Summary Evaluation Report of 5 'Community Conversation' Engagement Events 2022/23:

Greater Manchester, Merseyside, Cumbria, Cheshire and Lancashire

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1. Introduction

This document provides a summary evaluation of feedback and themes from the North West Ambulance Service NHS Trust (NWAS) 5 community engagement events, successfully delivered in each county across the region during 2022/23. The events were delivered by the trust's communication and engagement team supported by front line colleagues and senior management.

2. Background and context

193 persons from 57 community groups and organisations attended the 5 events, which were held at community venues in each NWAS footprint county area respectively. Each venue was handpicked to ensure attendance from a range of diverse community groups and organisations from within that locality area. The dates and localities used for this engagement respectively were; 27/10 Salford (Greater Manchester), 17/11 Blackburn (Lancashire), 16/02 Northwich (Cheshire), 28/02 Liverpool (Merseyside) and 04/04 Carlisle (Cumbria).

A breakdown by specialism of the 57 overall groups and organisations that attended the 5 events included; Cancer (1), Physical Disability (2), Gender (2) Employment (2), Race (5), Dementia (4), Healthwatch (6), Religion (2), Mental Health (3), Age (2), Education (3), NHS Trusts/CCG (9), Sensory Disability (9), Nursing/Carers (2) and Community Specific (5). The total number of attendees for all events was 193. Percentage of ethnic minorities that attended the 5 events was 67/193 = 34.7%

3. Listening and engaging

The main aim for NWAS staging the event was to engage with and listen to the local communities and to share understanding and awareness with community group attendees in relation to the key ambulance service lines of Patient Transport Service (PTS), Paramedic Emergency Service (PES) and NHS 111. In Cheshire where we do not hold the PTS contract this was replaced with a talk on our Emergency Operations Centre (EOC). This information was delivered using lightning talks (5 minute presentations) and followed closely with dedicated focus sessions where attendees were able to participate in a facilitated exercise to provide their insight, thoughts and feedback. Participants were also given an opportunity throughout the day to place any questions they had on a question board using post it notes. A Q&A session concluded the event agenda.

The dedicated focus sessions designed on PTS was for participants to consider every aspect of the patient journey and to tell us what individuals thought would make an excellent patient experience, so from making a booking, to the journey to the hospital and returning patients home safely again. Where this was replaced by EOC in Cheshire we used a myth buster bingo exercise to elicit feedback.
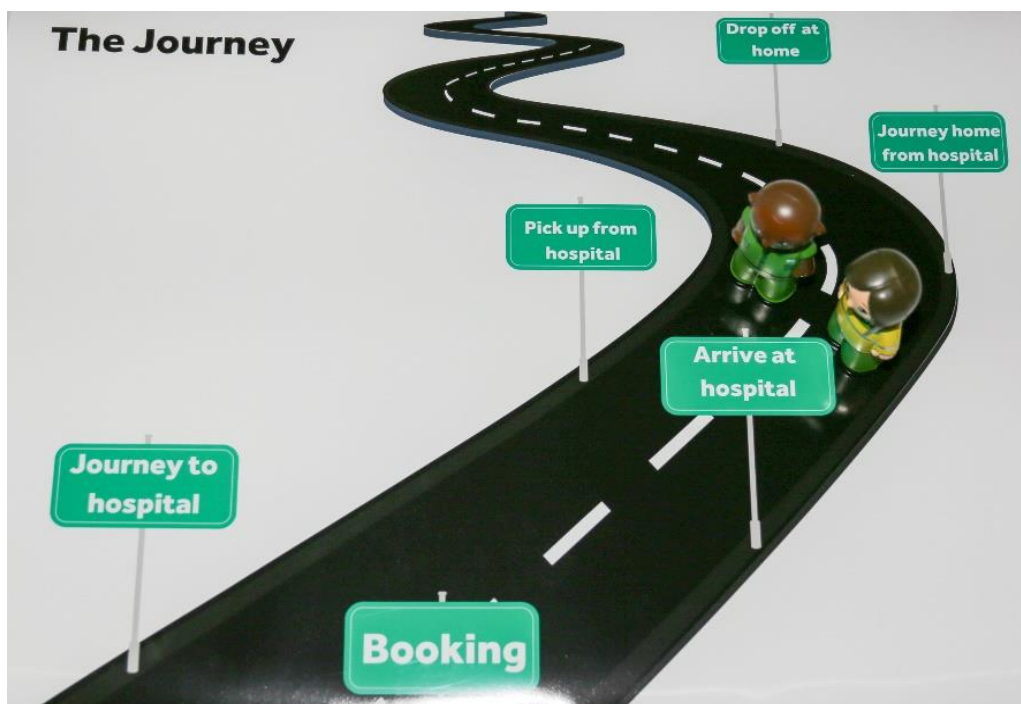
On PES participants were provided a topic every five minutes and were asked to write down the first three words that sprung to mind. The most words used were collated in descending order for further discussion.

