

Ambulance dataset survey

Healthwatch Birmingham welcomes the opportunity to respond to NHS England's Ambulance dataset survey. Our key role is to make sure that patients, the public, service users, and carers (PPSuC) are at the heart of service improvement in health and social care. In line with our role, we have focused our comments on:

- Patient and Public Involvement and engagement
- Whether the proposal is responsive to the needs of the people of Birmingham

Healthwatch Birmingham notes that the opportunity to share views has only been available for a month, though this was extended from the previous period of three weeks. This does not allow the public much time to find out about the consultation, let alone consider their views and respond in an informed manner. This period has also covered the death of the Queen and a period of national mourning. We feel that to more successfully engage with the public, a long period should have been available and promoted to the public.

We note that an email address has been available for the public to contact if needed but feel a postal address and telephone number could have been made available for members of the public without digital access to share their views. Given that the topic has been highlighted for reducing inequalities and equality & diversity, information on responding in community languages would have been useful.

Healthwatch Birmingham would like to see in the consultation report details of any other engagement activities that have been held on the topic, and efforts that have been made to engage with wide and representative parts of the public. We are particularly interested to hear if any PPSuC that have been affected by clinical decision making that could have been improved with insight, have been engaged with.

We have found that the briefing document with the consultation is very short and does not seem to offer much detail for to public to give clear and considered views on. The language used is quite detailed and does not give definitions for some of the terms used that the public may not understand, such as alternative provision and alternative pathway. In order for the public to understand the proposal in the briefing it needs to be clearer on what the changes would look like to people receiving care.

Proposal

Healthwatch Birmingham welcomes that NHS England is looking at better use of existing data to improve services. We note that one of the ascribed benefits of the



proposal is "Providing an evidence base to encourage joint working with clinicians across healthcare provision to understand how the patient journey can be improved to benefit patients.". However we strongly feel that in order to understand how a patient journey can be improved, services need to work jointly with PPSuC, not just with other clinicians. It is only through careful and considered engagement with the public that their needs and aspirations from a service can be clearly understood. We would urge caution on stating patients' experiences can be improved through this proposal without outlining how the public are involved in it. Clinical records cannot give enough detail for how the patient experienced their care, nor the outcomes for them individually.

We would like to see more details about the proposal applies to the ambulance service. Would data only be shared for people brought to hospital by emergency ambulance, or could it be shared by those conveyed through non-emergency patient transport, or mental health triage vehicles? Specific details on this need to be shared with the public – for example would data be shared in all situations, or would some experiences considered more sensitive be exempt.

We would also like to see more details about the process of data sharing and analysis, including who has access to data. We have heard from the public before concerns about people they know accessing their data inappropriately. The proposal mentions that data safeguarding steps will be taken, but these need to be made explicit for PPSuC to be able to give considered consent to the scheme. There is no detail given on what the impact of opting out may be for PPSuC, or how the scheme applies to individuals not able to give direct consent, such as children.

We understand from the proposal that it mainly relates to records made in Emergency Departments but does also state "and other areas of healthcare". This needs to be defined and clearly laid out. Would the time period records are shared after conveyance to hospital by ambulance be limited?

Healthwatch Birmingham would like to understand how any changes made as a result of this proposal will be analysed and shared amongst ambulance services as best practice. We are interested in if patient feedback will be used as part of the analysis.

The area of concern we currently hear about most often from the people of Birmingham is ambulance delays and the impact of this. This includes patients that have had to make their own way to hospital as a result. We would like to understand if this proposal allows ambulance services to improve care that may be delayed, or if it will allow highlighting of further consequences because of delays.

My mom was quite ill last weekend and she waited 5 hours for an ambulance. Its such a worry for everyone concerned.



Immediate action is needed here. The service is chronic. Families waiting with their loved ones for immediate help waiting indefinitely, the stress is overwhelming.

My husband had a fall in the garden in April and fractured his hip. I rang for ambulance at 4 pm and it arrived after 12 hours at 6:45am.

The caller's wife died earlier this year. He thinks this was due to the ambulance not arriving in time.

Healthwatch Birmingham welcomes the intention to improve ambulance services for people in Birmingham and look forward to seeing the work develop.

Yours Sincerely,



Chipiliro Kalebe-Nyamongo
Research and Policy Manager



Sarah Walmsley
Data and Insight Officer

