

Perceptions of the London Ambulance Service

Research Study Conducted for London Ambulance Service



London Ambulance Service **NHS**
NHS Trust

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1. Introduction

This report contains the findings of a study conducted by the Ipsos MORI Social Research Institute on behalf of the London Ambulance Service.

The research consisted of a qualitative and quantitative programme of research among the general public in London.

1.1 Aims and objectives

The aims and objectives of this project were as follows:

- To gain an understanding of Londoners' current perceptions of the London Ambulance Service;
- To explore current levels of knowledge. What do Londoners see as the future role of the London Ambulance Service?
- To establish how the public sees the London Ambulance Service in comparison to other healthcare providers, and what its level of trust is in relation to these?
- To identify any cultural barriers that minority groups may have and how this influences satisfaction with the Service;
- To inform future communications for stakeholder engagement and public education.

The results will enable the London Ambulance Service to track public perceptions over time, if a similar study is repeated in future.

1.2 Report layout

Following the executive summary and this introduction, this report contains a more detailed commentary of the **main findings**, divided into five main sections and appendices:

Section one – Current Perceptions of the London Ambulance Service;

Section two – The Role of the London Ambulance Service;

Section three – Experiences of the London Ambulance Service;

Section four – Working for the London Ambulance Service;

Section five – The Future of the London Ambulance Service; and

Appendices, including a summary of interviews conducted with the homeless, quantitative sample profile, a guide to statistical reliability, social class definitions, a marked-up questionnaire and the discussion topic guides.

1.3 Methodology

Ipsos MORI used both qualitative and quantitative methods for this study.

The research consisted of the following methodologies:

A quantitative telephone survey of 1,010 Londoners;
Eight discussion groups with the general public; and
Five in-depth face-to-face interviews with homeless people.

1.3.1 Discussion Groups

Ipsos MORI carried out eight focus groups in June, as follows:

Group Number	Location	Group Make-up
1	West London	Young People <ul style="list-style-type: none">• Mix of gender• All C1, C2• Aged 16 - 30
2	West London	People with Long-term conditions <ul style="list-style-type: none">• All to have a LTC,• Aged 50- about 75• Mix of gender
3	East London	Bangladeshi Women
4	East London	Bangladeshi Men
5	North London	Parents of children under 5 <ul style="list-style-type: none">• All ABC1• Aged 30-45• Mix of gender• All ABC1

6	North London	People with Long-term conditions <ul style="list-style-type: none">• Aged 40- 60, mix of gender• All C1, C2• All to have a LCT
7	South London	Afro-Caribbean <ul style="list-style-type: none">• mix of gender• some to suffer from LTCs
8	South London	White social grades DE <ul style="list-style-type: none">• None to own a car• mix of ages• mix of gender

All participants were recruited using the face-to-face in-street method. The topics covered in the discussion groups were:

- Impressions of the London Ambulance Service & brand testing;
- Knowledge, expectations and current usage of the London Ambulance Service; and
- The changing role of the London Ambulance Service.

Participants were not told at the beginning of the discussion groups that the research was for the London Ambulance Service.

1.3.2 In-depth Interviews

Ipsos MORI conducted 5 in-depth face-to-face interviews in June with homeless people. The first respondents were contacted via Crisis (a charity for homeless people) and further respondents were contacted using the ‘snowballing’ method. Snowballing is a method often employed in order to access ‘hard-to-reach’ groups. Once initial contact has been made with the respondent, they are encouraged to contact their peers and encourage them to also engage with the research.

1.3.3 Telephone Survey

1,010 Londoners were interviewed between 19 June and 2 July 2006. Telephone interviews were conducted across London using CATI (Computer Aided Telephone Interviewing). The questionnaire took respondents 21.24 minutes on average to complete. Respondents were not told at the beginning of the interview that the research was for the London Ambulance Service.

The telephone survey covered the following areas:

- Trust in, and satisfaction with, clinicians;
- The role of the London Ambulance Service;
- Expectations and experiences of the London Ambulance Service;
- Communications; and
- The changing role of the London Ambulance Service.

To view the topic guides and marked-up questionnaire in full please refer to the appendices.

1.3.4 Quotas and Weighting

Quotas were set on gender, age, ethnicity, social grade, and on location (inner and outer London) in order to obtain a representative sample of the population of London.

There was no need to weight the data, as interviewers were able to adhere to these quotas accurately.

1.4 Presentation and Interpretation of the Data

1.4.1 Qualitative Findings

It is important to note that **qualitative** research is designed to be *illustrative* rather than *statistically representative* and therefore provides insight into why people hold views, rather than conclusions from a robust, valid sample. In addition, it is important to bear in mind that we are dealing with people's perceptions, rather than facts.

Throughout the report, use is made of verbatim comments from participants. Where this is the case, it is important to remember that the views expressed do not always represent the views of the group as a whole, although in each case the verbatim is representative of, at least, a minority.

1.4.2 Quantitative Data

Because a sample, not the entire population of London has been interviewed, all results are subject to sampling tolerances. This means that both are accurate to within certain limits, and that not all differences between sub-groups are statistically significant. (Please refer to the Guide to Statistical Reliability section appended to this report for more details).

Where percentages do not add up to 100, this is due to multiple responses, computer rounding or the exclusion of 'Don't know/Not stated' responses. Throughout the report an asterisk (*) denotes a value of less than half a per cent, but more than zero.

1.5 Publication of Data

Our standard Terms and Conditions apply to this, as to all studies we carry out. Compliance with the MRS Code of Conduct and our clearing is necessary of any copy or data for publication, web-siting or press releases which contain any data derived from MORI research. This is to protect our client's reputation and integrity as much as our own. We recognise that it is in no-one's best interests to have survey findings published which could be misinterpreted, or could appear to be inaccurately, or misleadingly, presented.

1.6 Acknowledgements

Ipsos MORI would like to thank Angie Patton, Gemma Hart, Margaret Vander, Kathy Jones, Paul Carswell and their colleagues at the London Ambulance Service for their help and assistance in the development of the project. We would also like to thank Bryony Duncan & Derrick Manyanda at Crisis and the respondents who participated in this study, without whose input the research would not have been possible.

2. Executive Summary

Current Perceptions of the Ambulance Service

Advocacy levels for an organisation are an important indication of performance – particularly if people are willing to speak up for that organisation, *without* being prompted. Indeed, **a third (33%) of Londoners say they would speak highly of the Ambulance Service *without* being asked.** Furthermore, the older the person, the more likely they are to be an advocate. Similarly, white residents are significantly more likely than BME residents to be an advocate of the Service.

Discussion group participants are also positive about the London Ambulance Service and the people that work for them. Indeed, the London Ambulance Service compares favourably with the Fire Brigade, NHS Foundation trust of Guys and St Thomas' and the Metropolitan Police. All four organisations are generally highly thought of. As with the London Fire Brigade, participants trust the London Ambulance Service, and also feel the LAS staff are both underappreciated and underpaid. Of the four organisations, the Metropolitan police is the most negatively viewed, particularly by black and minority ethnic (BME) respondents. Some members of the Bangladeshi community, however, are negative about the LAS. These feelings tend to stem from bad personal experiences of using the Service.

There are high levels of recognition of, and positive reactions to, the LAS uniform. However, the logo is seen as less effective than more explicit logos such as the London Fire Brigade's.

Ambulance staff have a slightly lower 'net satisfaction' score¹ than other health-related professional groups, however, this does not necessarily mean that people are dissatisfied with the way they do their job. This is due to a significant minority (22%) feeling unable to give an opinion about their satisfaction with ambulance staff. This may be due to fewer people having used these services.

Londoners who have used the Ambulance Service before are more likely to be satisfied with it than those who have not, suggesting that opinion is shaped by personal experience. Furthermore, **the more informed people are, the more likely they are to be an advocate of the Service**, emphasising the importance of ensuring that all groups of people are kept informed.

The Role of the London Ambulance Service

The Ambulance Service's most important role spontaneously mentioned by Londoners is the **speed of response**. Indeed, people in the discussion groups perceive that the Ambulance Service prioritises its responses depending on the severity of the situation. Perversely, this can act as an incentive for people to

¹ 'Net satisfaction' is defined as the proportion who are satisfied minus the proportion who are dissatisfied.

overplay the severity of their situation in order to get a quicker response from the Ambulance Service. Related issues such as responding to major emergencies and getting to emergency patients are also the Ambulance Service's roles which are prioritised highly by the public. Treating injuries and diagnosing and treating illnesses are placed highly as other important roles for the Ambulance Service. This indicates that once the most important role of responding swiftly has been accomplished, treatment is the next priority. Furthermore, participants feel that **stabilising/sustaining life is a key role of the Ambulance Service**. Reassuring patients and showing effective interpersonal skills also emerge as important functions.

The majority of Londoners (87%) correctly believe that the Ambulance Service is part of the NHS. However, **while the Ambulance Service is seen as belonging to the NHS, it is also widely regarded as being a standalone emergency service**. It is worth noting that those who feel *informed* about the London Ambulance Service and what it does are more likely to believe it is a standalone emergency service than those who do *not feel informed*. The discussions in the qualitative research also reveal misunderstanding regarding whether there is a different type of ambulance service for the different roles an ambulance performs.

As many as three in five Londoners say they would call an ambulance if they are with a woman who starts to have contractions (59%), however fewer would call an ambulance if they had chest pain and a strange sensation down their left arm (53%) – possible indications of a heart attack. Just four per cent of Londoners say they would dial 999 with flu-like symptoms, though judging by the number of calls the LAS receives from people suffering from flu, this is likely to be higher in reality.

Almost all reasons for calling an ambulance relate to perceived emergency situations, with around one in six mentioning a serious injury, road accident, or severe illness as reasons for calling an ambulance. In many cases **the decision to call or not is described as 'instinctive'**. Furthermore, on balance, Londoners feel you will get treated quicker if you go to hospital by ambulance. As mentioned earlier, this can in some cases, be a motivating factor to call an ambulance. Conversely, Londoners are *unlikely* to call an ambulance if they feel the situation is not an emergency or if they are physically able to get to a hospital through using their own transport.

Experience of the London Ambulance Service

Most discussion group participants – even those who have not used an ambulance before – have very high opinions of the Ambulance Service and their staff. Any negative perceptions of the Ambulance Service often stem from personal experiences of having to wait longer than they felt was reasonable for an ambulance to arrive. It is worth noting, however, that among the Bangladeshi community, the actual service received from Ambulance staff emerges as a key reason for holding negative perceptions.

On a positive note, of those who have used the Ambulance Service **almost all say they are satisfied with the service they received** (92%). It is worth noting that older people are more satisfied than younger people. Similarly, white Londoners are more likely to be satisfied than those from a BME background.

Fifty-nine percent of Londoners say they have used the Service in the past five years, and the Ambulance Service was used to transport patients to hospital in over four in five cases. Of these the majority say they have used it on just one occasion (37%). It is worth noting however, that a small minority have used the service more than six times in the past five years. The findings indicate that these people are more likely to be over 65 years old, in the lower social grades and do not have a car.² As one might expect, those who have used the Service in the past six months feel more informed about the Service than those who have not.

Communications

Most Londoners, however, do not feel informed about the London Ambulance Service. Indeed, **more people say they do *not* feel informed about the Service than say they *do***. Indeed, six in ten Londoners say they have not seen or heard anything about the London Ambulance Service in the last year or two. However, of those who say they *have*, television has the greatest recall rate. This resonates with Ipsos MORI's experience in that people are more likely to recall organisations from TV than any other form of communication.

Feeling informed about the London Ambulance Service impacts on how positively Londoners view many aspects of the Service. Informed Londoners are more likely to think that employees for the London Ambulance Service are well respected, that the LAS offers a good career path and that the LAS workforce is representative of the ethnic make-up of London than those who are uninformed. Looking to the future, participants say they would like to receive more information about the LAS. Television, the Internet, posters, information in local newspapers and leaflets at GPs' surgeries are all quoted as potentially useful information sources which residents believe would reach a wide range of people.

Working for the London Ambulance Service

The vast majority of Londoners believe London Ambulance Staff, such as paramedics, are highly skilled. However, the qualitative research reveals that many people are unclear about the amount of training which paramedics undergo. Indeed, suggestions as to the amount of training given to ambulance staff range from a few weeks to several years. Nonetheless, it is worth noting that the general consensus is that training has improved in recent years, and as a result, ambulance staff are now more highly trained.

² This should be treated as indicative only, as just 39 respondents say they have called an ambulance more than six times in the past five years.

However, many Londoners believe there are staff shortages in the London Ambulance Service, which they feel may be due to the perceived low levels of pay that paramedics receive. Despite this, **approaching one in ten Londoners has considered a career with the London Ambulance Service (9%)**. The qualitative research reveals that this is because they believe it to be both challenging and rewarding. However, several perceived barriers emerged during the qualitative research. These were: a perceived lack of job stability, competitive job packages, the struggling image of public service/emergency service work, the job's poor reputation, an overall lack of clarity/profile about the types of jobs the London Ambulance Service offers and the qualifications needed to do the job. These all serve to put people off working for the Service.

Most group participants believe that two people travel in London Ambulances – one responsible for driving and the other providing the medical service. Although gender does not emerge as a strong point of contention, some participants say they would like to see more female paramedics. Others however, feel that women may not be physically strong enough to carry out the job effectively. Additionally, African Caribbean people believe there needs to be more diversity in the London Ambulance staff among people from their background. Nevertheless, most participants believe that in an emergency situation, ethnic background is not an issue. Additionally, some of the people we spoke to feel that ethnic diversity in the Ambulance Service will become more of an issue in the future – as with the Metropolitan Police – and this will need to be carefully addressed.

The future of the London Ambulance Service

Discussion group participants have mixed feelings about the future of the London Ambulance Service. Speed of response is likely to become even more of an issue due to increased traffic congestion in recent years. As such it will become increasingly important to invest more in rapid response cars and mobile units to be used in conjunction with Ambulances. **Many are optimistic that improvements in technology will result in a faster, more efficient Ambulance Service**. It is worth noting however, that some feel doubtful about the future of the London Ambulance Service, due to cuts in NHS funding.

The Ambulance Service is on a par with GPs and hospital doctors in people's confidence to be treated by them for an injury or illness at home. Furthermore, on balance, **most Londoners would feel confident for the Ambulance Service to provide them with advice for a minor illness over the 'phone**. However, they would feel more confident receiving this advice from other health professionals, perhaps as they associate the Ambulance Service with its traditional duties of responding to serious illnesses and emergencies. It is worth noting that the more informed people feel, the more confident they also feel about many aspects of the Ambulance Service including giving advice, prescribing medication and treating them at home.

