NHS
North West
Ambulance Service
NHS Trust

Patient Engagement Annual Report 2025/26



A clear account of how patients, communities and members of the public helped shape services across the North West.

Foreword

Every day, our staff and volunteers provide care and support to people across the North West during some of the most challenging moments of their lives. Their skill, professionalism and compassion are at the heart of everything we do, and their commitment to treating every patient with dignity, respect and empathy underpins the care we deliver.

Listening to patients, communities and the public is essential to helping us improve. The experiences, perspectives and ideas shared through surveys, community conversations and our Patient and Public Panel (PPP) enable us to better understand what matters most to people, identify areas for improvement and ensure lived experience influences our decision-making.

During 2025/26, the Patient Engagement Team delivered 27 engagement sessions, while the PPP grew to 249 members who contributed to 64 involvement opportunities. We also received 28,994 patient experience responses to service-based surveys, with 93.03% of respondents reporting that they were treated with dignity and respect and overall patient satisfaction reaching 88.29%.

Importantly, engagement continues to drive meaningful change. Feedback from patients and communities has helped shape translated information resources, accessible communication support, targeted CPR and defibrillator awareness initiatives, the Transportation of Assistance Dogs Guidance, and multilingual CPR Cards in English, Cantonese and Mandarin. Ambulance Awareness Days held across Lancashire, Cheshire and Merseyside also reached more than 400 people, helping to improve awareness of our services, career opportunities and lifesaving skills.

These achievements reflect the value of genuine partnership working with patients, community groups, faith organisations, volunteers and local partners. I would like to thank everyone who has taken the time to share their experiences and insights with us. Your contributions are helping us build more inclusive, responsive and compassionate services for the people and communities we serve.

As we look ahead, we remain committed to strengthening engagement with under-represented communities, demonstrating the impact of involvement and ensuring that what we learn translates into meaningful improvements in patient care.

Thank you for helping us shape the future of North West Ambulance Service.

Salman Desai KAM, Chief Executive



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About this report

This annual report summarises North West Ambulance Service NHS Trust (NWAS) patient and public engagement activity between April 2025 and March 2026. It draws together community engagement, Patient and Public Panel involvement and patient-experience findings to show what people told us, how we responded and where further work is needed. As an improvement for 2025/26, it also brings together headline findings from patient-experience surveys proactively sent to people who have used our 999 Paramedic Emergency Services (PES), Patient Transport Service (PTS) and NHS 111 services. This helps readers see community insight and direct service-user feedback in one place.

The year at a glance and how we listened

During 2025/26, we combined community outreach with structured patient and public involvement. We listened particularly to people who can face barriers to accessing ambulance services, then connected what we heard with practical action.

During 2025/26, we delivered 27 engagement sessions, comprising 17 virtual sessions and 10 face-to-face sessions. The Patient and Public Panel (PPP) had 249 members, who contributed to 64 involvement opportunities. We also shared 51 weekly PPP updates.

How we listened

People shared their experiences through several routes. Bringing these sources together helps us understand both the scale of feedback and the experiences of communities who may be less visible in routine data.

We gathered survey feedback through the Friends and Family Test (FFT) and detailed patient-experience surveys.

Formal complaints identified where care, communication or service delivery fell short.

Compliments provided recognition of care, professionalism, behaviour and response.

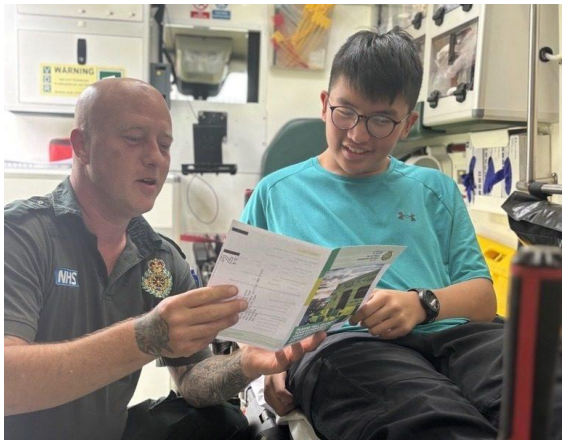
Community engagement enabled direct conversations with diverse and under-represented communities.

The Patient and Public Panel offered structured opportunities to consult, co-produce and influence.

Patient stories brought personal experiences into learning and improvement.

