



Patient Engagement Annual Report 2024-25

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1.0 Foreword

Salman Desai KAM Chief Executive



Here at North West Ambulance Service (NWAS), our work is guided by the needs and experiences of our patients. We are united by a clear purpose: to be there for people when they need us most. Listening to patients, the public, and our partners is central to how we shape and improve our services. Their insights help us deliver care that is not only clinically effective and safe, but also compassionate and responsive.

Patient experience is about more than just the care provided - it's about how that care feels to those receiving it, as well as to their families and carers. It is a vital part of what quality means to us.

This year has brought its share of challenges, but we've faced them with resilience and a commitment to learning. We know that even when things are going well, there is always more we can do to improve. That mindset is part of what makes NWAS a trust that continues to grow and evolve.

This 2024/25 Patient Engagement Annual Report highlights the creative and innovative ways we've worked to improve care. It showcases the changes we've made based on what we've heard and learned, and reflects our ongoing commitment to delivering the best possible experience for every patient, every time.

Over the past year, we delivered five successful Ambulance Awareness Day events, with a strong emphasis on engaging young people.

We listened carefully to attendee feedback and used it to refine and improve the format of these events. We also reached our target for Patient and Public Panel (PPP) membership and have focused on supporting and developing our existing members to ensure their voices continue to shape our work.

In November 2024, we contributed to the National Ambulance Service Patient Experience Group (NASPEG) project, by surveying patients who experienced long hospital handover waits - helping to build a clearer picture of their experiences. We also continued to publish quarterly service improvement dashboards and introduced a new combined patient feedback report, offering a more complete view of patient perspectives, including compliments, concerns, and complaints.

To ensure we hear from communities that are often under-represented, our Patient Inclusion Manager established a dedicated Task and Finish Group. This group focused on engaging with Chinese and Jewish communities to better understand barriers to access, identify gaps in representation, and inform meaningful service improvements.

We hope you find this report informative and reflective of our ongoing commitment to listening, learning, and improving.

We welcome your thoughts and feedback, which can be shared with us by emailing talk.tous@nwas.nhs.uk.

2.0 Introduction

Each year, the trust's Patient Engagement Team delivers a comprehensive programme aligned with our Patient, Public and Community Engagement Implementation Plan. This covers all service areas including Paramedic Emergency Service (PES), Patient Transport Service (PTS), NHS 111, and the Urgent Care (UC) desk.

To gather patient feedback, at least 1% of PTS and PES See and Treat patients are invited monthly to complete the Friends and Family Test (FFT) via SMS, while 300 NHS 111 patients receive the nationally mandated postal survey weekly. We continue to expand digital feedback methods, including SMS linked surveys, QR code posters, and returnable postcards on ambulances to enable real time input.

Engagement with patient and community groups is delivered both virtually and in person, depending on preference, ensuring accessibility and inclusion. This year, we focused particularly

on engaging younger people and under-represented communities through events such as our Ambulance Awareness Days, university freshers' fairs, and other high-footfall activities across our region.

We also continued to grow and diversify our Patient and Public Panel (PPP), now at 344 members, with youth representation at 32%, disabled members at 25%, and Black and minority ethnic representation rising to 26%. Panel feedback provides valuable insights that help inform service design and improvements across the Trust.

Looking ahead to 2025/26, we plan to maintain a strong face-to-face presence at key events such as Health Melas and PRIDE, while expanding our outreach to under-represented Black and minority ethnic, Chinese, Jewish and Eastern European communities.



3.0 Improvements and recommendations informed by engagement

Feedback from our wide-ranging engagement activity is used to inform recommendations that drive service improvement. This will be supported by thematic learning drawn from a combined report on patient experience surveys, compliments and complaints.

Some of our recommendations and improvements include:

■ Ambulance Awareness Days

Based on youth feedback, the format now includes content on drugs, knife crime, mental health, and virtual reality (VR) ambulance tours. These events are promoted through social media and support career engagement.

■ Patient and Public Panel (PPP)

The PPP helped review mental health strategy development and improve communication tools like the pictorial e-book for neurodiverse patients. Efforts to improve the underused PPP forum and support member development with training are ongoing.

■ Chinese community

We translated 999 and PTS materials into Cantonese and Mandarin, produced a language access film, and shared a related patient story. A Central Manchester event has been requested to share translated service information, supported by Language Line, with live demos and information on translation tools like the Insight app.

■ Sharing stories and learning

Patient and staff stories are shared more widely across the Trust, and new approaches to shared learning are being developed collaboratively.

■ Cultural awareness

Following feedback from the Lancashire School of Mosques, we promoted the importance of shoe coverings when entering Muslim homes via staff bulletins and newsletters. Cultural feedback also led to the relaunch of our Religion, Belief and Culture Card to support respectful care and communication.

■ Community feedback

Increased requests for cardiopulmonary resuscitation (CPR) training and DNACPR (do not attempt CPR resuscitation) awareness are being built into future plans. CPR resources are now available in multiple languages via QR code enabled cards.

■ Inclusion and accessibility

Resources are increasingly available in easy-read and multiple languages. Sign language training and an Insight App explainer film are being developed following feedback from deaf communities. Staff are regularly signposted to accessibility tools via internal channels.

■ Youth engagement

Work with schools ensures event content is relevant, supported by tutor packs and pre-event activities. Young people are a focus for recruitment and awareness-raising.

■ Health literacy

A project in partnership with the Public Health Manager and Office for Health Improvement and Disparities will create accessible information for PTS users.