In relation to our NHS 111 service, we asked what was most important to users when they engage with the NHS111 service. We used 5 ticks for placing on different key themes from feedback received in our NWAS patient surveys.

These were:

- Helpful advice
- Availability
- Reassurance
- Accessibility
- Knowledge
- Compassionate care

Each participant was given five ticks–and asked to either put them all on one theme or to split their ticks across the different themes to indicate the level of importance for them when accessing the NHS 111 service. The reasoning behind why some themes had more ticks compared to others was then discussed.

3.1 Paramedic Emergency Service (PES) feedback

Feedback themes came from guests being asked to pick the first word that comes to mind with the topics: **emergency, 999 call and response time**. Feedback was recorded on activity and facilitator pro-forma sheets respectively.

Information/communication/education

- What exactly is the difference between an emergency and non emergency?
- Myths – can you queue jump when you are in an ambulance?
- Resources – resources should go to those who really need it, are people being educated enough on what is an emergency?
- Raise awareness of how you triage to prioritise calls.
- Cardiac arrest is an emergency, what about a stroke?
- An emergency is for life saving help, it is too easy to dial 999 and expect an ambulance.
- Working with children I don't often panic. It will be good practice for your team to educate on 999 and CPR awareness with diverse communities.
- Are you able share response times data?

Access to care

- When someone calls 999 if someone wants to speak to a paramedic how does that happen?
- Quick – would not be appropriate to wait 13 hours following a knife attack?
- Delays due to NHS cuts/shortages.
- Neighbour had to wait 1 1/2 hours after falling off bed (86 year old) with no injuries.
- 111 - ask too many questions – not always ask relevant questions, good for basic advice.
- Language Line service – needs to be promoted with our ethnic minority communities.

- NWAS should target job roles and volunteering initiatives with Mosques.
- Does the ambulance service use the what3 Words app?

Emotional support

- When you panic – you can easily tip over the edge and not think straight at that time.
- 999 – people can say 'trigger' words to get a response, you are usually in a panic when you want immediate help, people just want reassurance when seeking help.
- An emergency is for life saving help, too easy to dial 999 and expect an ambulance for minor reasons.
- Being put on hold when dialling for an emergency ambulance would be so scary.

Dignity and respect

- Attitude of the crew is most important when providing care to patients.
- Important always, to manage patient expectations with dignity and respect.
- Most people understand that staff are doing the BEST they can under these present difficult circumstances.
- Any first point of contact should be the right person to ensure the patients' needs are met.

3.2 Patient Transport Service (PTS) feedback

Feedback themes came from discussions around six elements of the patient journey that guests were asked to comment on. These were: **booking your transport, journey to hospital, arrival at hospital, pick up from hospital, journey home from hospital and drop off at home.** The feedback themes shown below have been taken from activity and facilitator pro-forma sheets respectively:

Information /communication/education

- Discussion re registration - why does a person have to go through the eligibility criteria every time? Could it not be a form that asks has anything changed, e.g. like when you go to the dentist?
- NWAS need to increase awareness in ethnic minority communities on how to access PTS – ethnic minority communities have little or no levels of awareness of the PTS service or the benefits.
- I think the whole process should be easy to book, phone or online. The person making the booking should then receive a text or email confirmation of their booking details.
- Unaware about PTS and the role of the driver.
- Will I be helped into the house?

- Concern about how rigid the eligibility criteria is and it needs to be much lower.

Access to care

- Difficult for hearing impaired who might not be able to use. Online also
- Assess the need of the patient – escort, wheelchair user, special needs.
- How would you meet a language barrier?
- Unawareness of confirmation by text/email.
- Patient care - wheelchair. Taken to department. Booked in.

