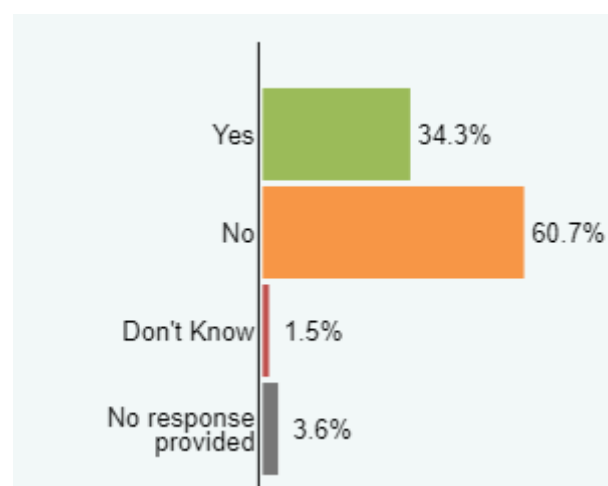
Patient age range



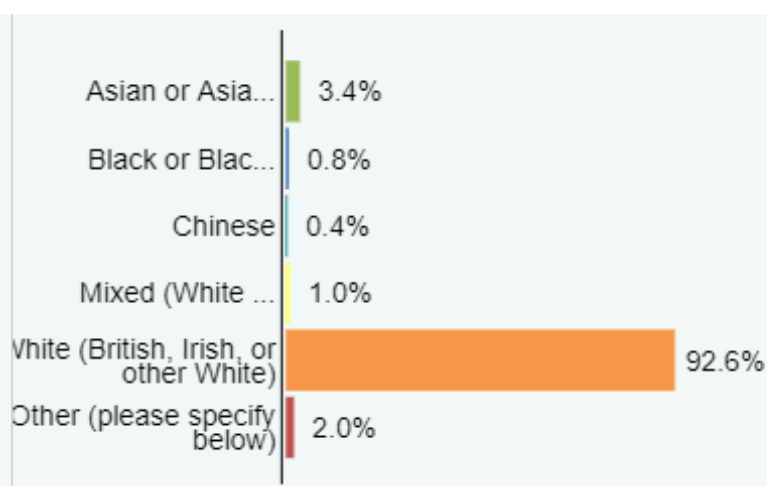
Patient gender



Patient has long-term illness, health problems or disability that impacts daily activities or work

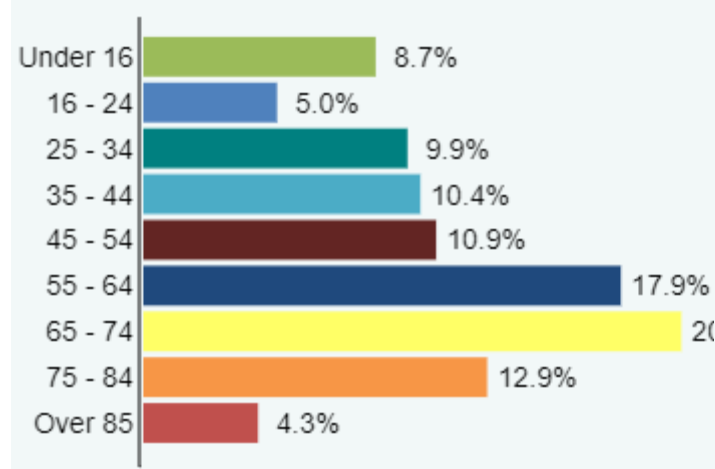


Patient ethnicity

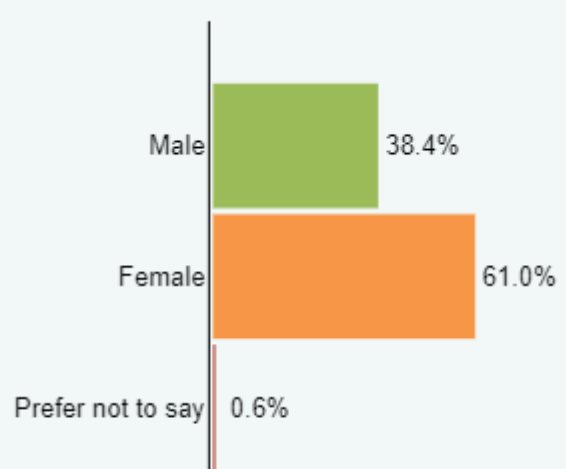


NHS 111 First 2020/2021 PE Survey - Demographics

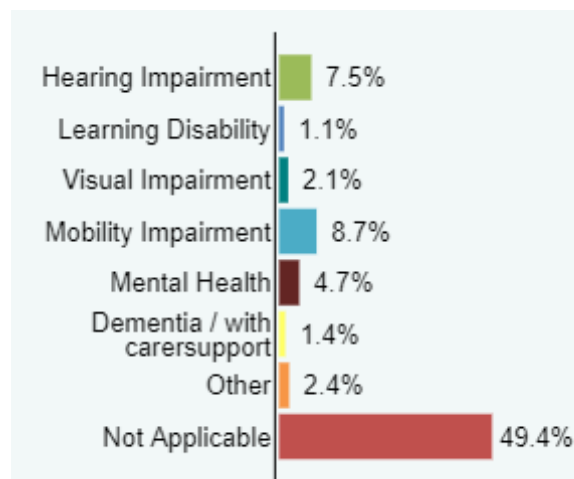
Patient age range



Patient gender



Patient has long-term illness, health problems or disability that impacts daily activities or work



Patient ethnicity