4.0 Major accomplishments

4.1 Ambulance Awareness Days events

We delivered five county-based Ambulance Awareness Day events, engaging over 600 attendees with hands-on activities, career advice, and emergency service partners. Positive feedback and outcomes included increased understanding of ambulance roles and a young attendee later joining the trust's PTS team.

4.2 Patient and Public Panel (PPP)

Our volunteer PPP includes 344 members from diverse local communities who provide valuable insights to improve urgent care, patient transport, and NHS 111 services. Members engage flexibly through consultation, co-production, and influence, participating in 75 activities during 2024/25, including strategic meetings and quality improvement projects.

4.3 Patient Experience Surveys and the Friends and Family Test (FFT) 2024-25

Patient experience surveys and the FFTs are vital tools for gathering feedback across our core services, including 999, Patient Transport Service (PTS), NHS 111, and Urgent Care Service (UCS). During 2024-25, over 25,500 surveys were completed, with generally high satisfaction reported and over 90% of patients felt treated with dignity and compassion. FFT feedback highlights continued appreciation for staff professionalism, while also identifying areas for improvement such as wait times and support for vulnerable patients.

4.4 Combined dashboard - Patient Experience Surveys, compliments and complaints

We developed a new combined patient feedback report, covering surveys, compliments, and complaints. Key compliment themes include dignity, care, and response times.

4.5 Patient, public and community engagement

We engaged with diverse community groups through virtual and face-to-face events, increasing outreach to under-represented groups, including Chinese and Jewish communities. Key feedback highlighted low awareness of services like patient transport and NHS 111, language and cultural barriers, and a strong demand for CPR training and improved communication support.

4.6 Patient and staff stories

Filmed patient and staff stories were used to share experiences and support learning, presented at Board meetings and staff training. Topics included heart attack care, winter pressures, and staff projects like HALO and Care Home Engagement.

4.7 National Ambulance Service Patient Experience Group (NASPEG) hospital handover project

We supported the NASPEG hospital handover delay project by surveying patients who experienced waits over an hour in selected North West hospitals. Despite long delays and difficult conditions, patients generally understood the winter pressures affecting crews and Emergency Department staff, and most felt their care needs were being met. Key feedback highlighted a need for improved comfort options and access to diversions during waits, with further actions to be considered nationally.

5.0 Ambulance awareness day events

Over the past year, we successfully delivered five county-based face-to-face ambulance awareness day events. Across the five events, over 600 people booked and attended on the day with additional 'walk ins' adding to total attendees. Attendees predominantly comprised young people, schools and colleges together with parents, support workers and carers. The events were also attended by NWA staff (facilitators, speakers, and hosts), and external stallholders.

The ambulance awareness days followed a similar structure to the 2023/24 community listening events, with short talks, interactive activities, and Q&A sessions. This year, a key focus was engaging young people, so we tailored content around careers and volunteering and made activities more hands-on to increase engagement. We also aligned messaging with seasonal public health campaigns from the Communications Team.

Each event included a lunchtime marketplace with interactive stalls from NWA teams and partners like Fire and Rescue, Police, Mountain Rescue, Blood Bikes, and St John Ambulance. Emergency vehicles were present where possible, and popular highlights included CPR demos and a virtual reality (VR) experience.

At the Greater Manchester event, we took a more informal approach with a fully interactive

marketplace, more external partners, and a sticker collection activity to encourage engagement, moving away from previous structured sessions. This event was held alongside the trust's Annual General Meeting (AGM). Attendee feedback was very positive, for example:

"Thank you for the travel arrangement today, the group had a wonderful time and they all verbally reported having their eyes opened and collecting useful information. Thank you for the warm reception and friendly staff. Also, thank you for the lovely refreshments and lunch. Thank you for everything." - the Chinese Health Information Centre (CHIC).

During the final event of 2024/25 we were delighted to mention that a young lady who had attended our event in Cumbria, to find out about a potential career with the ambulance service, has now officially started with us in PTS.

Event venues were chosen for their accessibility to local communities, often in areas with health inequalities. We observed strong attendance from young people and other groups that are traditionally harder to engage. Easy-read versions of information and evaluation sheets were also developed to support groups with learning difficulties.



Each event provided ample opportunities for questions, one-to-one discussions, and group conversations. Feedback received included:

- Requests for more detailed information on career pathways within the ambulance service, including various roles (clinical and corporate) and the qualifications required.
- Clarification on the reasonable adjustments and support available to employees through the trust.
- Suggestions to expand engagement with young people by involving additional colleges and community groups.
- A need for more accessible information, including easy-read formats tailored for individuals with learning difficulties.

- Questions regarding the management of mental health-related emergency calls.

- Inquiries about support for patients whose first language is not English, including the availability of British Sign Language (BSL) training for operational staff.

- Interest in understanding how patients are located when calling 999 from a mobile phone number.

A summary report has been produced and shared with attendees, PPP members, and community contacts. It is also available on our website. Our events continue to evolve based on feedback, and this approach will be maintained into 2025-26.



6.0 Patient and Public Panel (PPP) - giving our patients 'an increased voice'

Established in 2019, our volunteer PPP comprises representatives from local communities, interest groups, voluntary sectors, and partner organisations. PPP members bring valuable lived experience and insights to help improve urgent and emergency care, patient transport, NHS 111, and back-office services.

The panel's flexible structure allows members to engage at different levels, based on their availability and interests:

■ Consult (69.5% of members):

Virtual engagement using digital channels to gather input from members.