Patient safety

- Understanding of areas, i.e. towns, hospitals.
- Right equipment and appropriate. Driver same person if possible. Manners, respectful.
- We should know where we are going. Good patient handover.

Dignity and respect

- PTS respects you as a family.
- Comfortably in a timely manner.

Continuity of care

- GPs send you a text about your appointment – do you have another method contact if the patient has dementia?
- Concerns on how there is a lot of waiting around before and after appointments.
- How PTS links with providers/hospitals should be explained.

3.3 <u>NHS 111 feedback</u>

Feedback themes were extracted from discussions on what is or would be most important to users when they engage with our NHS 111 service, choosing from; Helpful advice, NHS111 availability, reassurance, accessibility, knowledge and compassionate and understanding care.

Information/communication/education

- Discussions on accessing NHS 111 - need to think about digital exclusion, in particular older people or people with disabilities.
- Questions were asked if the service was free and what hours the NHS 111 service is available?
- Helpful advice - I want accurate advice. Do call handlers receive training in giving advice?

Access to care

- What about people were English isn't their first language? How can they speak with NHS 111?
- Does NHS 111 online have a translation option?
- One thing about NHS 111, it would be great if you can see the person when you are ringing through. I would feel very reserved if someone is unable to see me because I struggle to articulate myself which means that things could be missed.
- When signposted/referred to other services, NHS 111 should track you so that you go to the correct place or do the correct thing.
- Is 111 accessible to all (deaf) - BSL deaf community prefer BSL rather than English, have NWAS heard of the 999 EVRS (Emergency Video Relay Service)?

4. Q&A session

Some of the question requests asked by participants already feature in the feedback captured from the 5 community engagement events detailed in this report. Additional ones for noting in this report included:

- What about frequent callers? What is your procedure and how do you deal with them? How do these impact with hospital handover?
- Do we engage with Mosques and why not?

- Ethnic minority communities are unaware of what/how/why with the PTS service? In terms of eligibility, the contact centre sometimes says yes and sometimes says no.
- How are we prepared for large scale catastrophes e.g. Manchester Arena? Would we be able to adequately cope if similar happened elsewhere?
- Are people aware of NHS 111? There is a lack of good quality information with the service including when to ring or is it better to use NHS 111 online?
- How do we safeguard vulnerable patients?
- What are the volunteering/career opportunities and why is this not shared with ethnic minority communities?