Seven in ten Londoners think that treatment over the 'phone is a good way of managing patients without life-threatening or serious illnesses or injuries (71%). Younger residents are more positive about this concept than older residents. In

the discussion groups, participants express muted enthusiasm for the concept of providing patients with advice about non-serious illnesses over the phone. Many feel it is a good idea in principle but have doubts about how efficiently it would work in practice. In particular, their concerns centre on how well the staff would be able to assess the patient over the 'phone.

Positively, more than eight in ten Londoners say that the expansion of the Emergency Care Practitioner Scheme is a good idea (83%). Again, young people are most positive about this, while older people are slightly more sceptical. The qualitative research suggests that positive attitudes stem from feeling that the scheme will have a positive knock-on effect on hospitals – saving time, money and resources.

Looking to the future, a quarter of Londoners feel the Ambulance Service could improve its service by responding quicker and more efficiently to emergencies (24%). The speed of response is felt by many to become even more important in the future as congestion is expected to increase.

Londoners are also keen to see the Ambulance **Service further raise its profile, particularly among young people.** In particular, they feel the LAS could promote itself by increasing visits to schools and running road-shows.

Despite the changing culture of the London Ambulance Service, Londoners do not believe it should change its name in order to reflect its changing role. Rather, they feel that the change needs to be carefully communicated to the public.

3. Implications

Perceptions of the Ambulance Service

Encouragingly, a third of Londoners say they would speak highly of the London Ambulance Service without being asked (33%). Currently, older, white Londoners are most likely to be advocates. Because younger people and those from a black or minority ethnic background tend to be less positive, **it will be important that the LAS raises its profile among young people and BME groups** if advocacy levels are to rise in future. In particular, the qualitative work suggests that the LAS would benefit from engaging with the Bangladeshi community to ensure that the service it provides meets the needs of this group. Furthermore, the research shows that the more informed people feel about the LAS, the more positive they are. Thus, **in order to increase future advocacy scores it will be important that Londoners are kept informed about the LAS, and that LAS engages with, and is sensitive to, the needs of ethnic minority communities.**

Participant reaction to the London Ambulance Service logo is 'luke warm'. In particular, it is not felt to have as much impact, or be as recognised, as the uniform. Furthermore, participants feel that having a widely recognised logo is paramount to the LAS, as they stress the importance of the general public being able to recognise it in an emergency. As such, discussion group participants suggest that the **LAS may wish to consider revising their logo so that it is larger, more explicit and therefore more recognisable.** The London Fire Brigade logo is thought to be a good example which was warmly received by participants.

The role of the LAS

The London Ambulance Service's most important role, spontaneously mentioned by Londoners, is the speed of response. As such, it may benefit the LAS to keep Londoners informed of its record of response times and how they have improved over recent years.

Although most Londoners see the LAS as part of the NHS, it is also considered to be a standalone service such as the fire and police services. The LAS could increase people's perceptions of belonging to the NHS, by increasing the size of the NHS logo so that it is more explicit on both the uniform and within the LAS logo itself.

Currently, most Londoners say they would call an ambulance if they were with a woman who starts to have contractions. However, the LAS may wish to communicate to the general public what their main roles and responsibilities are, which may mean that fewer pregnant women are calling them to be taken to hospital in future. For instance, they could consider producing **clear guidance on when and when not to call an ambulance.** Similarly, just a small minority of Londoners say they would call an ambulance if they were experiencing flu-like

symptoms, although in reality this is much higher. This suggests that when people actually have what they regard as flu-like symptoms, they may panic and call an ambulance. Therefore, **the LAS may find it useful to produce and disseminate a check-list of symptoms for the flu, and for the common cold – perhaps in a ‘compare / contrast’ fashion.**

It is worth noting, however, that in most cases the decision about whether or not to call an ambulance is described by participants as *instinctive*. Therefore people will always call an ambulance if they perceive the situation to be an emergency. In future, this may be reduced by encouraging a greater proportion of the general public to undertake first aid courses, as, in doing so they would be better equipped to recognise a genuine emergency situation, and judge whether or not to call an ambulance.

Communications

Most Londoners say they do not feel informed about the London Ambulance Service. Of those who *can* remember hearing or seeing anything about the LAS in the past year or two, television has the greatest recall rate. Thus, **the LAS may wish to further consider using television further, to communicate with the public.** Although is expensive, the research suggests it is more effective than other forms of communication. Indeed, several group participants feel that the LAS should be given a time-slot on regional television which could be used to educate the public on what services the Ambulance Service provides and when these should be used. Additionally, further consideration should be given to work in schools with teachers and pupils alike, community centres (to target older people and BMEs) and other ‘grass-roots’ organisations.

Furthermore, because good communications impact on how informed and positive Londoners feel about many aspects of the LAS, with improved communications in future, this may continue to rise.

Working for the LAS

Although the majority of Londoners think that paramedics are highly skilled, the qualitative work reveals that many people are unclear about the level of training they receive. Despite this confusion, almost one in ten Londoners say they have considered a career with the London Ambulance Service. However, many are put off by a range of factors including perceived low levels of pay, lack of job security, and a lack of clarity about job types and training. The LAS could go some way to address this by **providing more information about the details of working for the LAS. This could be done via: school and college career centres, regional television and radio advertising, and articles in London newspapers** such as the Evening Standard. Furthermore, the qualitative research reveals that some people would like to see a greater proportion of women and people from black and minority ethnic backgrounds work for the LAS in order to more accurately reflect the diverse population of London. Therefore, the LAS may wish to aim some of its recruitment communications towards women and people from a range of ethnic groups.

Future of the LAS

Looking to the future, Londoners feel that congestion in the capital is likely to continue to deteriorate. Thus, they feel that ambulance response times may suffer. It will therefore become increasingly **important that the LAS continues to invest in rapid response and mobile units** to be used alongside ambulances, but which can cut through traffic.

Encouragingly for the LAS, most Londoners say they would feel confident for the London Ambulance Service to provide them with advice on minor illnesses over the phone. Similarly, most feel that treatment over the 'phone is a good way of managing patients without life-threatening or serious illnesses. However, discussion group respondents raise questions about the practicalities of this. Indeed, the more informed people feel about the LAS in general, the more confident they say they would feel about receiving advice over the 'phone. It will therefore be **important that the LAS communicates such practicalities of how to receive advice over the telephone** with all types of Londoners if this policy is to be successful. All in all, Londoners feel positive about the future of the LAS and the proposed changes to the Service.

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SECTION ONE: CURRENT PERCEPTIONS OF THE LONDON AMBULANCE SERVICE



4. Overall Views of London Services

In the discussion groups, participants were asked about their perceptions of the following services in the capital; the Metropolitan Police, NHS Foundation Trusts, London Fire Service and the London Ambulance Service. They were presented with the logos for each organisation and invited to discuss what associations they have with the images. This exercise gave participants the opportunity to place their perceptions of the London Ambulance in context with other emergency services and NHS trusts.

4.1 Associations with London Ambulance Service

Participants in the discussion groups are positive about the London Ambulance Service and the people that work for them. As the comments below highlight, people have a great deal of respect for the work of the London Ambulance Service. In particular, people cite the high levels of dedication they exhibit to respond to potentially dangerous emergency situations.

The London Ambulance Service is so important and they do so much wonderful work

West London, female, aged 18-24

I've got enormous respect for them

North London, male, parent

Kind and really nice people

North London, female, long-term condition

Dedicated to their work... Because the type of work they're doing and the type of things they go into and the hours they work ... They've got car accidents, train accidents and everything. They deal with people that have jumped in front of trains and everything

North London, female, long-term condition

In addition to this, Bangladeshi and Afro-Caribbean participants view the London Ambulance Service more favourably than they view the Metropolitan Police.

I think they do a good job even if they don't reach their target, far from it, but I think they're more dedicated than the police

London, male, Bangladeshi

However, not all spontaneous associations with the London Ambulance Service are positive. The discussions with the Bangladeshi women in particular raise some concerns relating to inconsistencies in their approach. On some occasions participants feel they have been treated poorly by ambulance crews, citing situations where their approach has been ‘mean’ and ‘angry’. However, it is stressed that this negative approach is not the norm, but rather an aspect of overall experiences.

...some of them are really mean but some of them are really nice

London, female, Bangladeshi

They are always late and once they're here they get angry with you

London, female, Bangladeshi

I'd rather take a cab instead of ambulance

London, female, Bangladeshi

Looking in more depth at the London Ambulance service logo, there is some confusion about what it symbolises to Londoners. The logo has connotations with military and royal signage but not any obvious links to ambulances or the NHS. The logo is seen as less effective than more explicit logos such as the London Fire Brigade (“*It does exactly what it says on the tin*”) and the Metropolitan Police, where the judicial image has an obvious link to the police service.



It's a sort of crown isn't it, or a shield?

North London, male, long-term condition

Looks like a military badge to me

North London, male, long-term condition

Participants feel that although the LAS logo is distinctive, it is quite complex. As such they feel that it would benefit from being larger and somewhat simplified.

Too small... too complicated

North London, parent, female

I like the helicopter in the middle, but that should be bigger

North London, parent, female

[I think it should be] bigger and not necessarily have the crown on it

North London, parent, female

However, it is worth noting that most participants believe that the details of the logo are of secondary importance. The aspect of primary importance for most is that the public can easily recognise it in an emergency situation.

Perceptions of the London Ambulance Service for the London Ambulance Service

*You don't really care whether they've got nice painted vans
or a nice radio or a nice mission statement, you just want
them to do their job professionally when you need them*

South London, White, Male

4.2 Associations with Other London Services

As mentioned previously, overall the London Ambulance Service compares favourably to the other services. The London Fire Brigade receives positive responses, similar to the London Ambulance Service. As with the London Ambulance Service, participants trust the London Fire Brigade staff and feel they are underappreciated and underpaid³. While their logo is viewed favourably, it is not as recognisable as the London Ambulance Service's. Some in the group think LFB is a new logo.



Clear logo

Does what it says on the tin
South London, male, white,
It spells danger, so it makes you immediately look clearly
North London, female, parent

Negative

Negative press, when they were sort of down striking over pay not so long ago about working hours... I don't have an entirely positive perception of the fire brigade really
North London, female, parent

Unappreciated

Underpaid and underappreciated
North London, male, long-term condition
I don't think they get the respect that they should do from the younger generation
North London, female, long-term condition

Trusted

They're basically doing a good job, it's not an easy job.
South London, male, African Caribbean
If there's a fire anywhere, you start to put your trust in them, feel they're going to do their job and do it well.
West London, female, long-term condition
I've never experienced anything bad about them
London, female, Bangladeshi

Views are mixed towards the NHS Foundation trust of Guys and St Thomas'. On the one hand, participants are appreciative of the job that Hospitals do and cite their staff as being a strong asset; on the other hand, they raise a number of concerns relating to the general 'baggage' associated with the NHS such as MRSA and cleanliness, in addition to bad personal experiences with it.

³ It is also worth noting that previous MORI research for the BMA suggests that the general public feels that nurses and, to a lesser extent, teachers and the police are underpaid (81%, 54% and 32% respectively), a quarter said this of doctors. Base: c.2,000 British adults aged 15+. 2003. Ambulance staff were not measured in that survey.

Guy's and St Thomas'

NHS Foundation Trust

Logo isn't clear

That [logo] doesn't say 'hospital' to me

North London, female, parent

It should have a big, red H, like a Hospital

North London, female, parent

Good staff

I think they're underpaid and overworked

North London, female, parent

Quite resilient people putting up with the hours.

They probably have lots of unpleasant work to do, picking up, going into the pubs late at night, and you've probably been in fights, drunks, and it can't be very, it can't be an easy job for them.

North London, female, parent

Negative

They don't gain the trust of people, to be honest.

London, male, Bangladeshi

Your germs in hospital, but you see a nurse on the bus in her uniform, and then go in the hospital and work, don't you?

West London, female, long-term condition

I've had bad experiences in hospital and I do not like the NHS at all. They're underpaid and they take it out on their patients

West London, female, aged 18-24

The Metropolitan Police force receives the most negative views from participants, especially from black Caribbean men and women in south London. While the Metropolitan Police logo evokes feelings of safety and reassurance, it also stimulates a degree of criticism especially with the tagline 'working together' which is not widely accepted by the groups.

In addition to this, some members of the groups feel that the police force has a heavy handed and less sensitive approach compared with other services. Some participants from the black Caribbean groups feel that elements of the Metropolitan Police are racist. However, it is noted that there has been a recent improvement in this area.



Working together for a safer London

Reassuring

There's something a bit reassuring about it

North London, female, parent

Yeah, we see a logo ... It makes you feel safer.

London, female, Bangladeshi

You just know who they are and you know what they're trying to do.

South London, male, African Caribbean

Lack of respect

I don't think there's any more respect for police.

West London, female, long-term condition

... Metropolitan Police I think are racist.

South London, female, African Caribbean

Negative

I don't like the word 'together' I think they should work for us

North London, female, parent

I think it looks quite old-fashioned with the lettering, and the colouring... the shield and lions... I think it's too traditional and old-fashioned... but I suppose it's something that you trust as well

North London, female, parent

Well, I think about the logo, the first question that I would have wanted to ask is "who are they working together with"?

South London, female, white

4.3 Associations with Uniforms

The associations that Londoners have with the paramedic uniform are predominantly positive. Firstly, there is a high level of recognition that the uniform belongs to a paramedic, with the spontaneous association that the uniform is reassuring and that seeing it means you will be safe.

Participants associate the colour green in the uniform as having a calming influence. Although some feel that the image (below) does not illustrate the fluorescent dramatic colours they traditionally associate with an Ambulance crew.



Paramedic Uniform

Comforting.

South London, female, African Caribbean

You feel safe, you feel secure, all of that.

South London, female, African Caribbean

Caring people

South London, male, African Caribbean

The paramedics that I notice are quite dramatic. This doesn't convey that, this photograph. I see them with the, is it the yellow and green uniforms, on fast moving motorbikes

South London, male, white

...I think it's very distinctive their uniform, you know that they're paramedics from this.

West London, female, long-term condition

Its supposed to be calming, the green

North London, female, long-term condition

Green looks more friendly.

London, female, Bangladeshi

The nurse's uniform receives more mixed views than that of the paramedic. While some associations with the job were positive, there was less direct understanding of what profession the uniform relates to – with some views suggesting that it bears a resemblance to a cleaner's outfit.



Nurse Uniform

I'm afraid to be sick so I try and get my health as much as 100% so I don't go into hospital ...

South London, male, African Caribbean

The staff are good staff. The people that do the job are amazing because, people, you could have blood everywhere and they're there on a daily basis

South London, male, African Caribbean

Might be a cleaner (nurse uniform)

North London, female, long-term condition

I wouldn't just say it was a nurse, it could be a dental nurse, it could be a cleaner, to be honest.