■ Co-produce (15.4% of members):

Collaborative involvement where members work together on short-term projects using co-production methods.

■ Influence (15.1% of members):

Active, ongoing participation in high-level meetings to shape decision-making.

In 2024-25, membership reached 344 fully inducted members who actively participate through both in-person and virtual platforms.

As we approach our original target of 350 members, recruitment has paused, and a waitlist introduced to focus on supporting existing members during 2024-25. This included reconnecting with inactive members, encouraging them to engage with available opportunities and exploring ways to support their development.

While there are currently no set membership targets, we have exceeded goals for disability (25%) and youth (32%) representation. Ethnic minority representation stands at 26%, below the 40% target, highlighting the need for continued efforts to engage under-represented communities in 2025-26.



Members stay informed through weekly newsletters and a dedicated online forum, receiving regular updates on the impact of their feedback.

Between April 2024 and March 2025, they engaged in 75 opportunities, including 23 specific requests from staff. Involvement included area learning forums, trust Board sessions, learning from deaths reviews, and various projects including research on 999 call linguistics, removal of existing medical markers, the Quality Improvement Academy, and trust strategy review. Sessions are held at different times, including evenings, and are available to watch later via the PPP forum, allowing flexible participation.

Two PPP members successfully completed the Quality Improvement Academy, which involved expert-led workshops and coaching to support project goals. Their involvement provided valuable patient and public perspectives throughout.

"The PPP are such an amazing asset of talented individuals with lived experience who enrich the delivery of our work programmes." – Adele Markland, Senior Improvement Manager

Members also played a critical role in NHS Equality Delivery System (EDS) Grading Events, reviewing departmental submissions and assessing trust performance on equality and inclusion standards.

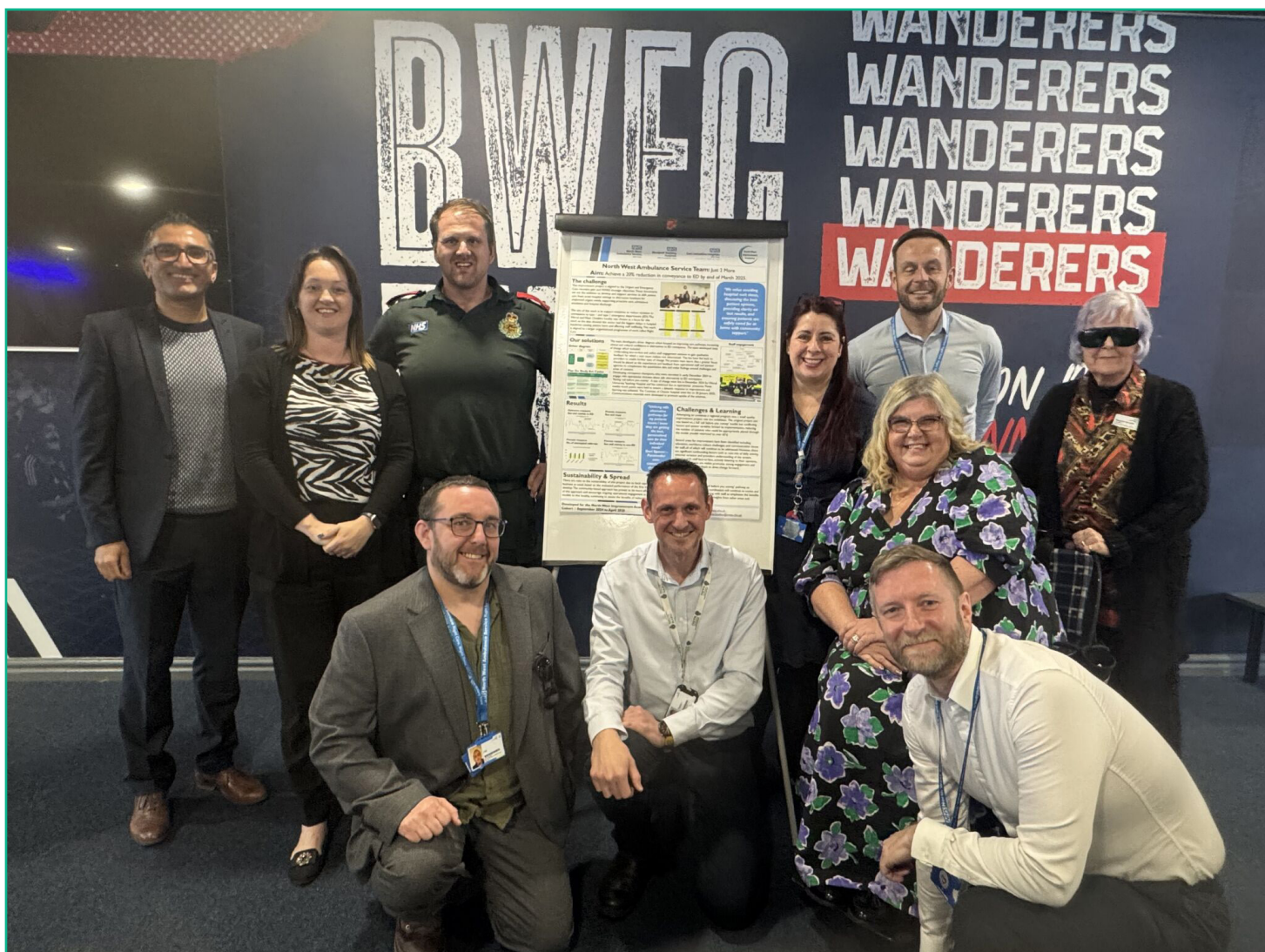
“PPP involvement is crucial in building a culture that enhances performance and leads to the best consistently culturally sensitive patient outcomes, first time, every time.” – Wasim Mir, Equality, Diversity & Inclusion (ED&I) Advisor

The PPP’s work was recognised nationally as finalists at the Patient Engagement National Network Awards (PENNA), and individual members were finalists in internal staff awards. To highlight these accomplishments, we will produce an infographic showcasing our key achievements from the year.

