

The Royal Norfolk Show Public Survey 2007 - Response Times

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Executive Summary

Introduction

For the first time last year, a survey of members of the public was conducted at the Royal Norfolk Show at the Trust display stand. The show attracts a wide range of people of all ages and as such provides a good opportunity to meet the public, and to educate them about the work of the Trust. This is a prime opportunity to conduct a face- to- face interview survey to find out the views of members of the public. This year, as part of the public survey the Trust conducted a smaller pilot survey, with the aim to find out members of the public's views on response times to different types of incidents, to investigate how the public's perception of response times relates to Ambulance Trust practice.

Methodology

Objectives:

- To involve patients and public in the care and services they receive.
- To find out the public's views on the response times to different types of incidents.

Sample:

28 members of the public visiting the Ambulance Trust stand at the Royal Norfolk Show selected at random by the interviewers.

Method:

The Trust Patient Survey Coordinator and Clinical Specialist (Quality) attended the Norfolk Show on Wednesday 27th June 2007 and asked random members of the public who were visiting the Ambulance Trust stand if they would mind answering some questions for an Ambulance Trust survey. Members of the public participating in this part of the survey were all given a copy of a paper questionnaire on response times. Participates then either went through the questionnaire with an interviewer who recorded their responses, or they were asked to complete the questionnaire themselves and leave it at the stand to be collected. After a day of collecting the views of members of the public the results were collated and analysed and this report written.

Conclusions

This pilot survey which looked at response times proved particularly insightful showing the opinions of the public and how these contrast with Ambulance Trust practice. Participants consider electrocution; stab/ gun shot wounds, stroke, and heart problems to require the most rapid response with headaches, animal bites, and non traumatic back pain as least critical. However, generally participants consider a rapid response of 8 minutes to be necessary for the majority of incidents.

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Introduction

For the first time last year, a survey of members of the public was conducted at the Royal Norfolk Show at the Trust display stand. The show attracts a wide range of people of all ages and as such provides a good opportunity to meet the public, and to educate them about the work of the Trust. This is a prime opportunity to conduct a face-to-face interview survey to find out the views of members of the public. This year, as part of the public survey the Trust conducted a smaller pilot survey, with the aim to find out members of the public's views on response times to different types of incidents, to investigate how the public's perception of response times relates to Ambulance Trust practice.

Methodology

Objectives:

- To involve patients and public in the care and services they receive.
- To find out the public's views on the response times to different types of incidents.

Sample:

28 members of the public visiting the East of England Ambulance Service NHS Trust stand at the Royal Norfolk Show on Wednesday 27th June 2007 were randomly selected by the interviewers. However, there is a bias in this sample. Firstly, all participants were selected from the public visiting the stand and therefore are more likely to have been people with an interest in the NHS. Secondly, while the interviewers chose participants at random there will have been an unintentional bias in who the interviewer asked, e.g. people who looked like they would be happy to stop and talk.

Method:

The Trust Patient Survey Coordinator and Clinical Specialist (Quality) attended the Norfolk Show on Wednesday 27th June 2007 and asked random members of the public who were visiting the Ambulance Trust stand if they would mind answering some questions for an Ambulance Trust survey. Members of the public participating in this part of the survey were all given a copy of a paper questionnaire on response times. Participants then either went through the questionnaire with an interviewer who recorded their responses or they were asked to complete the questionnaire themselves and leave at the stand to be collected. After a day of collecting the views of members of the public the results were collated and analysed and this report written.

Ethical Considerations:

The survey was conducted inline with the Trust Policy on obtaining patient feedback. The public were asked if they would like to participate in a survey for the Ambulance Trust and no personal identifying details were recorded.

Results

Each category of incident as used by the CAD system was listed on the questionnaire. For each type of incident participants were asked to indicate what they believe the response time should be from 8 minutes (Cat A), 19 minutes (Cat B), 45 minutes (Cat C), or no response is sent patient is dealt with over the phone. See results table below.