Why targeted engagement is needed

Survey participation with responses was weighted towards older and white respondents, while representation from other ethnic groups was comparatively low. Targeted engagement helps us reach people whose experiences may otherwise be under-represented and understand barriers that are not always visible through surveys alone.



A patient reviewing the Friends and Family Test survey

What patients told us

Feedback across the Paramedic Emergency Service (PES), Patient Transport Service (PTS) and NHS 111 showed high levels of dignity, respect and positive overall experience, alongside clear opportunities to improve waiting times, communication and consistency of care.

We received 28,994 survey responses. Of respondents, 93.03% reported being treated with dignity and respect. Overall patient satisfaction was 88.29%, while 88.78% reported a good or very good experience. In the Friends and Family Test (FFT), 91.84% of Paramedic Emergency Service (PES) respondents and 91.60% of Patient Transport Service (PTS) respondents rated their experience as good or very good. Among NHS 111 respondents, 89.11% were likely to recommend the service.

What people valued

People valued professional, calm and reassuring staff, clear explanations and helpful advice, and being treated with kindness, dignity and respect. They also valued safe and timely care when services worked well.

Where improvement is needed

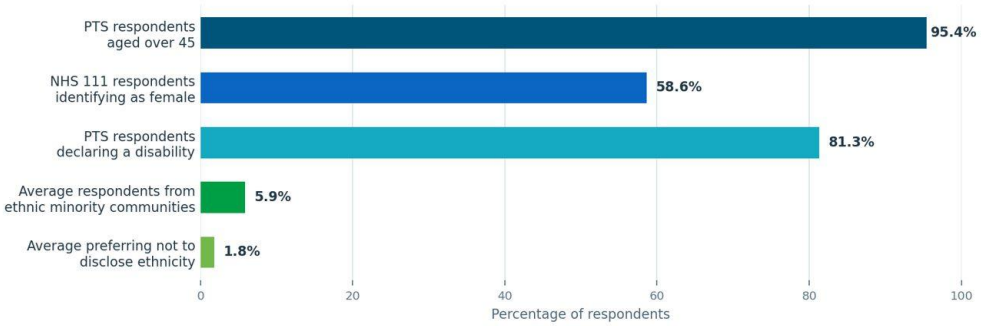
Feedback highlighted the need to address long waits and delays, including waits for ambulances and the Patient Transport Service (PTS), and to improve communication during delays and changes to bookings. Other areas for improvement included professional standards, empathy, helping people feel listened to, and consistency of care and treatment.

We received 2,073 complaints, with 90% closed within agreed timescales, and 1,661 compliments.

Delays were the largest complaint theme. Face-to-face clinical treatment, staff attitude and behaviour, and emergency response were the leading reasons for compliments.

Who responded and what they said

Demographic analysis helps us understand whose experiences are most visible in routine feedback and where targeted engagement is needed to hear from people who may otherwise be under-represented.



Survey response profile

What the profile tells us

Responses were weighted towards older people, particularly within the Patient Transport Service (PTS), while ethnic minority representation remained comparatively low. This reinforces the need to combine surveys with direct engagement so that service improvement reflects a broader range of experiences.

Understanding the figures

These totals represent feedback responses rather than unique patients. A person may receive more than one NWAS service but provide feedback on only one part of their experience; conversely, they may give feedback on more than one service.

Patient voices across our services

“The paramedics showed great care and empathy to my mum. They explained everything as they were going along and remained calm at all times.”

PES survey respondent

“They were helpful, reassuring and kind. This was my first experience of using the ambulance to go to an appointment and they made it a very pleasant experience.”

PTS survey respondent

“I was spoken to respectfully, my concerns were properly listened to and addressed, and the communication was clear.”

NHS 111 survey respondent

Alongside this positive feedback, wider comments and concerns continued to highlight delays, waiting times, communication during disruption and the importance of consistent, compassionate care.

Who we listened to and diversity of engagement

Our programme included migrant, ethnic minority, Chinese, faith, Deaf and British Sign Language (BSL), LGBTQ+, disability, young people and student communities, as well as asylum seekers and refugees.