5. Event evaluation

Attendees were requested to complete individual event evaluation forms, including where the community engagement was staged, the quality of refreshments/food made available and speaker facilitation of workshops. The forms asked attendees to highlight the three main things they liked and also the three things that could be improved. A collation of this information suggested that the level of information provided to become more aware of NWAS services, practical involvement using workshops and the opportunity to network is what attendees liked the most. More time including publicity for the events, shorter Q&A sessions and diversity of representation remain key considerations for improving any next similar trust events.
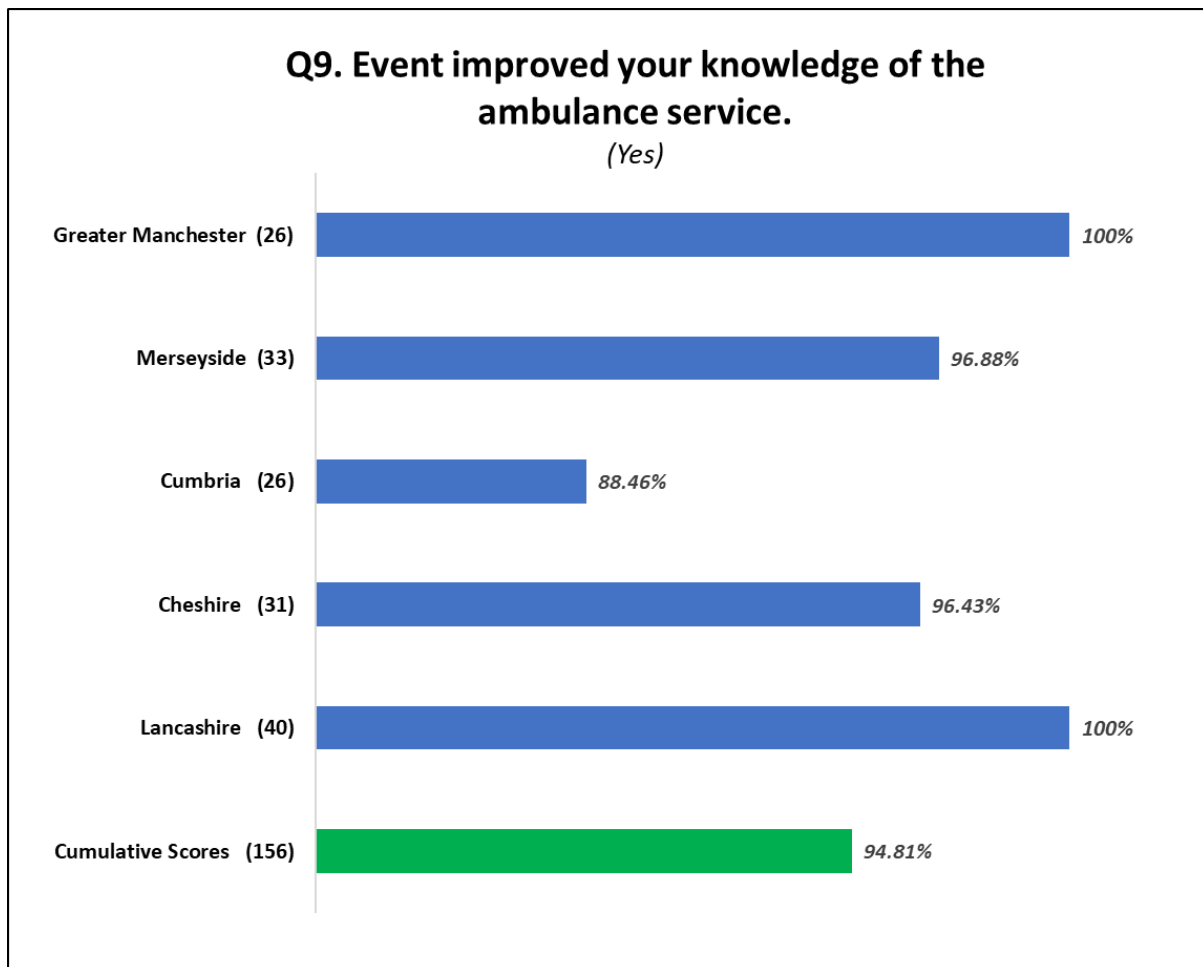
As shown in table 1 and graph 1 below, another positive aspect that was shown through the evaluation feedback was the number of attendees who felt that their knowledge of NWAS had been improved with attending the event with 94.81% cumulatively agreeing with this statement. Cumulatively, 88.62% of attendees were overall, very satisfied or satisfied with the event they had attended.

Table 1: Community Engagement Event Evaluation Feedback

2022 -2023 Community Engagement Evaluation Feedback Response Scores Area Matrix	Q3. How would you rate the organisation of the event? (Very good/Good)	Q 4. How helpful were the event team? (Extremely helpful/Very helpful)	Q5. The duration of the event was just right. (Strongly agree/Agree)	Q7. Did the event meet your expectations? (Yes)	Q9. Event improve your knowledge of the ambulance service? (Yes)	Q10. Would like to become involved with PPP initiative. (Yes)	Q12. Overall, how satisfied were you with the event? (Very satisfied/ Satisfied)
Greater Manchester	100%	100%	88.46%	96.15%	100%	50.00%	100%
Merseyside	96.97%	100%	70.97%	100%	96.88%	64.52%	74.07%
Cumbria	100%	100%	57.69%	100%	88.46%	52.63%	85.71%
Cheshire	100%	100%	100%	86.67%	96.43%	25.00%	92.86%
Lancashire	97.50%	100%	89.74%	97.50%	100%	44.12%	91.89%
Cumulative Scores	98.72%	100.00%	78.84%	96.13%	94.81%	40.26%	88.62%

Graph 1: Event improved knowledge of the ambulance service?