West London, female, long-term condition

Physio uniform

North London, female, long-term condition

A nurse or a cleaner or vice versa

North London, female, long-term condition

Similar to views regarding the paramedic uniform, both the police and fire brigade uniforms were clearly linked to the relevant profession. The dark colours of the police uniform help to create a feeling of authority and power.



Police Uniform

Authority

North London, female, long-term condition

I think they do make an effort not to be intimidating

North London, male, long-term condition

They do look uncomfortable, don't they?

North London, female, long-term condition

Fire Uniform

I suppose it's some kind of a warning [yellow on the uniforms] or makes the person very visible, easy to see, reminds me of the railway workers

North London, male, long-term condition



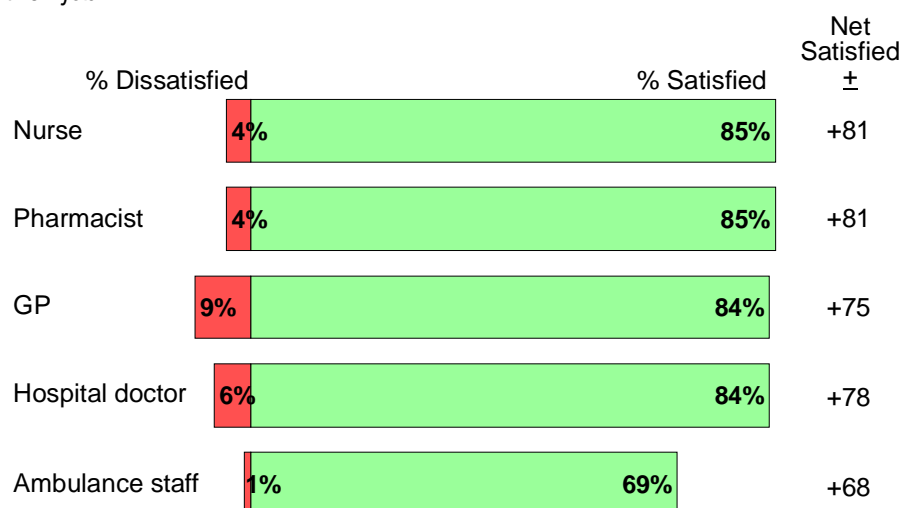
5. Satisfaction with Ambulance Staff

The chart below shows Londoners' satisfaction with the way different services do their job. As can be seen, there are not high levels of variance in satisfaction between most services. However, satisfaction with ambulance staff is significantly lower than for the other professions.

Although ambulance staff have the lowest net satisfaction score (those satisfied minus those dissatisfied), it does not necessarily mean that people are dissatisfied with the way they do their job. In fact, only one per cent of Londoners express dissatisfaction – the lowest among the services listed. The main difference in satisfaction with ambulance staff and other groups is the level of neutral opinion regarding the way they do their job. One in five (22%) feel they are unable to give an opinion about their satisfaction with ambulance staff, the highest among all professions. This may be due to fewer people having used these services.

Satisfaction by profession

Q How satisfied or dissatisfied are you with the way the following types of people do their job?



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006

Source: Ipsos MORI

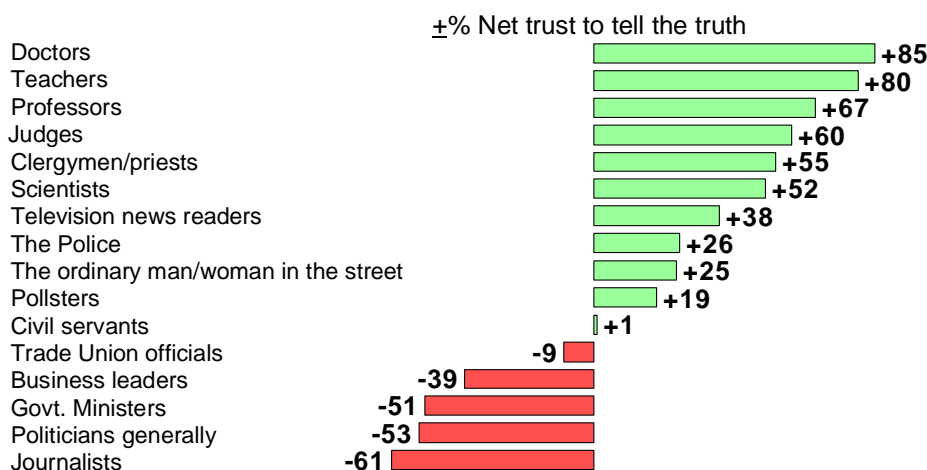
Opinion is relatively consistent across different demographic groups of Londoners; however, there are clear differences between those who are familiar with the Ambulance Service and those who are not. Londoners who have used the Ambulance Service before are more likely to be satisfied than those who have not, with a net satisfaction (those satisfied minus dissatisfied) of + 80 compared with +49 percentage points. In addition to this, those who feel *informed* about the London Ambulance Service, on balance, are more satisfied than those *not informed* with net satisfaction of +78 compared with +61. **This indicates there is a strong correlation between experience (either actual or through information) and satisfaction**, and is a positive finding for the London Ambulance Service.

Looking in more detail at the 22% of Londoners who have no opinion regarding satisfaction towards ambulance staff, again, information is key in stimulating an opinion. Those who *do not feel informed* about the London Ambulance Service are more likely than those who do feel *informed* to have no opinion (14% compared, with 27%). In addition, as might be expected, Londoners who have used the service before are more likely to give an opinion, than those who have not. Later on in the report we discuss the importance of being informed and how this influences opinion towards an organisation.

Previous MORI research also shows the vast majority of the public trust doctors, more so than for any of the other professions asked (net score of +85 percentage points).

And high levels of trust in doctors

Q Now I will read you a list of different types of people. For each would you tell me if you generally trust them to tell the truth, or not?

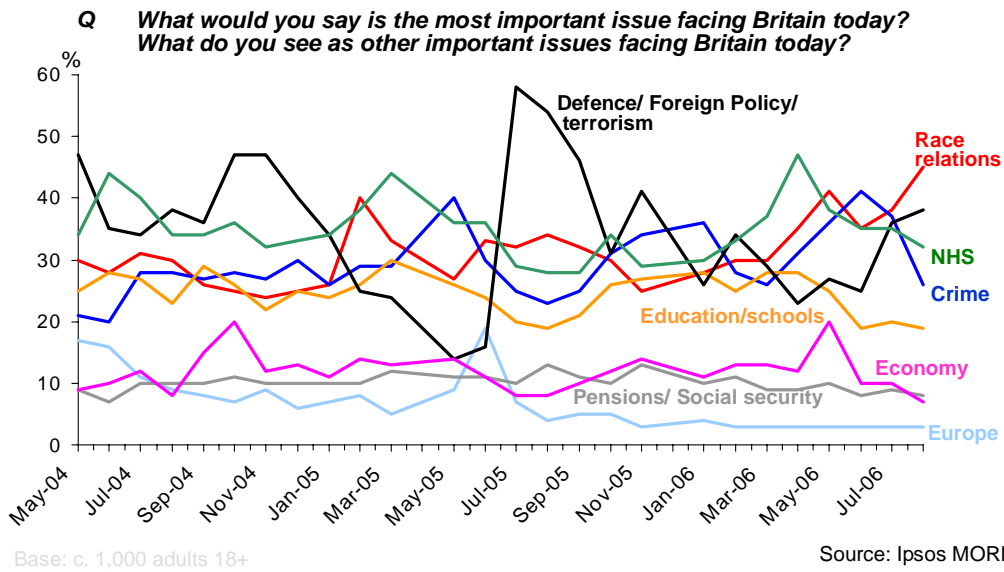


Base: 2,017 GB adults aged 15+; 17-21 February 2005, MORI/BMA

Source: Ipsos MORI

It is also worth noting that the NHS is not always top of people's minds when thinking about the key issues facing Britain. Ipsos MORI research shows that although it is consistently thought of as one of the most important issues, over the past few years defence, foreign policy, terrorism and race-relations have overtaken as the key issues.

Issues facing Britain (last 2 years)

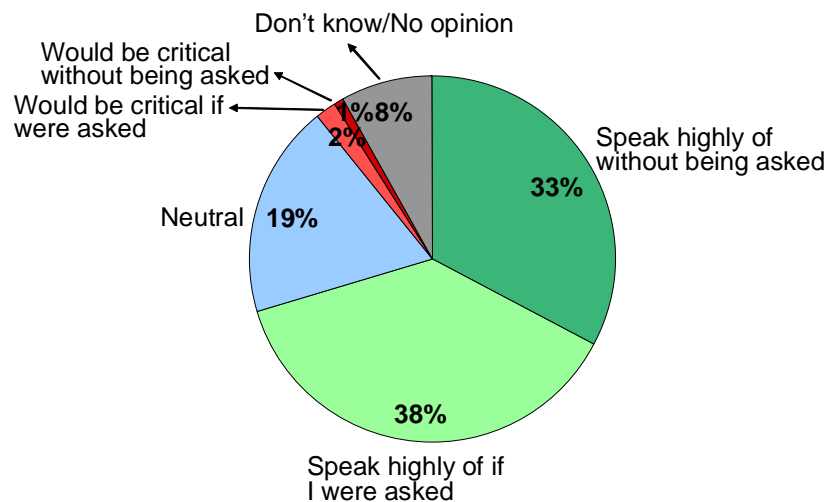


5.1 Advocacy of ambulance service

Advocacy levels for an organisation are an important measure of performance – particularly if people are willing to speak up for it, *without* being prompted. When asked about how they would speak about the Ambulance Service to other people, Londoners are likely to be positive; 71% would speak highly, compared to just 2% who would be critical. Particularly noteworthy is the fact that a third (33%) would speak highly of the Ambulance Service *without* having to be asked, which is a positive finding.

Advocacy

Q Which of the following phrases best describes the way you would speak of the Ambulance Service to other people?



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006

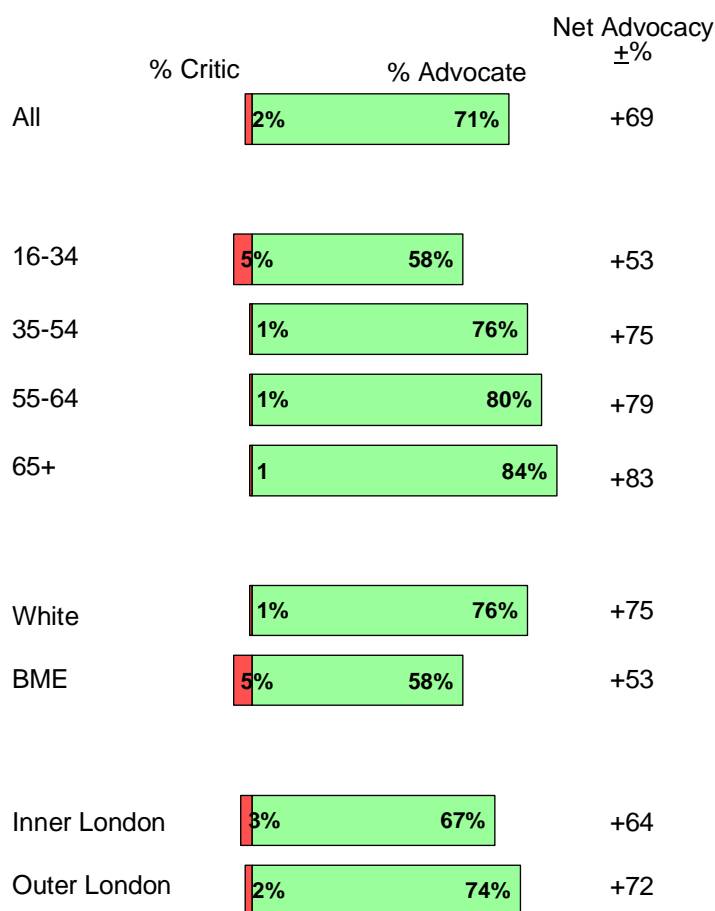
Source: Ipsos MORI

The chart overleaf shows the variation in opinion among different demographic groups of Londoners. Looking at age, the levels of advocacy show that the older the person, the more likely they are to be an advocate. The same is seen with ethnicity, where white residents are significantly more likely than BME residents to be an advocate (76%, compared with 58%). The chart also highlights how those living in outer London are greater advocates of the Ambulance Service than inner London residents.

As with satisfaction, this disparity in views is not necessarily because people are critics of the Service, they are more inclined to give a neutral view. The more informed people are, the more likely they are to be an advocate of the service, this again emphasises the importance of ensuring that all groups in the population are kept informed.

Advocacy – Sub-groups

Q Which of the following phrases best describes the way you would speak of the Ambulance Service to other people?



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006

Source: Ipsos MORI

SECTION TWO: THE ROLE OF THE LONDON AMBULANCE SERVICE



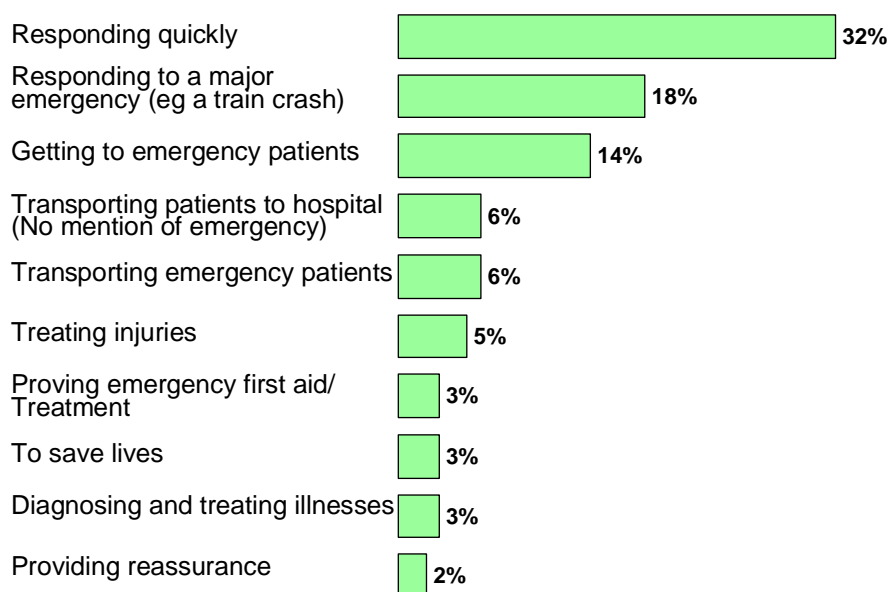
6. The Role of the Ambulance Service

This chapter looks at what roles Londoners think the Ambulance Service should perform, and which they prioritise to be the most important. This is structured by looking at the quantitative data to see the overall opinion of Londoners. The findings from the discussion groups are then used to delve deeper into the findings on particular roles.