Retaining and investing in our current members remains a priority. In 2025-26, we will collaborate closely with our PPP community to create meaningful and inclusive opportunities for ongoing involvement and development.

Planned site visits in spring and summer gave members insight into how calls are managed across 999, NHS 111, and PTS, including new systems like NHS Pathways, which some members helped shape.

We will also offer further chances to join the Quality Improvement Academy and coaching workshops to build members’ confidence and amplify their voices.



7.0 Patient Experience Surveys and the Friends and Family Test (FFT)

Patient experience surveys and the Friends and Family Test (FFT) are essential tools that support the core NHS principle of giving patients the opportunity provide feedback on their experiences. Listening to patients and staff helps us understand what works well, what needs improvement, and how we can deliver better care.

We offer dedicated surveys for our 999, Patient Transport Service (PTS), NHS 111, and Urgent Care Service (UCS), inviting feedback from patients and carers on all aspects of their experience. These surveys are reviewed annually by service teams and our PPP to ensure they remain relevant and effective.

The FFT asks people if they would recommend their friends and family to use our services, with space to explain their response. The trust receives a lot of detailed feedback via the FFT which is vital in transforming our services and improving patient experience.

During 2024-25 we saw an 7.54% cumulative return rate for PES, UCS, PTS and NHS 111 patient surveys, (a drop of 1.33% from the previous year), with the highest return rate from our postal NHS 111 surveys, at 10.29%. Despite the drop, over 25,588 completed surveys were received, reflecting strong engagement. See figure 4 for a breakdown of response channels. Increasing return rates will remain a key focus in 2025-26.

Patient Engagement Survey - survey channels (April 2024 - March 2025)	Completed returns	% of total
Patient Transport Service PE Survey (via SMS delivery - online completion)	1,392	5.44%
Patient Transport Service - Friends and Family Test (FFT) (SMS text completion)	13,545	52.93%
Patient Transport Service - Friends and Family Test (FFT) (Postcard)	541	2.11%
Paramedic Emergency Service PE Survey (via SMS delivery - online completion)	912	3.56%
Paramedic Emergency Service - Friends and Family Test (FFT) See and Treat (SMS text completion)	6,589	25.75%
Paramedic Emergency Service - Friends and Family Test (FFT) See and Treat (Postcard)	47	0.18%
Paramedic Emergency Service - Friends and Family Test (FFT) Convey (Postcard)	287	1.12%
Urgent Care Service PE Survey (via SMS delivery - online completion)	482	1.88%
National NHS 111 Service PE Survey (Postal)	1,553	6.07%
Localised NWS NHS 111 Service PE Survey (via SMS delivery - online completion)	240	0.94%
TOTAL	25,588	

2024-2025 Patient survey channel table. All data as of 18 March 2025.

Feedback received during 2024-2025 shows high regard for ambulance services and particularly the care and treatment provided by staff. A high 93.4 % of PTS and 90.6% of PES patients respectively stating that they were ‘cared for appropriately with dignity, respect, kindness and compassion’.

2024 - 2025 Patient Engagement Surveys					
Service line	Overall experience of service / recommend ambulance service to friends and family				
	(Very good / Good - Extremely likely / likely)				
	Q1	Q2	Q3	Q4	YTD
Patient Transport Service	89.1%	91.0%	92.1%	91.5%	90.7%
Paramedic Emergency Service	91.3%	90.1%	88.2%	91.1%	90.2%
Urgent Care Service	84.3%	74.8%	81.4%	81.8%	82.2%
NHS 111 Service	89.7%	90.0%	88.0%	89.2%	89.1%

Patient survey data by quarter for 2024 - 2025.

Examples of additional narrative in feedback include:

“Excellent, amazing service. Extremely professional. My son is autistic and the two paramedics went the extra mile to make sure reasonable adjustments were made to aid his recovery, kind understanding and valued my input so to get full picture of events and past history. Couldn’t have asked for more in an already stretched area of the NHS. Excellent.” (PES).

“Excellent staff very caring and kind. Just what you need after outpatients’ treatment. I truly appreciate this vital service. Thank you all. Ps. Also the lady on the phone taking the booking was kind and caring and made it so easy for me. That too was greatly appreciated.” (PTS)

“NHS 111 knew my husband needed help. They took control of his problem. They got an ambulance to take my husband to Urgent Care Centre, he was treated straight away, on monitors, admitted to hospital. I can’t thank NHS 111 enough, as I was panicking. They knew the situation and responded. Ambulance service, NHS 111, all amazing. If it wasn’t for 111, my husband would not be alive today. They took complete control and responded by saving my husband’s life. We are eternally grateful.” (NHS 111)

90.2% of PES patients, 86.9% of NHS 111 patients and 90.7% of PTS patients also found their overall experience of the respective services either good or very good.