Table 1:

Incident	Cat A 8 minutes	Cat B 19 Minutes	Cat C 45Minutes	No response sent patient dealt with over the telephone	Total number of responses
Abdominal Pain	11/28 (39.3%)	9/28 (32.1%)	4/28 (14.3%)	4/28 (14.3%)	28
Allergies	9/28 (32.1%)	9/28 (32.1%)	3/28 (10.7%)	7/28 (25.0%)	28
Animal bites	1/27 (3.7%)	12/27 (44.4%)	8/27 (29.6%)	6/27 (22.2%)	27
Assault	15/28 (53.7%)	8/28 (28.6%)	3/28 (10.7%)	2/28 (7.1%)	28
Non-traumatic back pain	3/28 (10.7%)	6/28 (21.4%)	13/28(46.4%)	6/28 (21.4%)	28
Breathing problems	19/27 (70.4%)	5/27 (18.5%)	1/27 (3.7%)	2/27 (7.4%)	27
Burns/ explosion	22/28 (78.6%)	2/28 (7.1%)	3/28 (10.7%)	1/28 (3.6%)	28
Carbon monoxide / inhalation	21/27 (77.8%)	4/27 (14.8%)	1/27 (3.7%)	1/27 (3.7%)	27
Cardiac / respiratory arrest	20/28 (71.4%)	6/28 (21.4%)	2/28 (7.1%)	0/28 (0.0%)	28
Chest Pain	14/28 (50.0%)	8/28 (28.6%)	4/28 (14.3%)	2/28 (7.1%)	28
Choking	22/28 (78.6%)	4/28 (14.3%)	2/28 (7.1%)	0/28 (0.0%)	28
Convulsions / fitting	16/27 (59.3%)	7/27 (25.9%)	1/27 (3.7%)	3/27 (11.1%)	27
Diabetic problems	14/27 (51.9%)	10/27 (37.0%)	2/27 (7.4%)	1/27 (3.7%)	27
(near) Drowning / diving accident	22/28 (78.6%)	3/28 (10.7%)	2/28 (7.1%)	1/28 (3.6%)	28
Electrocution	26/28 (92.9%)	2/28 (7.1%)	0/28 (0.0%)	0/28 (0.0%)	28
Eye problems/ injuries	9/28 (32.1%)	13/28 (46.4%)	3/28 (10.7%)	3/28 (10.7%)	28
Falls/ back injuries	15/28 (53.6%)	8/28 (28.6%)	4/28 (14.3%)	1/28 (3.6%)	28
Headache	2/28 (7.1%)	5/28 (17.9%)	3/28 (10.7%)	18/28 (64.3%)	28
Heart problems	23/28 (82.1%)	4/28 (14.3%)	1/28 (3.6%)	0/28 (0.0%)	28
Heat/ cold exposure	9/26 (34.6%)	8/26 (30.8%)	4/26 (15.4%)	5/26 (19.2%)	26
Haemorrhage / laceration	18/28 (64.3%)	4/28 (14.3%)	3/28 (10.7%)	3/28 (10.7%)	28
Industrial / machinery accident	19/26 (73.1%)	5/26 (19.2%)	2/26 (7.7%)	0/26 (0.0%)	26
Overdose / ingestion / poisoning	20/28 (71.4%)	6/28 (21.4%)	2/28 (7.1%)	0/28 (0.0%)	28
Pregnancy / childbirth / miscarriage	15/25 (60.0%)	8/25 (32.0%)	1/25 (4.0%)	1/25 (4.0%)	25
Psychiatric / suicide attempt	14/27 (51.9%)	11/27 (40.7%)	1/27 (3.7%)	1/27 (3.7%)	27
Sick person (specific diagnosis)	5/22 (22.7%)	7/22 (31.8%)	5/22 (22.7%)	5/22 (22.7%)	22
Stab / gunshot wound	26/28 (92.9%)	1/28 (3.6%)	1/28 (3.6%)	0/28 (0.0%)	28
Stroke	24/28 (85.7%)	2/28 (7.1%)	2/28 (7.1%)	0/28 (0.0%)	28
Traffic accident (RTA)	22/28 (78.6%)	5/28 (17.9%)	1/28 (3.6%)	0/28 (0.0%)	28
Specific traumatic injuries	11/23 (47.8%)	8/23 (34.8%)	2/23 (8.7%)	1/23 (4.3%)	23
Unconscious / passing out	18/26 (69.2%)	6/26 (23.1%)	2/26 (7.7%)	0/26 (0.0%)	26
Unknown problem	8/23 (34.8%)	9/23 (39.1%)	2/23 (8.7%)	4/23 (17.4%)	23