As highlighted in the chart below, the Ambulance Service's most important role spontaneously mentioned by Londoners relates to speed of response. A third (32%) feel that responding quickly is the single most important role for the Ambulance Service to undertake, with related issues such as responding to major emergencies (18%) and getting to emergency patients (14%) also prioritised highly.

Most important role of the Ambulance Service

Q What do you think is the single most important role of the Ambulance Service?



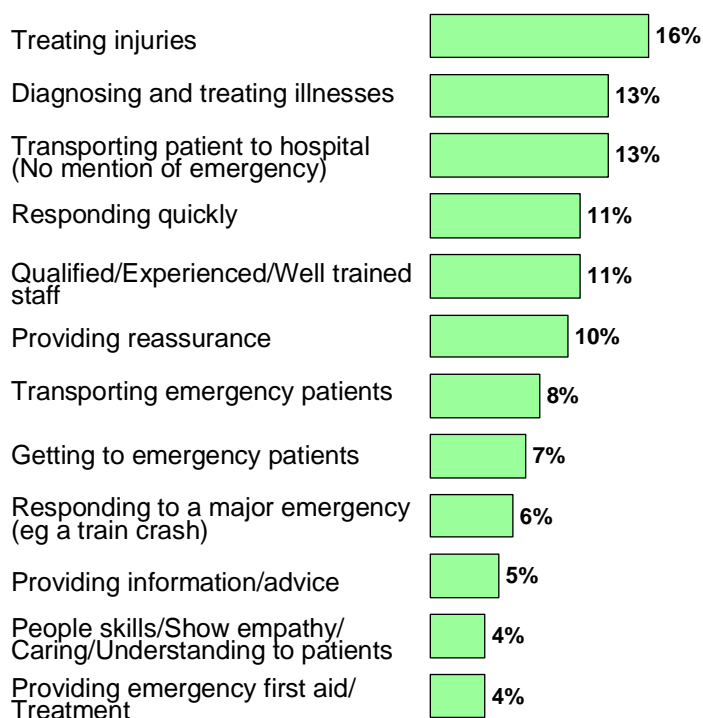
Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006 Source: Ipsos MORI

The chart overleaf shows the other roles Londoners feel are important for the Ambulance Service to undertake. There is a shift from the more reactive emergency related roles, such as speed of response, towards the more clinical roles of treatment and reassurance.

Treating injuries (16%) and diagnosing and treating illnesses (13%) are placed highly as other important roles for the Ambulance Service. This indicates that once the most important role of responding has been accomplished, treatment is the next priority. Interestingly, roles relating to care and reassurance are apparent when looking at *other* roles of the ambulance service rather than the *most* important, with providing reassurance (10%) and people skills (4%) both being mentioned.

Other roles

Q What other roles, if any, do you think are important for the Ambulance Service to have?



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006 Source: Ipsos MORI

When comparing the proportions of people unable to give a view regarding the primary and secondary roles of the ambulance service, the data suggest there is a lower level of knowledge regarding the range of roles. When asked what the *single most* important role is, just 3% feel they don't know. However, when asked for *other* roles this increases to 17%.

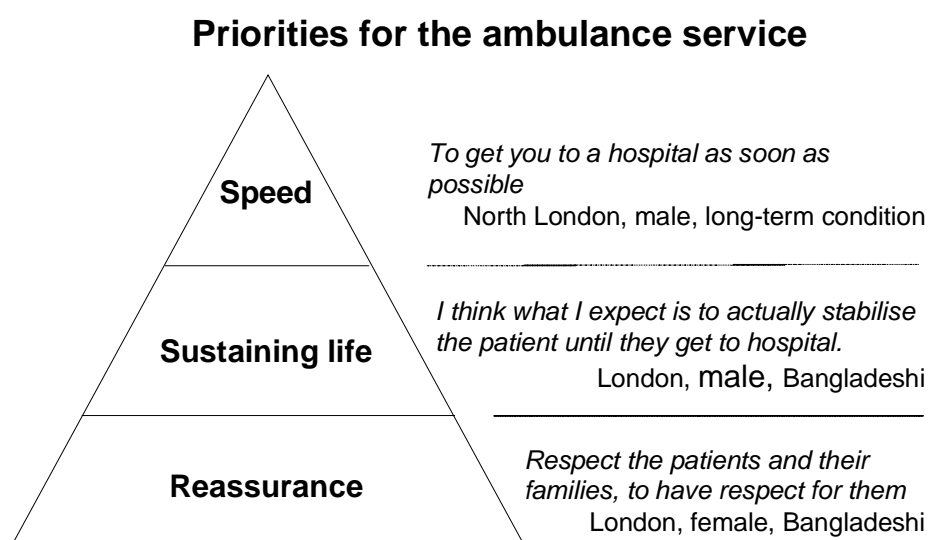
Looking in greater depth at what roles Londoners feel are most important for the Ambulance Service to undertake, the discussion groups highlights a wide range of functions. This confirms what is seen in the quantitative study. The main priority is felt to be speed of response. However, reassuring patients also emerges as a key role. The findings from the discussion groups also highlight a number of uncertainties regarding exactly what the overall role of the Ambulance Service is.

Well, they do transporting, don't they? From one hospital to another, that kind of thing, but I think most of the stuff that I believe that they exist for is emergencies like accidents and giving birth, or something like that

South London, male, white

6.1 The roles of the ambulance service

The diagram below illustrates the hierarchy of roles that the Ambulance Service should undertake, (as raised in the discussion group). The triangle demonstrates that the most important role is speed of response, with the next most important function being, sustaining life, followed by the need for the service to be reassuring. Although not every participant in the discussion groups prioritised in this order, this was the general established hierarchy.



Source: Ipsos MORI

As mentioned previously (and seen in the quantitative findings), **speed of response is viewed as the most important role for the Ambulance Service.** This is linked to the view held by some discussion group participants that the ambulance service is being there to *give the doctor a fighting chance*, as highlighted in the second verbatim comment.

You've got to get there quick and everyone wants you there, needs you there, and it's, it must be very stressful

South London, male, white,

The ambulance service is there to give the doctor a fighting chance really at the end of the day. That's how I see it

South London, male, African Caribbean

Associated with speed of response is the fact that participants feel that **stabilising/sustaining life is a key role of the Ambulance Service**. This ties into the view discussed later in this report where Londoners feel that would only call an ambulance in an emergency situation. Therefore, as might be expected, speed and stabilisation are the key priorities for Londoners.

Stabilise you and then get you to into a hospital

South London, male, white

Keeping you alive until they get you to hospital

North London, male, long-term condition

Responding to major incidents/emergencies is an important role for the ambulance service by participants.

Major incidents they're supposed to attend as well. Well, they've got to attend

South London, male, white

Reassuring patients and showing effective interpersonal skills also come out as important functions for the Service to undertake. Nevertheless, these caring attributes play second fiddle to the more 'life and death' emergency roles such as speed of response and sustaining life. Again, explored in more depth later on in this report, participants cite panic as a reason for calling an ambulance. It is therefore important for the Ambulance Service to be able to reassure people and provide a calm atmosphere in various situations.

I had a blackout a couple of years ago in the street for no apparent reason and when I came to and ... come off and they were there and they really, I felt safe, I really felt safe because they kept talking... I felt very safe with them

North London, male, long-term condition

You know like when anything happens like a heart attack or something it's life-threatening and people are going to panic, so these two incidents is causing more damage. So when these people are coming they said all right, we are here, don't worry, everything's all right, under control

London, male, Bangladeshi

Discussion group participants also mention **one of the main roles of the Ambulance Service is to transport patients between hospitals** or other healthcare premises. In general, this service is seen as being predominantly for elderly people.

It's a really good service for elderly people who don't have any other options with getting to the hospital

North London, female, parent

I thought there was always an important part of the Ambulance Service, you know, about care in the community, not as actually emergency ambulances. I thought that was another part of the NHS, they get their own little vans that come and help the elderly or come and visit or whatever

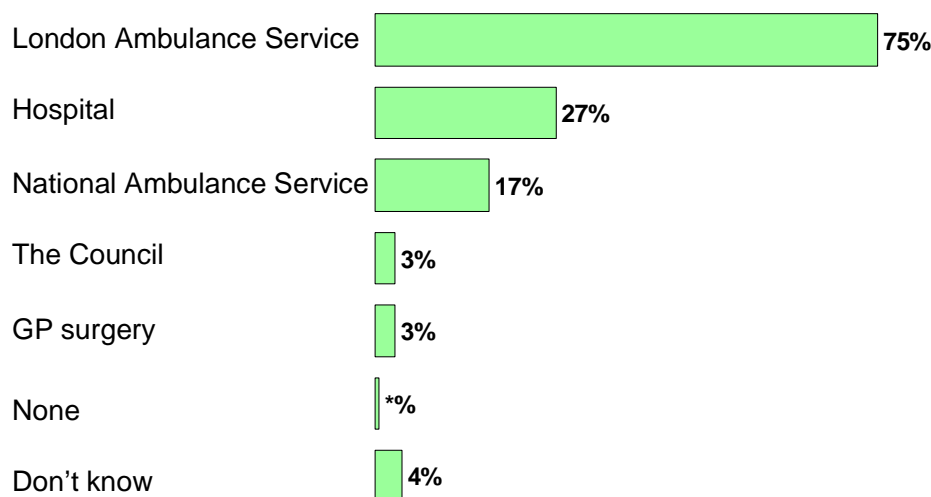
West London, male, aged 18-24

7. Who does the LAS belong to?

Three-quarters (75%) of Londoners think that local ambulance crew works for the London Ambulance Service. This indicates relatively high levels of overall awareness of the London Ambulance Service - a finding echoed in the discussion groups. However, although the majority of Londoners correctly identify ambulance crews with the London Ambulance Service, there is also a level of misunderstanding of their associations with other organisations. One in four (27%) feel their ambulance crew belongs to a hospital, with one in six (17%) believing it belongs to a *National* Ambulance Service.

Who does LAS work for?

Q Which, if any, of the following organisations that I am about to read out do you think your local ambulance crew works for?



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006

Source: Ipsos MORI

The quantitative findings highlight a number of differences in the views of different sub-groups. White Londoners are more likely to believe their ambulance crew works for the London Ambulance Service than BME Londoners (80% compared with 63% respectively). BMEs are significantly more likely to believe the crew works for a hospital than white residents (37%, compared with 23%).

Opinion also varies by social grade; the results show that those from the higher and middle social groupings (AB and C1C2) are more likely to identify an ambulance with the London Ambulance Service than DEs (81% and 77%, compared with 65% respectively). Respondents from DE backgrounds are also significantly more likely to believe that an ambulance works for a hospital compared to other social groupings.

Two in five (40%) Londoners aged 16-34 believe that ambulances work for a hospital, which is significantly higher than other age groups. Those aged 35-64 are also likely to believe that ambulances are part of the London Ambulance Service, (83%).

7.1 Uncertainty about who the London Ambulance Service work for

The discussion groups explore participants' perceptions about which organisation their local ambulance works for and belongs to. Exploring this in greater depth highlights a number of uncertainties in the minds of participants. Although most believe ambulances in London work for the London Ambulance Service, there is still a high level of variance. The verbatim comments below highlight that the identity of an ambulance is not a top-of-mind thought and that people rely on the infrastructure to be in place to enable the service to run smoothly.

I suspect that a large proportion of the population don't really know how these things are organised and the Service run. We know that they're there and we take it for granted

South London, male, white

The verbatim comments below illustrate the variety of views that arose in the discussion groups - varying from the suggestion that ambulances are a quango to the suggestion that they are funded by local government.

Are they both voluntary services? The people who actually serve in the service are they not, obviously they get paid, but isn't the service, what's the word I want? Is it quango is it? No, that's the wrong word, non-government organisation, is it?

South London, male, white

They're funded through the local government though aren't they? The Fire Brigade's funded through Local Government

South London, male, white

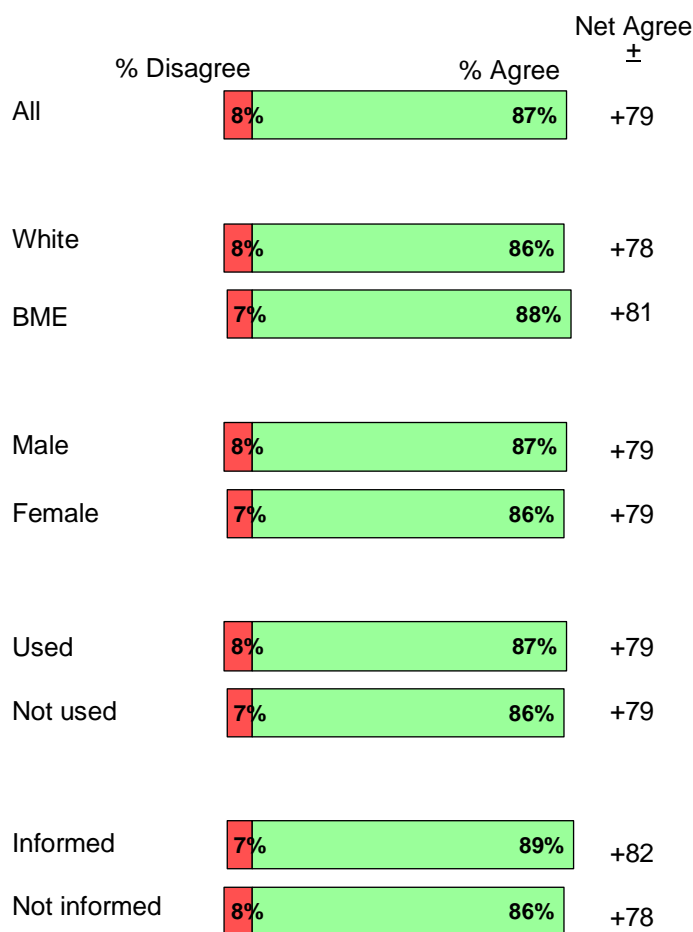
7.1.1 Majority feel the Ambulance Service belongs to the NHS

As highlighted in the chart below, the majority of Londoners (87%) believe that the Ambulance Service is part of the NHS. This view is generally consistent across sub-groups.

Ambulance Service is part of the NHS

Q I am now going to read out a list of statements, for each one could you please tell me how strongly you agree or disagree that . . . ?

The Ambulance Service is part of the NHS



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006 Source: Ipsos MORI

Overall, the qualitative findings substantiate the quantitative finding that people believe the Ambulance Service is part of the NHS.