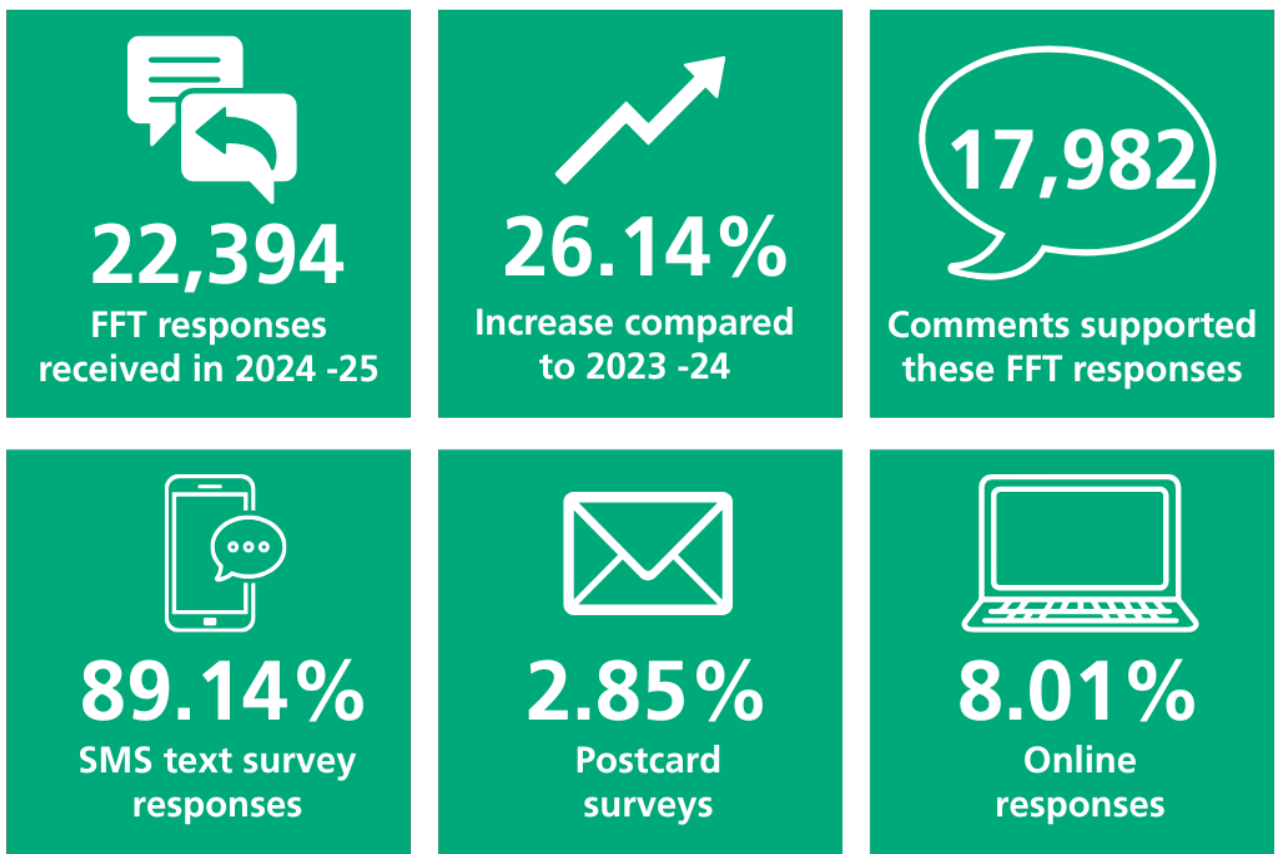
7.1 Friends and Family Test

Patient Transport Service (PTS) and Paramedic Emergency Service (PES) See and Treat patients receive the opportunity to provide FFT feedback monthly through an SMS message. Monthly FFT data is shared via Integrated Performance Report (IPR) at Board, Quality Committee and nationally with NHS England (NHSE). A thematic analysis of the FFT qualitative feedback continues to show a high regard for the professionalism, care and compassion shown by our staff.

Areas of learning include delays, waiting times, and managing expectations for some of our

more vulnerable PTS patients, particularly when using third-party providers, bariatric transport services, or wheelchair support.

The graphic below provides a breakdown of the FFT feedback data and channels used to gather patient experience. Notably, a large proportion of patients provide narrative comments alongside their responses. These comments are especially valuable, as they help us better understand what works well and where improvements are needed.



Summary of FFT response data and channels for 2024 - 2025.