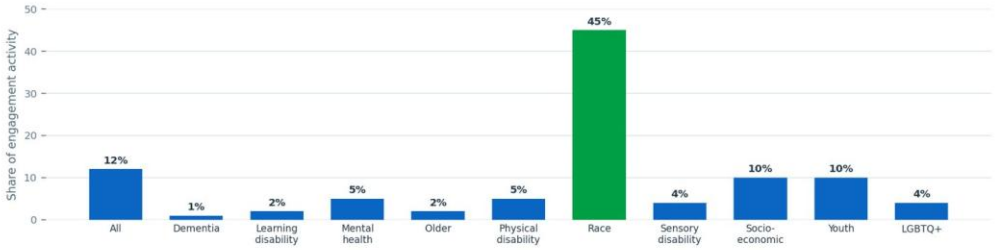
Groups included Manchester Migrant Support Group, Lancashire Council of Mosques, Sahara Preston, Stockport Disability Group, Chinese Health Information Centre and Silent Voices Group.



Engagement with patients and communities across the North West

Diversity of engagement

Recording the characteristics represented through patient groups and high-footfall events helps us assess the breadth of our reach and identify where stronger or more sustained relationships are needed.



Profile of recorded engagement activity

Engagement with underrepresented communities accounted for the largest share of recorded activity at 45%, reflecting the year's focus on ethnic minority and migrant communities. Socio-economic and youth engagement each represented 10%, while disability, mental health, sensory and LGBTQ+ groups were also reached through targeted activity.

The data should be read as a profile of engagement activity rather than a population measure. Some sessions reached people with more than one characteristic, and the *"All"* category represents broad community events open to everyone.

How this informs future work

Future work will maintain sustained engagement with racially and culturally diverse communities while avoiding reliance on one-off events. We will increase opportunities to hear from people affected by dementia, learning disability, sensory disability and mental ill health. We will also improve recording so that reach, learning and resulting service improvements can be tracked more consistently.

Engagement in action

Our engagement blended listening, service awareness and practical health education. Community feedback highlighted uncertainty about when to call for help, limited confidence in CPR, communication barriers and gaps in understanding Patient Transport Service eligibility.

CPR and emergency confidence

Practical CPR and defibrillator sessions were delivered with community and faith groups, helping participants feel more prepared to respond in an emergency.

Accessible communication

Learning from Deaf and BSL users supported work on identifying communication needs, GP Connect information and reasonable adjustments.

Translated information

Cantonese and Traditional Chinese materials supported clearer information for communities experiencing language barriers.

Ambulance Awareness Days

Ambulance Awareness Days provided opportunities for communities to learn more about ambulance services, careers, volunteering opportunities and lifesaving skills. In response to community feedback and local need, events expanded to include mental health awareness, knife crime prevention, personal safety and practical emergency response demonstrations.

More than 400 people attended events across Lancashire, Cheshire and Merseyside. The events increased awareness of ambulance services, volunteering opportunities and NHS careers, and provided CPR and defibrillator education to hundreds of community members. They enhanced engagement with young people, families and communities that are less likely to access traditional engagement opportunities. New community relationships will also support future outreach and health inequality initiatives.

Attendance included 190 people in Lancashire, 76 in Cheshire and 141 in Merseyside.



Ambulance service information shared with the public

Patient Inclusion Project

Building on the translated information resources and community CPR initiatives featured elsewhere in this report, the Patient Inclusion Project worked closely with community groups to develop an innovative approach to improving access to lifesaving information for diverse and under-represented communities.

The project developed CPR Cards in three languages, supported by four videos linked through QR codes. One Patient Inclusion Task and Finish Group provided governance and oversight.

What the project added

The project developed a multilingual CPR Card in English, Cantonese and Mandarin, supported by four demonstration videos accessed through QR codes to increase accessibility and understanding. It also developed a community CPR awareness and demonstration programme designed for delivery with future community organisations, alongside a focus group programme with Wirral Mind involving LGBT+, Chinese, women's and Tai Chi groups. A Patient Inclusion Task and Finish Group provided governance and oversight, while mapping of under-represented communities helped guide future activity. Early engagement with Jewish community representatives explored a future Ambulance Awareness Day.

Benefits and next steps

Co-designed resources and community partnerships will support future engagement, improve access to lifesaving information and inform work to reduce health inequalities.



English CPR Card shown above. The resource is also available in Cantonese and Mandarin.

Lived experience shaping services

The Patient and Public Panel (PPP) gives patients and members of the public a structured way to influence NWAS. Members participate at three levels: Consult, Co-produce and Influence.

The Patient and Public Panel had 249 members. Of these, 37% were culturally diverse, 35% were young people and 26% were disabled members.

The panel became more representative during 2025/26: cultural diversity increased from 26% to 37%, while young people made up 35% of members and disabled people 26%. This broader membership strengthens the range of lived experience available to challenge assumptions, shape priorities and improve accessibility.