The NHS ambulance service would belong to the NHS

South London, male, African Caribbean

They wear a badge that says NHS so I presume it is part of the NHS

North London, female, long-term condition

However, as seen in the quantitative study, there is not unanimous agreement that ambulances are part of the NHS. There are a number of people who disagree with this view and suggest that they might be outsourced by the NHS or a separate body.

I think they're a group of its own but they help the NHS

London, female, Bangladeshi

Are they outsourced by the NHS?

South London, female, white

I used to think it was part of the NHS, now I'm inclined to think that it's separate

North London, male, long-term condition

The comment below illustrates that some participants feel the Ambulance Service is an emergency service separate from the NHS. It is associated with the fire and police services rather than hospitals and other NHS-related organisations.

I don't think of it as NHS, I think of it as an emergency service I think

North London, female, long-term condition

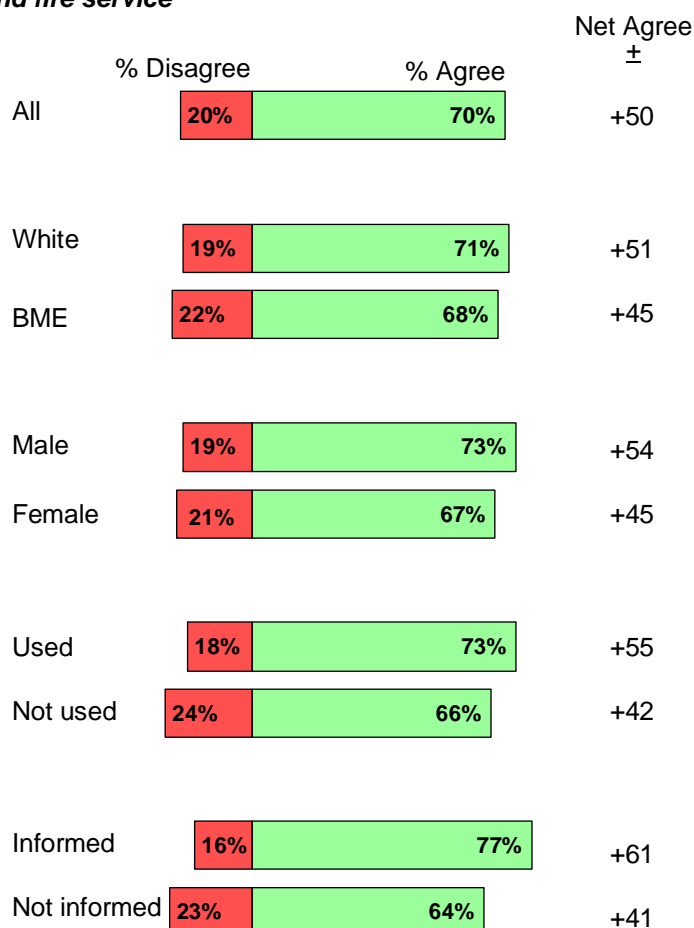
7.1.2 The ambulance service is a standalone emergency service

On balance, Londoners feel the Ambulance Service is a standalone emergency service like the police and fire services, with net agreement on this at +50 percentage points. This does not, however, mean that people do not also regard it as part of the NHS as these were not seen as being mutually exclusive options. It does indicate however, that while the Ambulance Service *belongs* to the NHS, its *role* is seen as an emergency service. This reinforces findings seen later in this report that, in general, people will only call an ambulance in an ‘emergency’ situation. Therefore it is maybe not surprising that the majority see them as a standalone emergency service.

Emergency service

Q I am now going to read out a list of statements, for each one could you please tell me how strongly you agree or disagree that . . . ?

The Ambulance Service is a standalone emergency service such as the police and fire service



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006

Source: Ipsos MORI

As the chart above highlights, there are high levels of variance between different sub-groups of Londoners relating to whether they feel the Ambulance Service is a standalone emergency service.

Men and white Londoners are more likely to believe the Ambulance Service is an emergency service than women or residents from a BME background. Those who have used the Service before are more likely to believe it is a standalone emergency service than non-users (+55 compared with +42 net).

The findings also show that those who feel *informed* about the London Ambulance Service and what it does are more likely to believe it is a standalone emergency service than those who are *not informed* (+61 compared with +41 respectively).

The findings from the discussion groups also reinforce the fact that, in general, most people see the Ambulance Service as an emergency service.

It's an organisation so therefore they would have more than just the one thing going on but their main role would be an emergency service. But they'd have organisations that deal with charity events, organisations that will help in educating people, people that will help recruit people to come and work for the ambulance service

South London, male, African Caribbean

It's just a part of the emergency service, isn't it?

South London, female, African Caribbean

I think they're more like the Fire Brigade

South London, female, white

7.1.3 Confusion between emergency service and transportation service

The discussions in the qualitative research reveal misunderstanding among all groups regarding **whether there is a different type of ambulance service for the different roles an ambulance performs.**

Some participants perceive two different types of ambulance service, one that is an emergency service that is part of the NHS/emergency services, and another separate transportation service, (that some suggest belongs to the council). This is an area of some debate and confusion and one where clarification would potentially be beneficial.

Is the emergency service and the ambulance that ferries people from the hospitals home, are they all part of the same network or are they separate?

South London, male, white

Most of the time you see them moving disabled people around. They're the ones with the lift, so you can get wheelchair access, the back opens up and anyone can get in, it don't matter how severely disabled. They, most of them, I think they do, I think I've seen both, I've seen some with 'NHS' on but then I have seen, I'm sure I've seen some with council names on, like 'Lambeth', I've seen that a number of times

South London, male, white

It's not about, "wah-wah ambulance" going to drive an old lady to drop her off for her dinner. That's not the job of an ambulance, that's to do with the council who takes people, like disabled people. NHS just drive you from the hospital and it's down to the council to take over that slow ambulance

South London, female, African Caribbean

The ones that bring you to hospital, that's a part of the emergency service but there's ambulances like if you've broken your leg or you need, once you've been discharged from the hospital

South London, female, African Caribbean

8. Reasons for calling an Ambulance

8.1 Reactions to scenarios

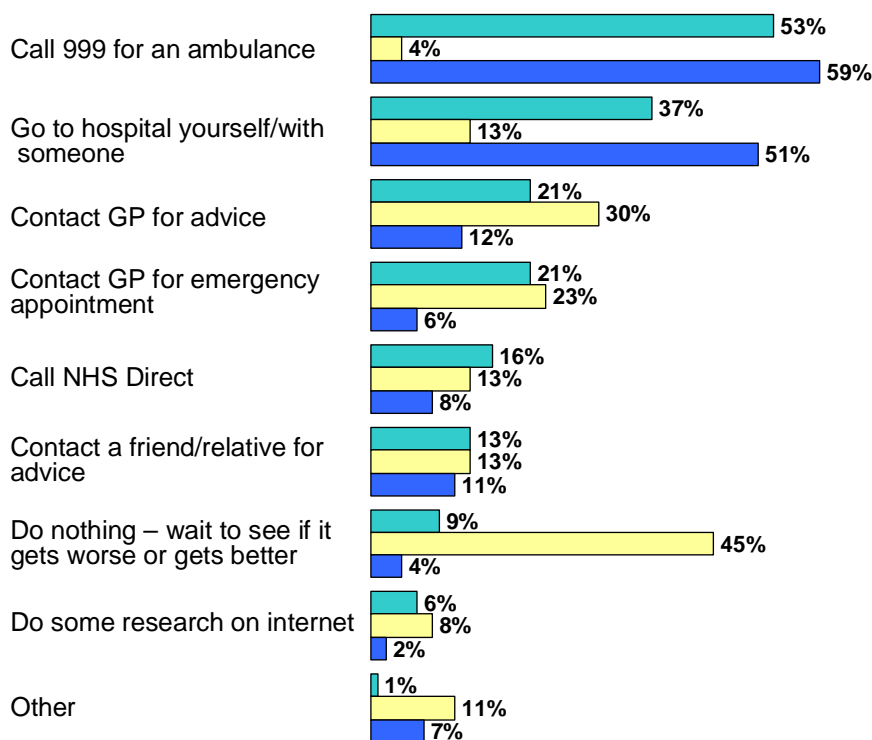
The following chart highlights the responses given by Londoners to three different scenarios. Respondents were asked what they would do if they: experienced chest pain and a strange sensation down their left arm; felt unwell with aching joints and lethargy; or were with a pregnant woman who started to have contractions.

As highlighted in the chart below, Londoners are most likely to call an ambulance if they are with a woman who starts to have contractions, with three in five (59%) citing this. Over half (53%) would call an ambulance if they had chest pain and a strange sensation down their left arm. Four per cent of Londoners would dial 999 with flu symptoms. The most common action for this scenario is to do nothing and wait to see if it gets better or worse (45%).

Reactions to scenarios

Q Which, if any, of the following describes what you think you personally would do if . . .

- You experienced chest pain with a strange sensation down your left arm
- You felt unwell with flu like symptoms including aching joints and lethargy
- You are with a woman who is due to give birth and who starts to have contractions



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006 Source: Ipsos MORI

There are some key differences among different sub-groups of Londoners in responses to **being with a pregnant woman who starts to have contractions**.

Older Londoners aged 55+ are more likely to call an ambulance (69%, compared with 59% on average for 16-55's);
16-34 year olds are more likely than average to suggest they would contact a friend/relative for advice (19%, compared with 11% for those aged 35+);
People not in employment are more inclined to call an ambulance than those employed (69%, compared with 52%). However, 57% of those employed would go to hospital themselves, compared with 42% of those not employed. (This group of findings could be correlated with age);
Car owners would be less likely to call an ambulance than those without a car (54%, compared with 69%). (This might be linked to other factors apart from just car ownership- such as urbanity or social class) ; and
66% of BME residents would call an ambulance, compared with 56% of white residents.

Views among various sub-groups to the scenario of **experiencing chest pain with a strange sensation down their left arm** are highlighted below:

As with the giving birth scenario, Londoners aged 55+ are more likely to call an ambulance than aged 54 and under (61%, compared with 49%);
Those aged 16-54 are more likely to call NHS direct than 55+ (19%, compared with 7%);
Outer London residents are more disposed to call an ambulance than residents of inner London (56%, compared with 48%); and
Those who feel informed about the London Ambulance Service are more likely to call an ambulance than those not informed (61%, compared with 48%).

Previous MORI research has also shown that the majority of people would call for an ambulance if they experienced chest pain (69%) and a further 29% would go to A&E without calling an ambulance.⁴ The fall of 16 points from 69% to 53% is likely to be due to the context in which the questions were asked – our previous research asked a series of cardiac-related questions before asking what they would do if they experienced chest pain but this survey did not, therefore the results are not directly comparable.

As might be expected, Londoners are most likely to wait and see if they feel better or worse if they **feel unwell with flu symptoms including aching joints and lethargy**. The differences in the views of sub groups are highlighted below:

BME residents are more likely than white residents to call an ambulance in this situation (eight per cent compared with two per cent). They are also more prone to call NHS direct (18% to 11%). Consequently, white residents are more likely to do nothing in this situation than BME residents (52%, compared with 27%);

⁴ MORI / the London Ambulance Service. 1,011 face-to-face interviews. March 2003

In this situation, Londoners aged 65+ are most likely to either contact their GP for advice or arrange an emergency appointment with them; Those aged 16-54 are more likely than people aged 55+ to call NHS direct (15% compared with 5%); and As with experiencing chest pain, residents aged 16-34 are more likely to contact a friend/relative for advice than other age groups (21%, compared with 13% average).

8.2 Why would people call an ambulance?

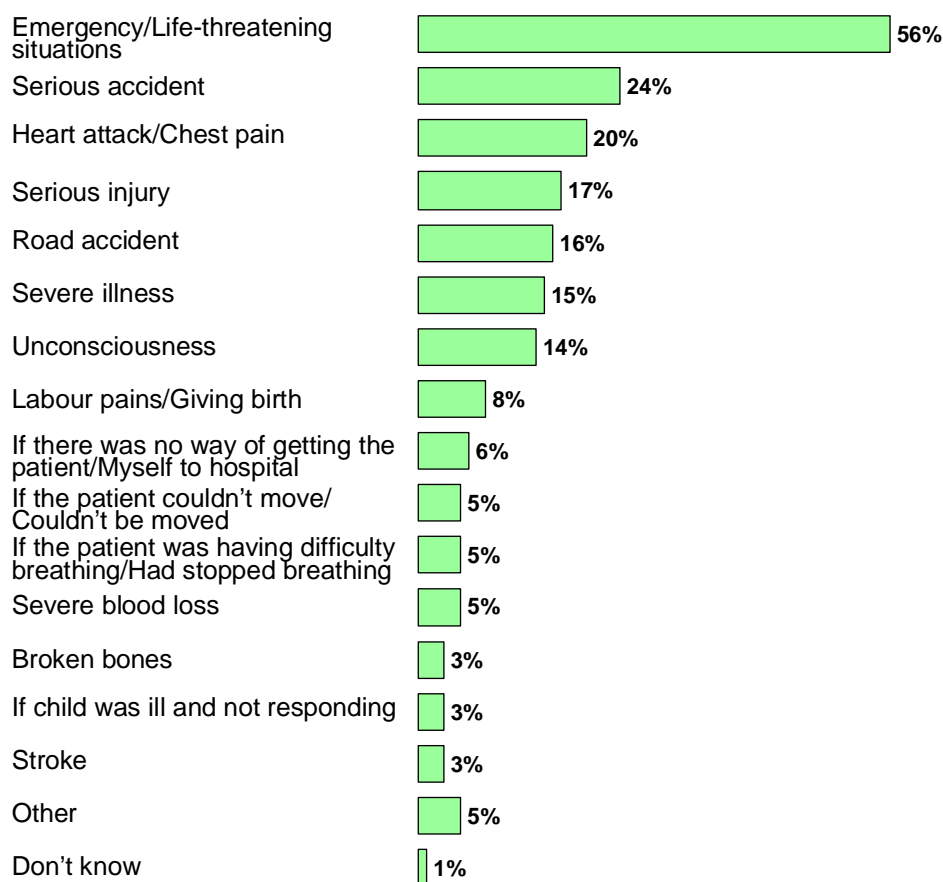
The chart below looks in more detail at the reasons why people would call an ambulance. The question was asked of Londoners who have never dialled an ambulance before (41%). The situation that would make most Londoners who have never used the Ambulance Service before contact them would be an emergency/life threatening situation, cited by 56%.

Other emergency situations in which people would call for an ambulance are if a serious accident has occurred, mentioned by a quarter (24%); and the experience of a heart attack/chest pain - cited by one in five (20%).