From these results it is possible to identify those incidents participants consider most critical needing the fastest response time. The incidents with the highest percentage of participants selecting an 8 minute (Cat A) response were:

- Electrocution 26/28 (92.9%)
- Stab/ gunshot wound 26/28 (92.9%)
- Stroke 24/28 (85.7%)
- Heart problems 23/28 (82.1%)

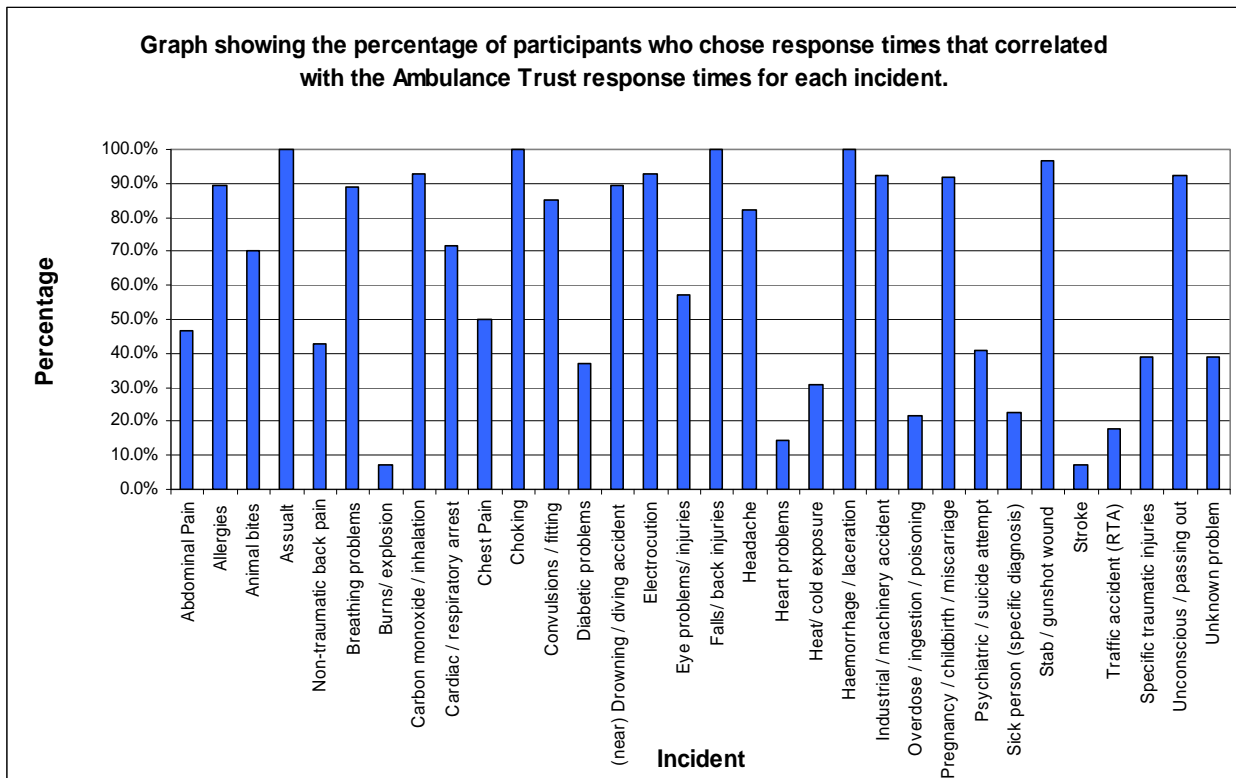
Similarly it is possible to identify those incidents participants consider least critical requiring slower response times or can be dealt with over the telephone. The incidents with the lowest percentage of participants selecting an 8 minute (Cat A) response were:

- Headache 2/28 (7.1%)
- Non traumatic back pain. 3/28 (10.7%)
- Animal Bites 1/27 (3.7%)

The majority of participants gave just one response time for each type of incident. However, it is interesting to note that for many participants the decision was not this definite. Many of the participants commented during the survey that the choice of response time depended on the severity of the incident and as such, they often had to generalise or consider the worst case scenario when making their decision. This is also recognised by the Ambulance Trust, as can be seen in the table below, there is very rarely just one category of response to each incident.

Table 2: Showing the comparison of incident category given by the Ambulance Trust and category given by participants.