During the year, members contributed to 64 involvement opportunities, including governance and learning, the Right Care Steering Group, health inequalities work, an AI call-triage proof of concept and recruitment assessment centres.

Examples of influence

Patient feedback and engagement with visually impaired and disability groups informed the Transportation of Assistance Dogs Guidance, issued in June 2025. It asks staff to consider reasonable adjustments, convey an assistance dog with its owner wherever practicable, and make safe alternative care arrangements when this is not possible. Members also brought under-represented voices into health inequalities and inclusion discussions and workshops. Feedback identified the need for further capability-building activity to support member development. To close the feedback loop, 51 weekly roundups shared opportunities and demonstrated how involvement was being used. Following an NWAS nomination, PPP members Bati Lau and Shirley He attended the Lunar New Year reception at 10 Downing Street, connecting with representatives from across the UK and meeting the Deputy Prime Minister.

Patient and Public Panel highlights 2025/26

PATIENT AND PUBLIC PANEL

Highlights 2025–2026

249	64	28	51
Active members	Engagement activities	Staff and partner requests	Weekly newsletters

Ongoing youth recruitment pipeline for people aged 16 and over

Involvement included

- Area Learning Forums
- Trust Board sessions
- Learning from Deaths reviews

Key projects

- AI assisted call triage
- Health inequalities work
- Recruitment assessment processes
- Right Care Steering Group

Recognition and impact

- National programmes input
- Strategic service redesign
- Support for front-line innovation

"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

Source: Patient and Public Panel (PPP) infographics poster 2025/26.

PPP involvement in action



Patient and Public Panel Duty of Candour session

"Active PPP engagement is the true driving force behind meaningful healthcare improvements. For initiatives such as the falls project, bridging clinical expertise and lived public experience is crucial."
Hadil Larkat, Patient and Public Panel member

You said we did

Throughout the year, communities helped us understand barriers, test solutions and build stronger relationships. These examples show how listening led to practical improvement and learning.

April 2025

Chinese community feedback about language barriers led to key information being translated into Cantonese, Traditional Chinese and Mandarin.

June

A bespoke event for 78 members of the Chinese community combined service information, CPR and lifesaving skills with interpretation support.

July

Community members visited Broughton Integrated Contact Centre to see how emergency and planned-care calls are managed. One attendee later joined the PPP.

August

An event with Manchester Migrant Support Group reached 42 members of Vietnamese, Hong Kong and Chinese communities.

September

Silent Voices Deaf Community Group feedback informed work on GP Connect and reasonable-adjustment flags for BSL users.

October–November

CPR activity with the Sahara Project and Manchester Migrant Support Group built confidence and provided certificates recognising new lifesaving skills.

January 2026

The Sahara Project received a loan defibrillator and a practical demonstration while raising funds for a permanent device.

February

A bespoke CPR session was delivered at Al Buraq Mosque before Ramadan, when around 1,000 people were expected to attend.

March

Learning from an individual request was incorporated into engagement activity to explain how patients can access their records.

“The learners really enjoyed the engagement session and basic life support training… Huge thanks to NWAS for providing a skill for life.”
Emma, Manchester Migrant Support Group

From insight to improvement

Community feedback informed the following improvements, learning and next steps.

Deaf and BSL users need communication requirements to be visible before arrival at hospital.

Improvement underway: GP Connect is being promoted within the electronic patient record, alongside stronger reasonable-adjustment flags.

Chinese, ethnic minority and migrant communities described language barriers and low confidence in accessing ambulance services.

Improvement delivered: key service information was translated into Cantonese, Traditional Chinese and Mandarin, supported by targeted awareness sessions.

Patients and communities had limited awareness of Language Line, BSL and other interpretation support.

Improvement delivered and continuing: tailored sessions and co-produced awareness resources are improving understanding among patients and staff.

Community groups identified cost as a barrier to accessing a defibrillator.

Improvement delivered: the Sahara Project received a loan device, practical support and help to explore fundraising and permanent installation.

Migrant, Chinese and faith communities reported low confidence in CPR and strong demand for practical training.

Improvement delivered: targeted CPR sessions increased confidence and lifesaving skills, with further community sessions planned.

Patients and community groups had limited understanding of Patient Transport Service eligibility.

Learning informing improvement: clearer and translated information is being developed to support equitable access.

Engagement evidence is reviewed not only for what people experienced, but for the improvement delivered, the learning identified and the next action required.