Almost all reasons for calling an ambulance relate to emergency situations, with around one in six mentioning a serious injury, road accident, severe illness or unconsciousness (17%, 16%, 15% and 14% respectively).

Why would you call an Ambulance?

Q In what type of situation, if any, would you call for an Ambulance?



Base: All who have never used service (417)

Source: Ipsos MORI

The qualitative research explores the underlying reasons why people would call for an ambulance. In many cases **the decision to call or not is described as instinctive**. It is not a case of weighing up the merits and drawbacks of calling, the situation dictates it. This thought process is well illustrated in the verbatim comment below:

It's what goes on seemingly automatically in your head, you know what you might get an ambulance for and you know what you don't want an ambulance for. You know it, I think

South London, male, white

8.2.1 If the situation was a 'real emergency'

In support of the quantitative findings, one of the main reasons for calling an ambulance mentioned in the discussion groups is when participants feel the situation is an 'emergency'. This ties in to the instinctive feeling that participants

mention – you would just *know* whether to call an ambulance, there would not be a rational process to run through. This relates to the fact that when a situation is an emergency it calls for urgent actions and an ambulance would be top-of-mind.

I wouldn't call the ambulance except if it was a real emergency. Even if I was panicking, I would probably sit there and panic but not call 999 because I know that it's emergency, it's about life and death, for me

South London, female, white

8.2.2 If I was panicking or too scared to cope

Another common reason why people would call an ambulance that was raised in the discussion groups is if an individual is panicking and/or too scared to be able to deal with the situation themselves. However, some of the people with long-term conditions say that now they recognise their condition and know how to cope with it they would be less likely to call an ambulance.

If I was too scared to do anything helpful, that's when I would call for an ambulance

North London, female, parent

Well, when you see the situation then you start panicking, 'What do I do now? ... What is happening? What is going to happen now?'

London, female, Bangladeshi

When you don't know what to do, like when you don't feel like you can help yourself

West London, female, aged 18-24

I used to get panic attacks and the temptation is when you don't understand what's happening, I would've called an ambulance out. I wouldn't do that now' cos I know what's happening. I know how to deal with it

North London, male, long-term condition

8.2.3 If you are immobilised / injury is severe

Mobility of the patient is also a key consideration that influences whether an ambulance is called. As might be expected, participants mention that they are likely to call an ambulance if they or the patient are unable to move (the implication being that one would not be able to get medical attention by any other means).

*Or you've been immobilised so you can't get there yourself,
you can't get to medical attention yourself*

South London, white, male

When the patient can't move

London, female, Bangladeshi

*If I felt that I was in a situation where I actually couldn't
do something physically, myself, to get there*

West London, female, aged 18-24

In addition, other factors relating to the severity of the patient's situation are raised when discussing the reasons for calling an ambulance. Heavy bleeding is cited as a reason for calling or using an ambulance because it is deemed as inappropriate to travel by other forms of transport in this situation.

*If the person is bleeding ... bleeding then it's not fair to go
by bus*

London, female, Bangladeshi

8.2.4 If you have young children/are calling on behalf of someone else

In the discussion groups with parents in general, participants feel they are likely to call an ambulance if their child is ill. As illustrated in the comment below, this ties into the notion of 'panic' being a strong determinant for calling an ambulance. It is mentioned that with young children, parents are more likely to panic than with older children.

*When my children were young I'd be the first to do that, in
a panic. I do not deal with blood and there'd be loads of
blood and in a panic I would ring an ambulance and then
half the time I wouldn't even need them*

South London, white, female

*If I was, if it was one of my family, and I was on my own,
and I was worried, I would probably call an ambulance*

North London, parent, female

However, it is not just parents calling on behalf of their child that influences whether to call for an ambulance or not. Some participants feel **they are more**

likely to call an ambulance for someone else rather than themselves, the reason being that they feel better able to judge their *own* medical problems.

I think it depends on your living circumstances as well. I think you're more likely to call an ambulance for someone else than you are for yourself

South London, male, white

Where other people are involved, participants feel the need to defer the responsibility and get the help of an expert. This is partly due to a lack of specialist knowledge.

If you don't know how to ... handle that situation then you'd probably try and get expertise

London, male, Bangladeshi

If it was somebody else, like it wasn't me, I didn't know the person and if they were having whatever going wrong with them, and I didn't want to go too close or I didn't know what to do, and I called them, because no-one else to turn to

West London, female, aged 18-24

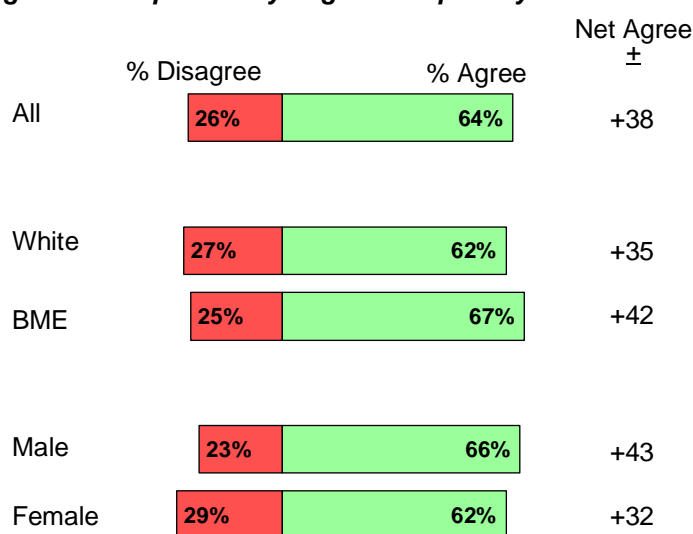
8.2.5 Because you get treated quicker in hospital

On balance, Londoners feel you will get treated quicker if you go to hospital by ambulance, with net agreement on this issue standing at +38 percentage points. This issue was explored in greater depth in the discussion groups and it will be shown that in some cases this is seen as a motivating factor to call an ambulance.

Hospital treatment by Ambulance

Q *I am now going to read out a list of statements, for each one could you please tell me how strongly you agree or disagree that ...?*

You will get treated quicker if you go to hospital by ambulance



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006 Source: Ipsos MORI

Looking at the quantitative data in more depth, gender appears to influence views, with men more likely than women to feel that hospital treatment is quicker when brought in by ambulance (+43 net, compared with +32). Ethnicity is another factor that shows difference in opinion, with BME residents more likely than white residents to feel that going to hospital by ambulance will result in quicker treatment.

This was a contentious issue in some discussion groups, with a number of conflicting views arising. The fact that one in four (26%) disagrees with the statement reflects the variety of opinions put forward in the discussion groups.

Opinion in the groups is split. However, the Afro-Caribbean group in particular is more likely to feel you would get treated quicker by ambulance. The verbatim comments below show some of the reasons cited to explain why treatment would occur more quickly, such as preparation by the hospital and less queuing.

If you're in the ambulance ... you're seen quicker than if, someone says I'll take you in

West London, female, long-term condition

You get seen straight away. They, in the hospital, they obviously would contact the hospital to say 'The lady's coming in giving birth', getting people prepared for her, rather than if you bring her in as an emergency. They've got to get the details of, if she's now known in hospital, got to get details of the person, what's gone wrong with her pregnancy or, you know, they've got to find out all personal information. It's quicker

West London, male, aged 18-24

You don't have to queue

North London, female, parent

Logistical reasons are also touched on to explain why going to hospital by ambulance is advantageous, such as an ambulance crew's knowledge of the hospital location and parking difficulties at hospitals.

You know where you're going as well

North London, female, parent

The problem is parking

North London, female, parent

8.3 Why would people not call for an ambulance?

The findings in the qualitative research highlight a number of different reasons why participants would not call for an ambulance. Overall, the dominant view is that, if the situation is not an emergency and you are physically able to get to a hospital through your own form of transport, then you should not call an ambulance.

But I don't think it's right; you should use them for unimportant emergencies, like literally like life or death

West London, male, aged 18-24

It's also about whether or not you feel that you can get to the hospital. If you can get to the hospital under your own steam then you'd do it. And you make an assessment about whether or not it's a hospital that you need or a doctor. You might need to go and see your GP rather than go to hospital

South London, female, white

In these non-emergency situations participants feel they would be likely to seek other forms of advice, such as GP, friends and family or NHS Direct. However, it should be noted that an 'emergency' situation was described as being a subjective judgement. There was a lot of debate in some groups about which situations would be an emergency and this is evidently a controversial issue. An example of the wide range of responses of Londoners to different scenarios can be seen in the previous section, which highlights how people can react very differently to the same situation.

I'd call the NHS (direct); I've called that line as well. Or call anything but them if I wasn't sure if it was an emergency

South London, female, white

I'd probably call the NHS Direct

London, female, Bangladeshi

8.3.1 A lot of incorrect calling / wasting their time

Group participants hold the view that a lot of people waste the Ambulance Service's time by calling in non-emergency situations. The opportunity cost of the time spent of dealing with these calls is viewed as high, because a 'real emergency' situation may not be tended to in time.

I think a lot of people call them for silly reasons to waste their time. Someone else could be using that ambulance that really needed it

South London, Female, white

You don't want to waste people's time. Because you see that on the television regularly, about people wasting time and the ambulance could have gone to X emergency, and therefore you don't want to be the cause of somebody else being severely ill

North London, female, parent

A lot of people 'phone up because they have cut themselves shaving or they've, there's something but whether they just don't understand the service and therefore the service should put itself forward a bit more that they are an emergency service

North London, female, long-term condition

In response to the perceived high levels of calls wasting the Ambulance Service's time, some participants suggest fining people for non-emergency calls.

I think people would think twice if they knew they'd get charged if it wasn't really an emergency

West London, female, long-term condition

9. Where are calls handled?

In general, people are unsure about where their calls are handled when they dial 999 and ask for an ambulance. As might be expected, there is recognition of a general call centre that handles 999 calls. However, when these are siphoned off to other call handlers, the exact location is unclear.

When you phone 999 and ask for the police it goes through to Scotland Yard, but I don't know the ambulance, where that would go

South London, female, white

The most commonly held view is that the call is dealt with locally – with 'locally' ranging from a London-wide centre to local authority level. However, as the diagram below illustrates, there are a wide range of views about where calls are handled, with some people feeling they are managed at a national level or even outsourced abroad.

Where is your call handled?

Locally



I'd assume it's central to London, if it's the London Ambulance Service we're talking about

North London, female, parent

To a local call centre.

London, male, Bangladeshi

Nationally



I think it's actually somewhere really far, I don't think it's local.

South London, female, white

I think if you dial 999 depending on which area you are in they direct you automatically to a particular certain centre...

London, male, Bangladeshi

I ring the ambulance one time and I said I need an ambulance in Vauxhall, come on, you can ask, where in England is Vauxhall.

South London, male, African Caribbean

Internationally



Scotland...

London, female, Bangladeshi

In Bombay!

South London, female, African Caribbean

Source: Ipsos MORI

10. Waiting Times

In the quantitative study, Londoners were given three different scenarios and asked, without prompting, how long they would expect to wait for an ambulance in each one. Responses were recorded in bands. Most people gave an answer and the average times are shown:

If involved in a serious car accident: **7.67 minutes**, (with as many as 38% saying 0 to 5 minutes).

If someone elderly had fallen over and couldn't get up: **11.58 minutes**

If someone had broken a leg: **15.9 minutes** (with around 8% giving responses from over half an hour to over an hour).

This indicates that people perceive that the Ambulance Service prioritises its responses depending on the severity of the situation. This is reinforced by the findings of the discussion groups where, in many cases, participants feel that speed of response is highly dependent on the type of situation.

It {waiting time} depends on the situation

London, female, Bangladeshi

An issue that arises in the groups relating to prioritisation of calls is that it **can act as an incentive for people to overplay the severity of their situation** in order to get a quicker response from the Ambulance Service. While overplaying your situation is a potentially embarrassing issue to discuss in front of other people, this is touched upon in some groups, in particular the Afro-Caribbean one.

That's society that's created that situation. It's being forced and people are smarter than they think we are sometimes and they try and change the system and we see that. So the first time we call an ambulance and realise they don't come unless you say something silly and someone tells you, the next time you call an ambulance you go, 'You know what?,, he's not breathing'...

South London, male, African Caribbean

Over the next two pages are charts detailing the average expected waiting times, by key sub-groups, for each of the three different scenarios presented to Londoners in the quantitative study.

Overall, a common finding across scenarios is that people who live in outer London expect an ambulance to arrive quicker than inner London residents. This finding is perhaps unsurprising considering that participants in discussion groups say traffic has a strong influence on waiting times.

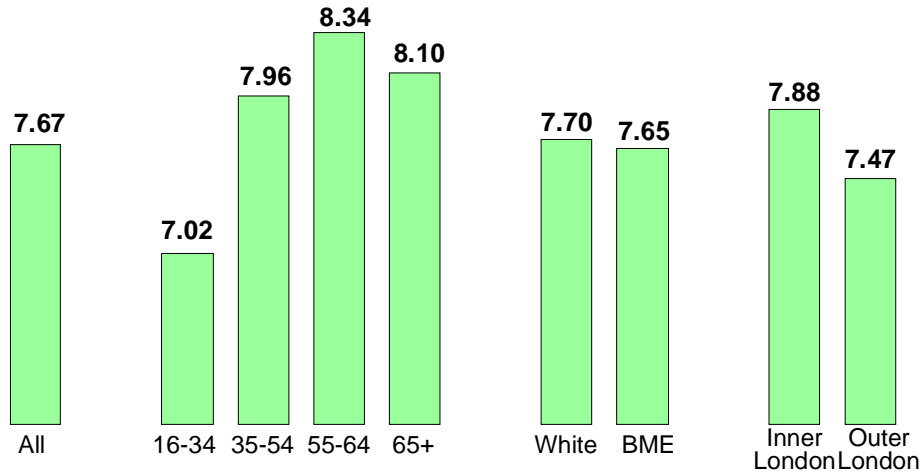
It depends on traffic

West London, female, aged 18-24

In addition to this, across all scenarios, BME residents estimate lower waiting times than white residents.

Waiting time – serious car accident

Q How long would you expect someone to have to wait for an ambulance in your area if they had been involved in a serious car accident?