2024-2025 Patient Engagement Surveys Summary of key demographic data (1 April 2023 - 31 March 2024)		PTS	PES	UCS	Localised 111	National 111	PTS FFT	PES FFT
Patient age	Under 16 yrs	0.6%	6.8%	5.2%	18.2%	3.7%	0.9%	1.2%
	Over 16+ yrs	99.4%	93.2%	94.8%	81.9%	93.8%	99.1%	96.4%
	Over 25+ yrs	99.1%	90.7%	90.0%	76.0%	91.2%	98.5%	93.6%
	Over 35+ yrs	98.5%	86.2%	83.8%	63.0%	85.3%	97.4%	89.0%
	Over 45+ yrs	95.3%	79.7%	76.3%	51.0%	76.8%	94.4%	78.8%
	Over 55+ yrs	86.6%	69.5%	66.1%	34.8%	69.1%	86.5%	65.1%
	Over 65+ yrs	65.6%	53.2%	50.1%	16.2%	55.2%	67.7%	42.6%
	Over 75+ yrs	36.3%	32.8%	32.2%	5.1%	32.6%	41.3%	21.9%
	Over 85+ yrs	8.5%	9.2%	10.8%	0.8%	No data	12.2%	6.7%
Patient gender	Female	53.2%	53.1%	58.9%	57.7%	60.3%	55.0%	60.3%
	Male	46.6%	46.4%	40.7%	41.9%	37.5%	45.0%	36.7%
	Prefer not to say	0.2%	0.6%	0.4%	0.4%	2.2%	0.0%	3.0%
Patient impairment	Limiting illness	n/a	n/a	n/a	n/a	47.6%	n/a	n/a
	None	17.2%	41.2%	46.3%	68.2%	47.0%	6.3%	37.9%
	More than one	n/a	n/a	n/a	n/a	n/a	26.9%	18.2%
	Mobility	68.3%	37.2%	31.3%	15.5%	n/a	52.3%	20.4%
	Hearing	14.9%	14.9%	13.6%	4.6%	n/a	0.8%	2.1%
	Visual	8.9%	5.9%	4.5%	0.4%	n/a	3.2%	0.7%
	Mental Health	10.7%	15.2%	17.2%	10.5%	n/a	2.0%	7.7%
	Dementia	n/a	n/a	n/a	0.0%	n/a	0.8%	2.7%
	Learning	1.7%	3.0%	4.7%	3.8%	n/a	0.8%	1.3%
	Don't know	n/a	n/a	n/a	n/a	2.0%	0.8%	1.3%
	Prefer not to say	n/a	n/a	n/a	n/a	n/a	6.9%	9.2%
Patient ethnicity	Black & Minority ethnic communities	3.9%	5.0%	7.3%	8.3%	6.1%	5.4%	7.6%
	Prefer not to say	1.7%	1.2%	0.8%	0.8%	0.0%	2.7%	3.2%

Percentage data breakdown of 2024 - 2025 respondents by demographics

Some key headlines show:

- 95.3% of PTS respondents are over 45 years of age.
- 58.9% of NHS 111 respondents are female.
- 82.8% of PTS respondents declared a disability.
- An average 6.22% of all respondents were from ethnic minority communities.
- On average, 1.73% of all respondents preferred not to declare their ethnicity.

Whilst numbers of patients from mixed ethnic backgrounds completing patient surveys and declaring ethnicity remain low it is hard to provide meaningful analysis of service experience between different diverse groups. Where it is available it generally indicates high levels of satisfaction, but on average between 1% and 3% lower than others.

A continued focus for 2025 - 26 will be to increase the amount of feedback we receive from mixed ethnic communities and to improve the capturing and reporting of demographic information and protected characteristics.

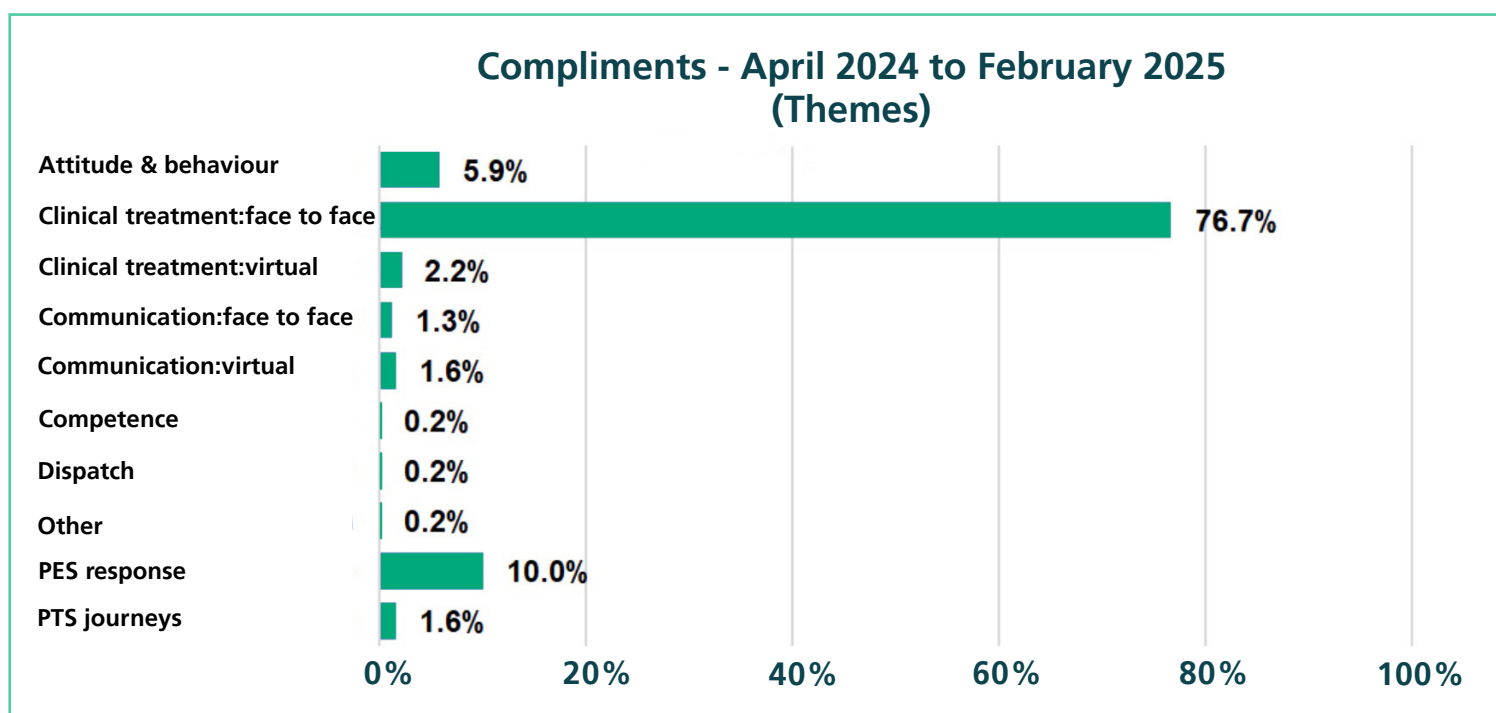
To support this, we have piloted a new approach with NHS 111 service users. With enhanced access to demographic data within the raw dataset, the random selection of survey invitations now ensures proportional representation not only by service activity levels but also by the main ethnic groups within each geographical area. For the other service lines where this currently not the case, i.e. PTS, PES and UCS, we will be reporting on the patient experience feedback along demographic lines.