Learning from patient stories

Listening directly to patients, carers and volunteers helps us understand what works well and where care can improve. Patient stories bring individual experiences to life and help us make services more responsive to people's needs.

Stories, lessons learned and identified improvements are shared with the Trust Board every two months. Examples from 2025/26 include:

In May 2025, a member of the Chinese community described language barriers when accessing emergency services. CPR demonstrations and leaflets translated into Cantonese and Mandarin helped increase confidence in calling and using the ambulance service.



Shirley He, Chinese Health Information Centre, Manchester

In September 2025, a case involving outdated techniques led to severe complications, highlighting the need for continued learning and practice in this area of care. In January 2026, a patient living with long-term seizures described the impact of being transferred to hospital without their medication, informing improvements in continuity of care and patient safety.

Patient involvement in practice



Patient and Public Panel members at a North West Air Ambulance visit

How learning is being applied

Community insight also informs work beyond the immediate engagement activity. The examples below show how learning is being connected with clinical, operational, public-health and organisational improvement.

Communities asked for more support relating to cardiovascular disease, diabetes and falls prevention.

Learning shared with the Public Health Team to inform future health-inequality and prevention activity.

Patients wanted to know whether ambulance crews can access their GP records.

Awareness is being increased that crews can access real-time summary information through GP Connect, supporting safer and better-informed care.

Patients experiencing hospital handover delays highlighted communication, comfort and personalised care.

Improvement work includes rollout of the neurodiversity Care Interaction Communication Tool on staff iPads to support individual communication needs.

The British Islamic Medical Association (BIMA) highlighted low confidence within some communities about calling for emergency help.

Learning from the BIMA LifeSavers x Association of Ambulance Chief Executives (AACE) event reinforced the value of targeted service-awareness and CPR sessions, supported by the NWAS Community Resuscitation Engagement Team.

Operational feedback identified uncertainty about transporting assistance dogs and support dogs.

Improvement delivered: the Transportation of Assistance Dogs Guidance was refreshed with Patient and Public Panel (PPP) and operational input, clarified legal obligations and was approved in July 2025.

Commissioners and partners sought stronger PPP involvement in higher-level projects.

Learning applied: targeted development training is building members' confidence and capability to contribute meaningfully.

Making improvement visible

Improvement achievements were shared through monthly newsletters. The Patient, Public and Community Engagement Guidance Framework 2026–2031 sets out the trust's longer term commitment to learning from engagement.

What we learned

Key outcomes from 2025/26

The impact of engagement can be seen through both the scale of participation and the practical improvements delivered throughout the year.

During 2025/26, we received 28,994 patient survey responses. Of respondents, 93.03% reported being treated with dignity and respect, while overall patient satisfaction was 88.29%. We delivered 27 engagement sessions across the North West, with 249 Patient and Public Panel members actively involved and 64 PPP involvement opportunities supported. We shared 51 weekly updates with PPP members and reached more than 400 people through Ambulance Awareness Days. CPR Cards were available in three languages, English, Cantonese and Mandarin, supported by four QR-linked CPR demonstration videos for accessible learning.

Together, these achievements demonstrate how patient and community insight is helping to influence service development, improve accessibility and reduce health inequalities across the communities we serve.

What we learned and what comes next

The most effective engagement happens when listening leads to visible action. Throughout 2025/26, patients, communities and partners helped us understand barriers, identify opportunities for improvement and shape services that better meet the needs of the people we serve. Their feedback informed practical changes, strengthened relationships and ensured that lived experience remained central to decision-making.

In 2026/27, our focus will be to deepen relationships, improve how we evidence outcomes and continue making involvement accessible, inclusive and responsive.

We will increase engagement with under-represented communities and those least likely to provide feedback, while expanding the reach of inclusive resources and targeted health inequality projects. We will strengthen how we measure and report the impact of engagement activity through clearer outcome measures and feedback loops. We will also increase opportunities for co-production and community involvement in service improvement, ensuring patients and communities can see how their feedback has influenced decisions and improvements.

As we look to the future, we remain committed to listening, learning and acting on what people tell us. By continuing to work in partnership with patients, communities and stakeholders, we will ensure that engagement remains at the heart of service improvement, helping us deliver more inclusive, responsive and compassionate care for the people of the North West.



PPP members Bati Lau and Shirley He at 10 Downing Street

Thank you

Thank you to every patient, community member, volunteer and partner who shared their experience, time and ideas during 2025/26.

Patient Engagement Team | Talk.ToUs@nwas.nhs.uk