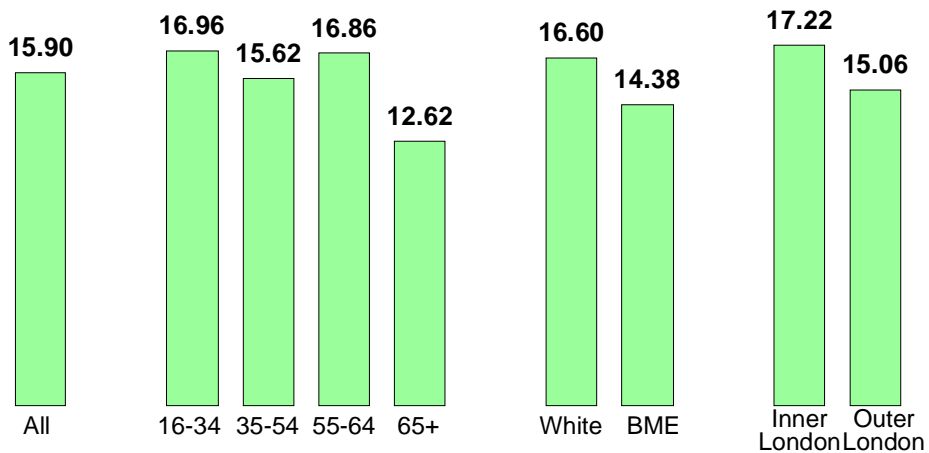


Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006

Source: Ipsos MORI

Waiting time – broken leg

Q How long would you expect someone to have to wait for an ambulance in your area if they had a broken leg?

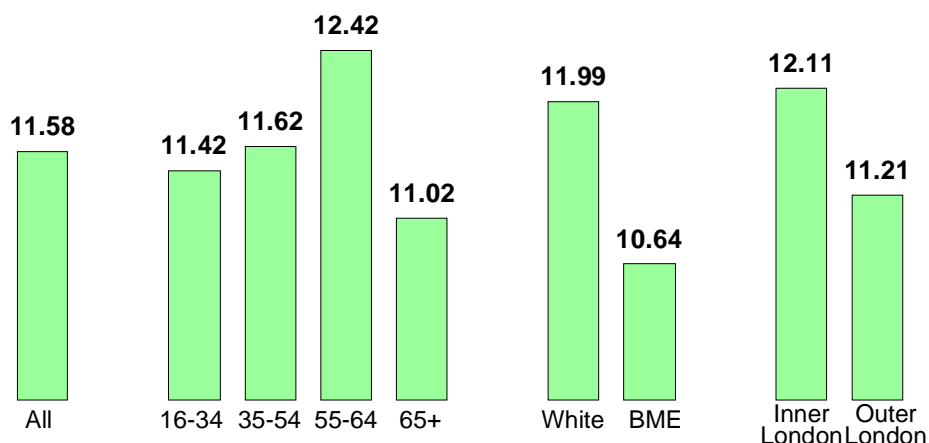


Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006

Source: Ipsos MORI

Waiting time – elderly fall

Q How long would you expect someone to have to wait for an ambulance in your if area they were elderly and had fallen over and couldn't get up again?



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006

Source: Ipsos MORI

Illustrated in the charts above and demonstrated in the discussion groups, is a wide range of views regarding how long an ambulance will take to arrive. The verbatim comments below summarise some of the differing perceptions arising from the discussion groups.

How long would you expect to wait for an ambulance?

Not long, less than five minutes...

West London, female, aged 18-24

Ten minutes.

South London, female, African Caribbean

Ten minutes, yeah. I think eight minutes, it's supposed to be response to, or something like that, I, but it can be anything.

West London, female, long term condition

I think they aim to get there within ten minutes, like expect them within the next ten, 15 minutes

West London, male, aged 18-24

15 minutes maximum.

West London, female, aged 18-24

They're supposed to be there in 25 minutes and they're supposed to be about aiming for 18 or 16 minutes or something like that.

South London, male, white

Over an hour.

South London, male, African Caribbean

Source: Ipsos MORI

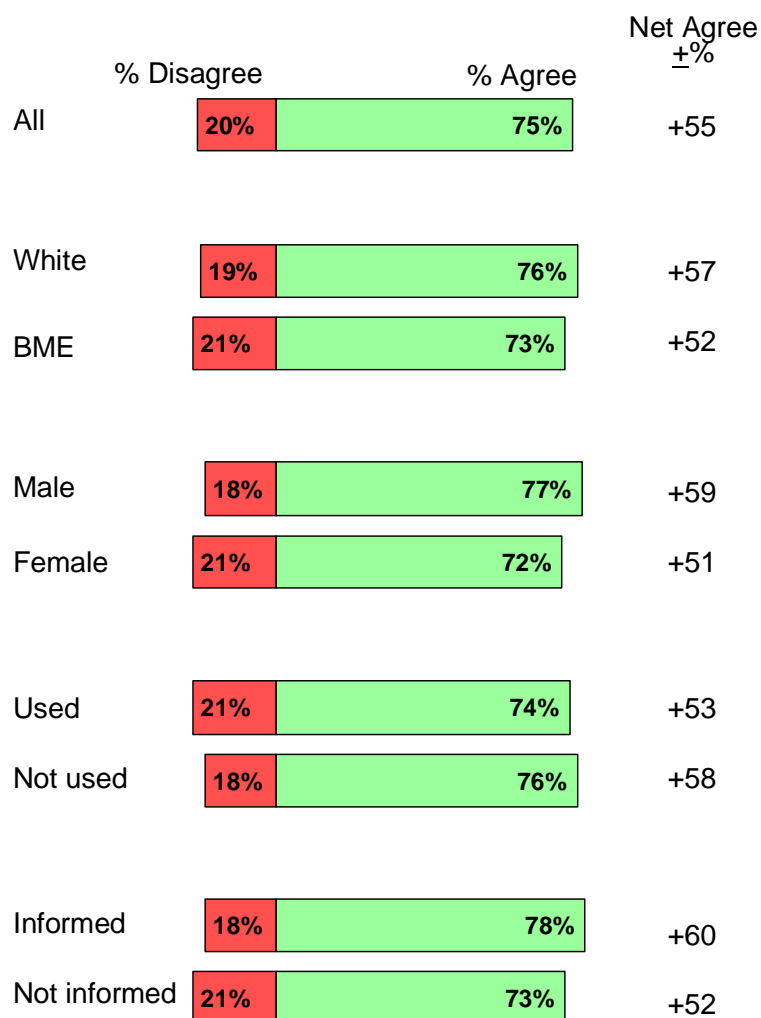
11. The cost of the ambulance service

The balance of opinion is that Londoners believe the Ambulance Service is free, with three-quarters (75%) agreeing with this, compared with one in five (20%) who disagree. Men are more likely than women and those who feel *informed* more likely than those who *do not feel informed* to believe that the Ambulance Service is free

The cost of the Ambulance Service

Q I am now going to read out a list of statements, for each one could you please tell me how strongly you agree or disagree that . . . ?

The Ambulance Service is free



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006 Source: Ipsos MORI

As seen in the quantitative study, the general consensus in the discussion groups is that the ambulance service is free. In most cases, where participants think that the service has a cost, the 'cost' associated tends to be taxes given to the government. However, in some instances there is a perception that on some occasions you have to pay for being picked up by an ambulance, as illustrated in the comment below.

I heard you had to pay, though, apparently after you've got picked up in an ambulance. Do you get bills at your house, or something?

West London, female, aged 18-24

SECTION THREE: EXPERIENCE OF THE LONDON AMBULANCE SERVICE



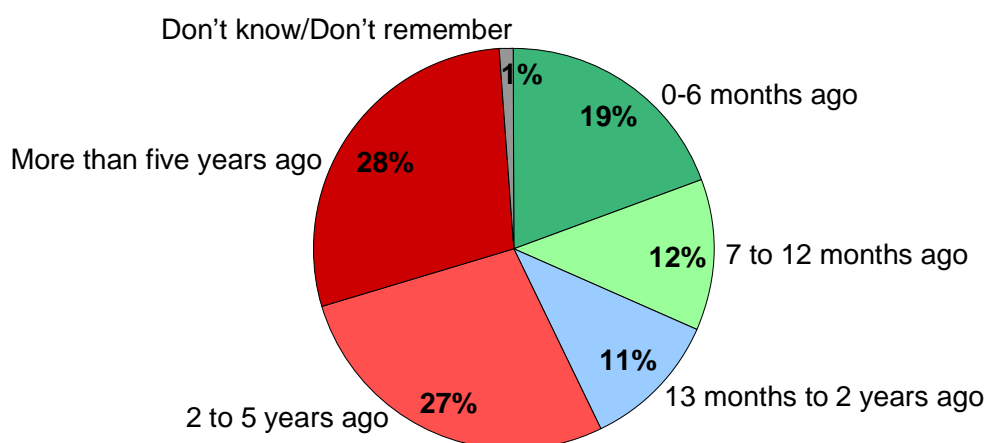
12. Experiences of the LAS

More than two in five Londoners who have called an ambulance say they last called one in the past two years (42%). Indeed, one in five say they have called an ambulance within the last six months, rising to a quarter among young people aged 16-34. Those in social grades DE are also more likely to have called an ambulance recently (24% of DEs, compared to 18% of ABs).

Furthermore, those who feel *informed* about the Ambulance Service are more likely to have used it in the past six months than those who do not feel informed (23% and 16% respectively).

Last time called ambulance

Q About how long ago did you last call an ambulance?



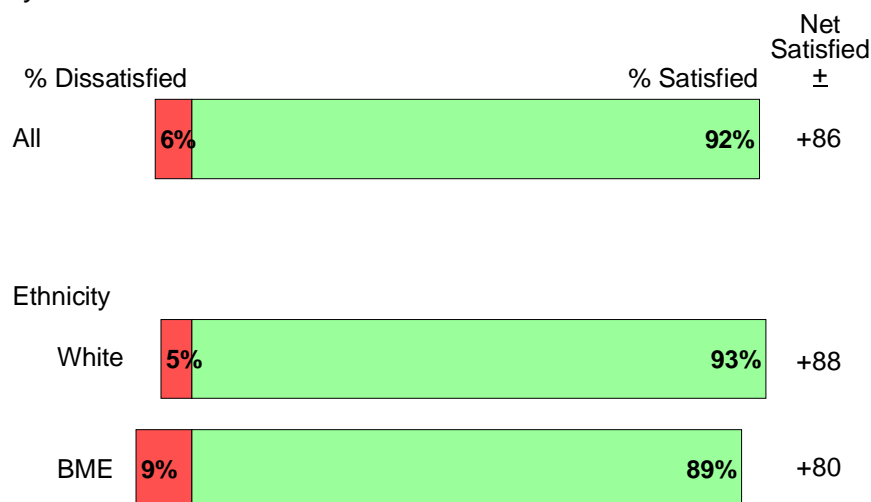
Base: All who have used services (593)

Source: Ipsos MORI

Encouragingly, of those who have used the Ambulance Service almost all say they are satisfied with the service they received (92%). This does fall slightly however among black and minority ethnic respondents, 89% of whom say they are satisfied with the service they received, and 9% whom are actively dissatisfied.

Satisfaction with service

Q Overall, how satisfied or dissatisfied would you say you were with the service that you received from the Ambulance Service on that occasion?



Base: All who have used services (593)

Source: Ipsos MORI

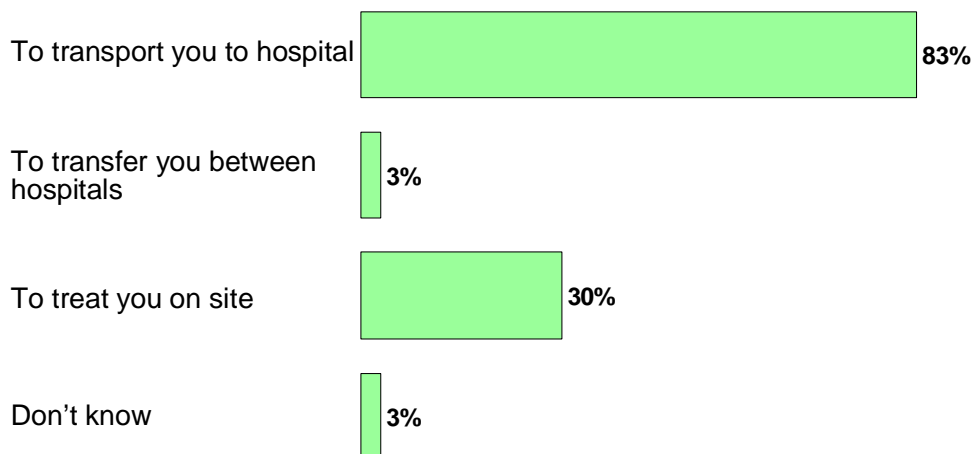
Older people are more satisfied than younger people with the service they received from the Ambulance Service. In particular, people aged 65 or over are overwhelmingly positive. Almost all say they are satisfied (99% compared with 88% satisfied among those aged 16-34).

Those who say they are satisfied with the service received are also more likely to be advocates of the Ambulance Service overall, suggesting that personal experience of the Service shapes people's opinions (84% of those satisfied with the service received are advocates of the Ambulance Service whereas just 2% of service users are critics of the Ambulance Service).

In more than four in five cases the Ambulance Service is used for transportation to hospital (83%), rising to 89% among people aged 55-64. However, more than a third of young people are treated on site (35%) compared with just one in five of the over 64s (21%).

Reason for ambulance

Q *On that occasion was the Ambulance Service used for transporting you/someone to hospital, transferring you/someone between hospitals, or treating you/someone on site, eg at home?*



Base: All who have used service (593)

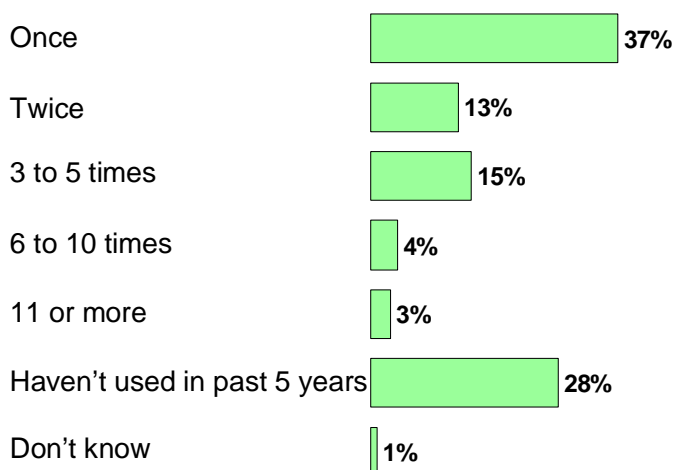
Source: Ipsos MORI

Of those Londoners who have used the Ambulance Service in the past five years, the majority say they have used it on just one occasion (37%). It is worth noting however, that a small minority have used the service more than six times in the past five years (7%). This rises to 10% among people in the lower social grades (DE) and falls to just 2% among those in social grades AB, who may be more likely to have access to alternative forms of transport to hospital.

Furthermore, black or minority ethnic Londoners are more likely to have used the Ambulance Service within the past five years than white residents (81% and 67% respectively).