8.0 Combined dashboard - Patient experience surveys, compliments and complaints

During the last year we continued to deliver quarterly service improvement dashboards and undertook a collaborative piece of work to produce a new combined service patient feedback report and dashboard.

The first report has now been produced and includes comprehensive reporting of patient experience surveys data, compliments and complaints. The graph below provides a snapshot of the main themes related to compliments.

Common feedback themes include, being treated with dignity and respect, care and treatment received and response times. Next steps are to further investigate these common themes for good practice joint working between the Patient Engagement team and the trust's Complaints Resolution team. This is a key area of focus for 2025-26.



9.0 Patient, public and community engagement

In addition to patient surveys, we gather valuable qualitative feedback through direct engagement with community and patient groups across our region. This year, our focus has been on reaffirming the fundamentals of our three core service lines, addressing misconceptions, and identifying barriers to access. These face-to-face interactions also provide opportunities to share information on self-care, winter health messages, and explore public understanding of our services.

During 2024-25, we participated in nine virtual engagement events and 22 face-to-face sessions as principal speakers, advisors, or facilitators. These included engagements with groups such as the Kashmir Youth Project, Wirral Multicultural Organisation, Greater Manchester Faith Forum, Wai Yin Society, and the Chinese Wellbeing Group.

We also responded to community requests by providing basic life support (cardiopulmonary resuscitation) CPR training to groups like

the Liverpool Chinese Students and Scholars Association (LCSSA).

Alongside these, we attended 29 high-footfall public events including PRIDE, University Freshers' Fairs, the Manchester Caribbean Carnival, the Greater Manchester Ethnic Communities Network Event, a cardiac prevention event within the Jewish community and the Liverpool Chinese Students and Scholars Association (LCSSA) Spring Festival Gala. Our engagement with the Chinese and Jewish communities has notably increased this year, reflecting our ongoing commitment to reaching under-represented groups.

Targeted work with young people, especially at University Freshers' Fairs, has enabled us to engage international students who may be unfamiliar with NHS services, improving their knowledge of ambulance services, health maintenance, and opportunities for volunteering or careers.



9.1 Feedback themes - engagement with community and patient groups

Feedback over the year has consistently demonstrated a general high regard for the ambulance service and in particular the high percentage of patients feeling they were treated with dignity, compassion and respect (92.8% of survey respondents).

Some of the themes and feedback highlighted from our engagement with community and patient groups during the year have included:

- Lack of awareness of the PTS, PES and NHS 111 services within ethnic minority groups and particularly within Chinese communities.

- Lack of awareness of the NHS 111 online services across the board, but especially within ethnic minority groups.

- To help increase awareness within the Muslim communities about when to seek emergency assistance. Feedback shared by this community with fatalities and personal loss due to this lack of awareness.

- Across the board, uncertainty about the criteria to access PTS and performance indicators with waiting times both ingoing and outgoing.

- Deaf community and BAME community are unaware of interpreter and translation support provided both at the point of call into PES, PTS and NHS 111 services and when our crews arrive to treat patients.

- Requests to learn basic lifesaving CPR training – all patient groups.

- Further understanding and awareness raising with across the board and in particular ethnic minority communities on DNACPR.

- New migrant, refugee and existing Chinese groups requesting an understanding of what a call taker may ask you when you call 999 and also what they might need from you when you call NHS 111 for advice e.g. do we need an NHS number, be registered with a GP etc.

- Effective engagement with ethnic minority communities, including Chinese communities, often relies on word-of-mouth and translation support, especially for those aged over 65 who may not speak English.

- How crews communicate with patients with a learning disability as well as opportunity to take up learning on basic British Sign Language (BSL) to be able to communicate with deaf patients.

- The importance of ensuring operational staff awareness with cultural and religious differences when entering homes and dignity in death.



10.0 Common themes from focus groups

As part of our work to better understand the experiences of under-represented communities, the Patient Engagement Team conducted a series of focus groups in Manchester and Liverpool. These sessions, held with support from local community partners, particularly focused on Chinese, Jewish, Eastern European communities, asylum seekers, and refugees.

The aim was to gather insights into their experiences of accessing ambulance services, identify barriers to engagement, and inform service improvements.



10.1 Communication and access to services

A consistent theme across all focus groups was the challenge of communication. Many participants shared that language barriers made it difficult or impossible to access services or understand information. This extended beyond healthcare to include other essential services such as applying for financial support or registering children at school. When language support was lacking, individuals often relied on family, friends, or neighbours to communicate on their behalf, particularly in urgent health situations. In some cases, individuals only contacted ambulance services as a last resort, often feeling overwhelmed and unsure where else to turn.