Graph title: Q9. Event improved your knowledge of the ambulance service. (Yes)

- Greater Manchester (26): 100%
- Merseyside (33): 96.88%
- Cumbria (26): 88.46%
- Cheshire (31): 96.43%
- Lancashire (40): 100%
- Cumulative Scores (156): 94.81%

6. Team learning

Team learning from the staging of our 5 community engagement events can be summarised as:

- When advertising use local diverse staff on any posters to provide a localised feel with attendance.
- Regular updating of our community groups stakeholder list to ensure we are inviting all groups.
- Provision of a buffet lunch/refreshments, adequate heating and back up from our own accessible tools such as hearing loops, lecterns and microphones lends support to staging of a positive community event.
- Using a range of formats e.g. social media, cold calling, emails and posters in community centres to enhance diversity of attendance.
- Ensure all senior management have the dates of the events to hold early in diaries.
- Invite frontline and local ambulance staff to enhance networking opportunities.
- Interactive sessions maximise opportunities for participation and to obtain a range of feedback.

- To ensure all attendees are asked via Eventbrite to confirm their booking, any specific requirements dietary and otherwise to support comfortability with attendance.
- Enhanced Q&A sessions can be difficult for tracking time.

7. Recommendations

Following an analysis of all feedback, event evaluation and learning recommended actions are shown in the table below.

All service lines			
	Recommendation	**Action**	**BRAG**
1	Volunteering and career opportunities are also shared with our patient engagement priority groups 23/24	Patient engagement priority groups identified for 23/24.This needs to be shared with ED&I Leads within the trust	
2	Raise awareness with our NWAS communities on the support with language interpretation availability when accessing NWAS services	This is relayed with patient groups during focus group engagement – consider targeted information on this for our ethnic minority groups on the NWAS contacts database	
3	Share with our communities what the trust is planning going forward on mental health	PPP members are supporting a next review of the Mental Health Strategy	
4	Targeted engagement with mosques with PPP volunteering and careers information	PPP related literature postcards have been shared with Mosques across the North West. 5 events flyers were also shared with Mosques in the vicinity of The Florrie a venue for our Merseyside event.	
5	Staff opportunity to trained in using British Sign Language (BSL) required for basic patient care with deaf patients	Training opportunities have been made available for our staff on the Green Room (trust intranet)	
Paramedic Emergency Service (PES)			
	Recommendation	**Action**	**BRAG**
6	More education about PES services including what happens when we need to safeguard vulnerable patients including frequent callers/mental health	To consider NWAS PES services communication campaign to include this. Easy read guide 'When to call for an ambulance' will lend accessibility support.	

7	Regularly share the 999 EVRS service information with our deaf communities? Highlight good practice	This information was shared within the staff bulletin and deaf communities that feature on our contacts database as part of an info burst as well as the PPP weekly roundup newsletter	
Patient Transport Service (PTS)			
	Recommendation	**Action**	**BRAG**
8	More awareness with our diverse groups of the PTS booking stage, the eligibility process and why we sometimes say yes and at other times a refusal	NWAS to consider PTS service communication campaign and take this on board. Easy read guide 'PTS' will lend accessibility support.	
9	More awareness with our diverse groups on the PTS level of assistance provided by staff	NWAS to consider PTS service communication campaign and take this on board	
NHS 111			
	Recommendation	**Action**	**BRAG**
10	More education about all aspects of our services including NHS 111 online availability	National campaign took place in Autumn 22. The PE team to share information where applicable with patient focus groups and tie with any future national campaigns. Easy read guide 'NHS 111' will lend accessibility support.	

8. Next Steps

Further to the successful delivery of our 5 community engagement events in each county area of NWAS, next steps will comprise:

- Share this overall summary evaluation report with all attendees.
- Ensure all feedback themes and learning is shared in relevant service line dashboard presentations within the trust.
- Report the summary to the patient engagement team and ensure all learning is documented for future delivery of the '5 NWAS Community Conversation' events.
- Produce an action plan to progress the 10 listed recommendations and actions.
- Produce a mapping of our priority community groups to engage within 2023/24.
- Update our community contacts database to ensure diversity of representation, in preparation for 5 similar community engagement events during 2023/24.
- Agree timeframes and a delivery plan for a further 5 community engagement events in other areas of Cumbria, Lancashire, Greater Manchester, Merseyside and Cheshire.
- Continue to meet on request with community group stakeholders to update on NWAS services, discuss accessibility issues and areas for improvement.