Incident	Ambulance Trust Incident Category	Categories most often selected by participants	Percentage of participant responses correlating with Ambulance Trust Response Times.
Abdominal Pain	B, No response	A, B	13/28 (46.4%)
Allergies	A, B, No response	A, B	25/28 (89.3%)
Animal bites	A, B, No response	B	19/27 (70.4%)
Assault	A, B, C, No response	A	28/28 (100.0%)
Non-traumatic back pain	B, No response	C	12/28 (42.9%)
Breathing problems	A, B	A	24/27 (88.9%)
Burns/ explosion	B	A	2/28 (7.1%)
Carbon monoxide / inhalation	A, B	A	25/27 (92.6%)
Cardiac / respiratory arrest	A	A	20/28 (71.4%)
Chest Pain	A	A	14/28 (50.0%)
Choking	A, B, C, No response	A	28/28 (100.0%)
Convulsions / fitting	A, B	A	23/27 (85.2%)
Diabetic problems	B	A	10/27 (37.0%)
(near) Drowning / diving accident	A, B	A	25/28 (89.3%)
Electrocution	A	A	26/28 (92.9%)
Eye problems/ injuries	B, No response	B	16/28 (57.1%)
Falls/ back injuries	A, B, C, No response	A	28/28 (100.0%)
Headache	B, No response	No response	23/28 (82.1%)
Heart problems	B	A	4/28 (14.3%)
Heat/ cold exposure	B	A, B	8/26 (30.8%)
Haemorrhage / laceration	A, B, C, No response	A	28/28 (100.0%)
Industrial / machinery accident	A, B	A	24/26 (92.3%)
Overdose / ingestion / poisoning	B	A	6/28 (21.4%)
Pregnancy / childbirth / miscarriage	A, B	A	23/25 (92.0%)
Psychiatric / suicide attempt	B	A, B	11/27 (40.7%)
Sick person (specific diagnosis)	No response	A, B, C, No response	5/22 (22.7%)
Stab / gunshot wound	A, B	A	27/28 (96.4%)
Stroke	B	A	2/28 (7.1%)
Traffic accident (RTA)	B	A	5/28 (17.9%)
Specific traumatic injuries	B, No response	A, B	9/23 (39.1%)
Unconscious / passing out	A, B	A	24/26 (92.3%)
Unknown problem	B	A, B	9/23 (39.1%)



It is evident that there are variations in what the public believes response times to various incidents should be compared to the actual time the Ambulance Trust responds to these incidents. By looking at table 2 and the above graph it is possible to see how participants' answers and Ambulance Trust response times correlate.

Note: All incidents where 100% of participants gave a response time the same as the Ambulance Trust were cases where the Ambulance Trust would respond to the incident in any of the 4 ways,(8 minute, 19 minutes, 45 minutes, or no response sent) therefore all answers given by participants would correlate.

The five types of incident where participants' answers correlated to the greatest extent with Ambulance Trust response times were:

- Carbon monoxide / inhalation 25/27 (92.6%)
- Electrocution 26/28 (92.9%)
- Industrial/ machinery accident 24/26 (92.3%)
- Pregnancy/ childbirth/ miscarriage 23/25 (92.0%)
- Stab/ gunshot wound 27/28 (96.4%)

The five types of incident where participants' answers correlated least with Ambulance Trust response times were:

- Burns/ explosion 2/28 (7.1%)
- Heart problems 4/28 (14.3%)
- Overdose/ ingestion/ poisoning 6/28 (21.4%)
- Stroke 2/28 (7.1%)
- Traffic accident (RTA) 5/28 (17.9%)

Overall, there was a general tendency for participants to consider all incidents as needing a rapid response time. The majority of participants selected 8 minute or 19 minute responses for nearly every type of incident.

Conclusions

This pilot survey looking at response times proved particularly insightful showing opinions of the public and how these contrast with Ambulance Trust practice. Participants consider electrocution, stab/ gun shot wounds, stroke, and heart problems to require the most rapid response with headaches, animal bites, and non traumatic back pain as least critical. However, generally participants consider a rapid response of 8 minutes to be necessary for the majority of incidents. It is important to consider the public's perception of what response times should be, as this could directly relate to their expectations of the Ambulance Trust when they require it. Most importantly, the public's definition of a time critical incident is not necessarily synonymous with the Ambulance Trust's.

Recommendation

Repeat survey based on this pilot with a larger sample.