Several participants described scenarios where they delayed calling 999 by taking additional

medication or waiting to see if their condition improved. Others reported turning to GPs, pharmacists, or calling 111, sometimes receiving appropriate referrals from NHS call handlers. While some experiences of using 999 services were positive, with individuals praising the response and care provided, others described feeling unheard or misunderstood during calls, especially when operators rigidly followed scripts rather than adapting to the caller's communication needs.

Improved communication was highlighted as a key area for development, both in terms of language support and responsiveness during emergency calls.

10.2 Awareness and education

Feedback also revealed a limited understanding of ambulance services beyond emergency “blue light” scenarios. Many participants expressed uncertainty about when to contact 999, 111, or their GP, which sometimes led to inappropriate use of emergency services or hesitation to seek help when it was genuinely needed.

This confusion was especially prevalent among those new to the UK or unfamiliar with how the NHS works. There was strong interest in more community-based education on how to access

healthcare appropriately and safely, including when and how to engage emergency services.

In response, our team has delivered CPR training sessions and shared emergency information in multiple languages during engagement events. These sessions not only promoted lifesaving skills but also opened up meaningful conversations about the role of ambulance services and how to access them confidently and appropriately.

10.3 Cultural considerations and perceptions of discrimination

Cultural beliefs and experiences of discrimination also shaped how individuals engaged with our services. Some participants expressed concern about sharing personal information, particularly ethnicity, on patient surveys due to fears of being treated differently.

There was also a lack of understanding about why demographic data is collected and how it helps improve services. Culturally specific concerns were raised, such as discomfort with performing CPR on members of the opposite

sex in certain communities. These insights underline the importance of culturally sensitive public education and tailored engagement approaches.

One participant noted that their negative experience during an emergency call was linked to the operator not listening to their request, which they felt led to a delay in treatment. Others feared that frequent callers might be flagged or deprioritised, contributing to feelings of isolation and desperation during health crises.

10.4 Ongoing inclusion work

To address these findings, the Patient Engagement Team has established an internal Patient Inclusion Task and Finish Group. This group brings together colleagues from across the trust who engage directly with patients or manage feedback.

Its purpose is to strengthen collaboration and ensure the voices of under-represented communities are embedded in our service development. The group also aims to identify

barriers to using our services, completing surveys, and sharing demographic information so that we can continue to improve patient care and accessibility.

Our work in this space remains ongoing, with plans to expand targeted engagement and education initiatives, support more inclusive communication practices, and continue building trust with communities who may face additional challenges in accessing care.

11.0 Filmed patient and staff stories

Filmed patient and staff 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.

Patient stories shared during 2024-25 include a STEMI (Segment Elevation Myocardial Infarction) with minimising the ambulance on-scene time, heart condition pain awareness and winter pressures.

Staff stories during the year include the 'HALO Project' looking at how the traditional role of the Ambulance Liaison Officer (ALO) at hospitals could be improved, 'Care Home Engagement Project' and a pilot to help support our staff following difficult incidents they have attended.

12.0 National Ambulance Service Patient Experience Group (NASPEG) hospital handover project

In late November 2024, we supported the nationally led NASPEG hospital handover delay patient experience project. Members of the Patient Engagement team attended selected hospitals across the North West to conduct surveys with patients who experienced handover waits exceeding one hour.

A key finding was that, despite often challenging conditions and lengthy delays, patients showed understanding of the winter pressures affecting both our crews and Emergency Department (ED) staff during these handover delays.

Further findings from the survey included:

- Patients were largely happy with being in the care of our crews either in Ambulances or ED waiting areas – with most stating their needs were being met.
- The core of the patients waiting longer than 30 mins were low acuity patients with frailty a key component.
- Some patients would like access to diversions e.g. tv, use of the internet etc.
- Some hospitals were offering mattresses to lay on as opposed to stretchers/trolleys which were preferred.

Findings and further potential actions are to be considered nationally.

13.0 Conclusion and focus for 2025-2026

Throughout 2024-2025, our commitment to listening, learning, and acting on patient and public feedback has remained at the forefront of our work. From expanding the reach and diversity of our PPP, to delivering impactful ambulance awareness days and supporting national initiatives such as the NASPEG hospital handover project, our patient engagement work has grown in both scale and depth.

We have made meaningful progress in engaging younger people and under-represented communities, including the Chinese and Jewish populations, while continuing to refine our services based on patient experiences. The integration of feedback through our new combined dashboard has provided clearer insights, enabling more responsive service improvements across 999, PTS, NHS 111, and UCS.

As we look ahead to 2025-2026, our priorities will include:

- Deepening engagement with under-represented communities to ensure inclusive and representative service design.
- Expanding our public outreach, especially through high-footfall events, CPR training, and cultural awareness sessions.
- Enhancing digital and accessible feedback methods, while increasing the diversity and volume of responses.
- Supporting the development and confidence of our PPP members through new opportunities, training, and involvement in service reviews and co-production.
- Continuing to share lived experiences through filmed stories and structured learning, promoting empathy and understanding within the organisation.

Ultimately our goal remains clear, to build a patient-centred service that reflects the voices of those we serve equitably, respectfully, and transparently. We thank all those who have contributed their insights this year and look forward to further strengthening our partnerships in the year ahead.