Frequency of usage

Q Approximately how many times, if at all, have you used the Ambulance Service in the past five years?



Base: All who have used service (593)

Source: Ipsos MORI

13. Experiences of Ambulance Service

By and large, most of the people we spoke to in the discussion groups have very positive views of the Ambulance Service. In many cases these perceptions are based on personal experience of using the Service.

They stabilised me after the car crash, and took me to the hospital. At the hospital then they handed me across to who it was dealt with me. They were there to make sure I didn't break no bones. I said I was fine, but no, that wasn't good enough, they had to make sure, take me to hospital so I could get checked out properly by the hospital

West London, male, aged 18-24

Even those who have not used the Ambulance Service feel that it provides a high quality, valuable service. Indeed, some feel that the Ambulance Service is more reliable and provides a higher quality of care than some hospitals.

I sometimes think you're better off in the ambulance than you are when you get to the hospital

North London, male, long-term condition

Furthermore, as noted previously Ambulance Service staff are very highly thought of, and emerge as an important indicator of opinions. Participants believe they are hard working, dedicated and professional.

I think they're brilliant, the people that actually work there, the things they have to deal with every day. They're fantastic

South London, female, white

Negative experiences of the Ambulance Service often stem from experiences of having to wait longer than they felt was reasonable for the ambulance to arrive. As noted previously, the time an ambulance takes to reach the patient is perceived as absolutely crucial and as the most important role the Ambulance Service serves.

When we rung for the ambulance for my daughter, an hour and a half later they still didn't have a free ambulance to send to her, they was all busy. So there's not enough ambulances

South London, female, white

I've called them once, but they took too long, my son was, my grandson, and it was 29 minutes and they still hadn't come, and he was fitting

West London, female, long-term condition

However, among the Bangladeshi community in East London, negative experiences with the Ambulance Service are not associated so much with waiting times, but centre on the personal experience of the service they receive from ambulance staff. In particular, some feel that staff have not treated their circumstances with the seriousness they feel was deserved.

I had to call three times and three times I was very disappointed with them... The first time it was for my son when I ... was ... one baby... They just say, 'Oh yeah, you're son is fine'. I said, 'Well as far as I'm concerned my son is not fine 'cos his breathing seems to be bad'. And I actually told them that they had to take him... When they took me there and they just told the staff, 'Oh this is nothing, the mother's thinking it's a breathing problem'. Next day my son ... go up to the intensive care 'cos of his breathing. We said how careless they are

London, female, Bangladeshi

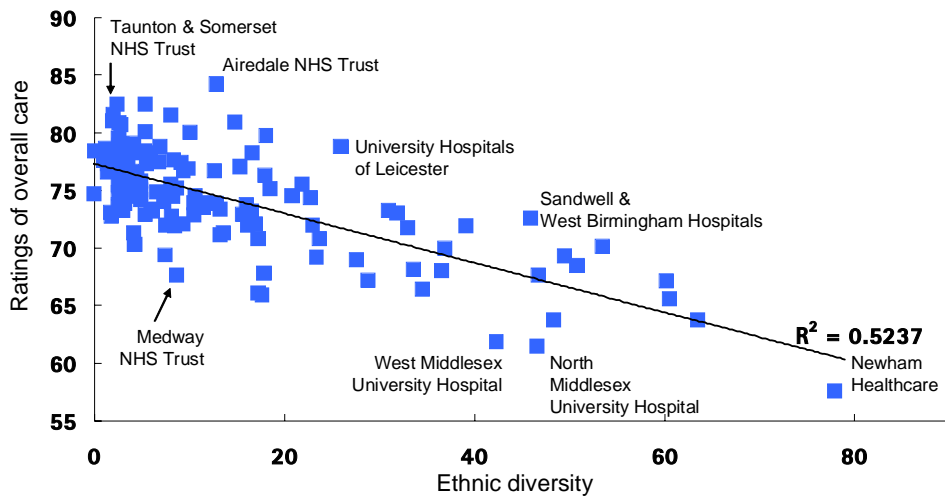
Furthermore, female residents in the East London Bangladeshi community feel that when they wear traditional dress Ambulance staff assume that they cannot speak English. They feel it is important that Ambulance staff do not make assumptions about them and are responsive to cultural sensitivities.

Well, because I wear my scarf, sometimes I have my face covered, they automatically think I can't speak English so when they came over to visit my gran or whoever, if I called for my gran, they make comments in front of me until I speak up and say, 'Hello, I speak English'

London, female, Bangladeshi

This resonates with previous MORI research which shows that the more ethnically diverse an area, the lower the ratings of overall care from local trusts, as the following chart illustrates.⁵

⁵ NHS Acute Trust inpatient survey 2001-2/MORI



Source: NHS Acute Trust inpatient surveys 2001-2/MORI

Source: Ipsos MORI

14. Information and Communication

More people say they do *not* feel informed about the London Ambulance Service than say they *do*, giving a 'net informed' score of -20 percentage points. The chart overleaf shows the 'net figures' broken down into age groups. Younger Londoners aged 16-34 are least likely to say they feel informed (-31). Although not a direct comparison, it is worth noting that more Londoners feel informed about their local authority than the LAS (+6 percentage points).⁶

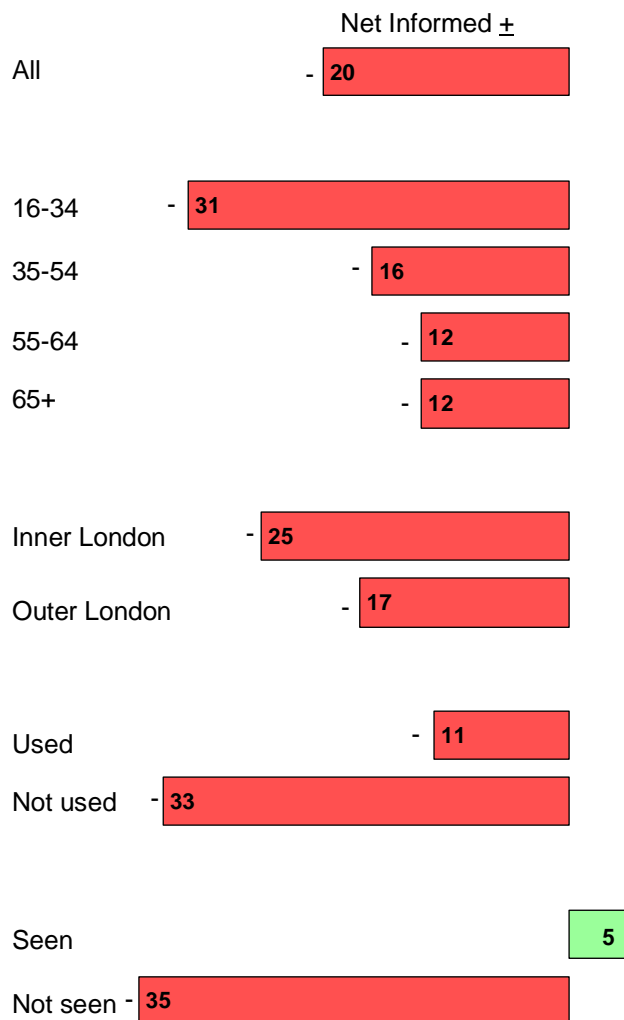
Furthermore, Londoners living in inner London feel less informed than those living in outer London (-25 and -17 respectively), and fewer women feel informed than men (-27 and -13 respectively).

Londoners who have had personal experience of using the Ambulance Service are more likely to say they feel informed about it than those who have not (-11 and -33 respectively).

⁶ Taken from MORI / ALG General BVPI Survey responses, 2003 / 2004. (Base size: 32,336).

Informed about the Ambulance Service

Q How well informed, if at all, do you feel about the London Ambulance Service and what it does?

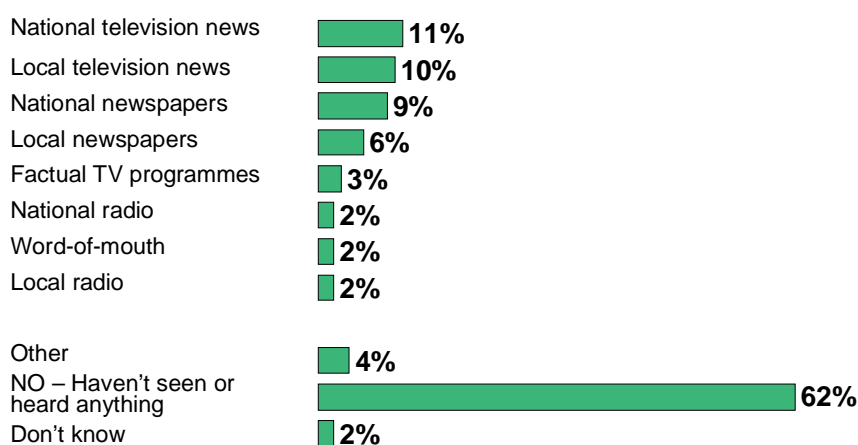


Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006

Source: Ipsos MORI

Six in ten Londoners say they have not seen or heard anything about the London Ambulance Service in the last year or two (62%), rising to seven in ten among Asian respondents and those in social grades DE (71% each). Of those who say they *have* seen or heard about the London Ambulance Service, television has the greatest recall rate. One in ten recall seeing or hearing about the London Ambulance Service via national television news (11%) or local television news (10%). Additionally, a similar proportion report reading about the London Ambulance Service in national newspapers (9%). Previous MORI research suggests that local authorities receive more local press coverage, with over a third saying they receive information about their Council through local newspapers (38%).⁷

Q Have you seen or heard anything about the London Ambulance Service in the last year or two? If yes, where



Base: All respondents (1,010) fieldwork dates 19th June – 2nd July 2006

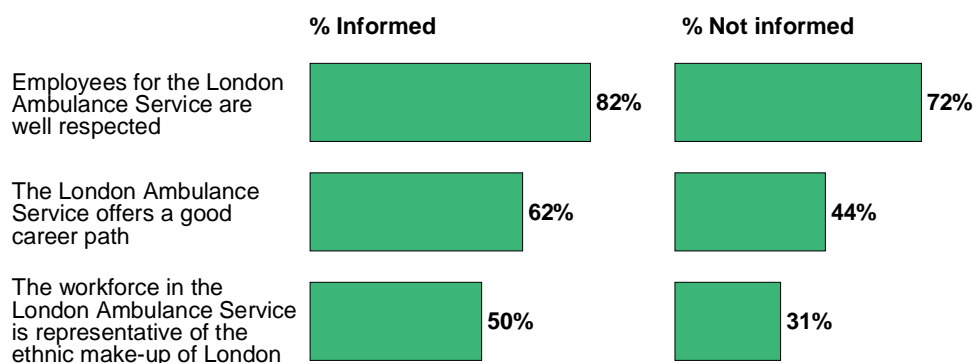
Source: IPSOS MORI

The degree to which Londoners feel informed about the London Ambulance Service impacts on how positively they view many aspects of the Service. The chart below shows the impact that being informed has on how people see the Ambulance Service as an employer.

Eight in ten of those Londoners who feel informed, also feel that employees for the London Ambulance Service are well respected (82%) compared to seven in ten who do not feel informed (72%). Similarly, six in ten who feel informed, also believe the London Ambulance Service offers a good career path (62%) compared to less than half who do not feel informed (44%). Furthermore, those who feel informed are more likely to think the Ambulance Service workforce is representative of the ethnic make-up of London than those who don't feel informed (50% and 31% respectively).

⁷ MORI / Greater London Authority (GLA) 2004.

Q I am now going to read out a list of statements. For each one could you please tell me how strongly you agree or disagree that . . .



Base: All respondents (1,010). Fieldwork dates 19th June – 2nd July 2006

Source: IPSOS MORI

Reflecting the relatively low levels of residents who feel informed about the London Ambulance Service, participants in the discussion groups say they would like to receive more information about it. The Internet, posters, information in local newspapers and leaflets at GPs' surgeries are all quoted as potentially useful information sources which residents believe would reach a wide range of people. It is worth noting that in survey research, respondents often say they would like to receive more written information such as leaflets. What will be important is that these are carefully designed and disseminated and so not mistaken for 'junk mail'.

Furthermore, some participants (in particular, those who have long-term health conditions) feel that television would be the best way to communicate with a broad range of people – echoing sentiments from a lot of Ipsos MORI's communications work. Since television advertising is expensive, some residents feel it is important that the London Ambulance Service is given a free slot in which to inform residents of the services they provide, and importantly, educate residents on how and when to use these services.

TV channels should give the Ambulance Service some free airtime

North London, female, long-term condition

If you've got an ambulance on the road, and you've got cars, automatically they should move over

West London, female, long-term condition

If we have more education, we have more public relations, more advertising on TV and so on. I think that's going to move it in the right direction

North London, male, long-term condition

It would probably be helpful to have a camera following an ambulance, like they do with other professions

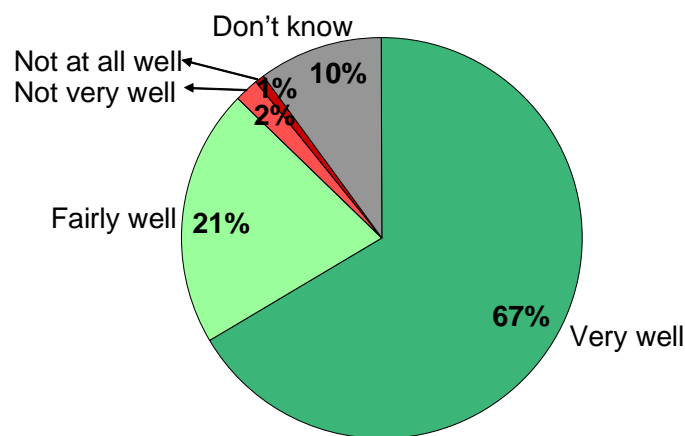
North London, female, long-term conditions

15. Response to 7 July

Overwhelmingly, Londoners feel the London Ambulance Service responded well to the 7th July 2005 bombings. Indeed, nine in ten people say the London Ambulance Service responded well (88%), and two-thirds say they responded 'very well' (67%).

Response to 7 July

Q How well, if at all, do you think the London Ambulance Service responded to the events of 7 July 2005? Would you say very well, fairly well, not very well, or not at all well?



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006

Source: Ipsos MORI

It is worth noting, however, that while nine in ten white respondents feel the London Ambulance Service responded well, this falls to eight in ten among black and minority ethnic respondents (90% and 81% respectively). However, BME's are not significantly more critical of the response. They are, however, a little more inclined to say they don't know.

SECTION FOUR: WORKING FOR THE LONDON AMBULANCE SERVICE



16. What training do paramedics have?

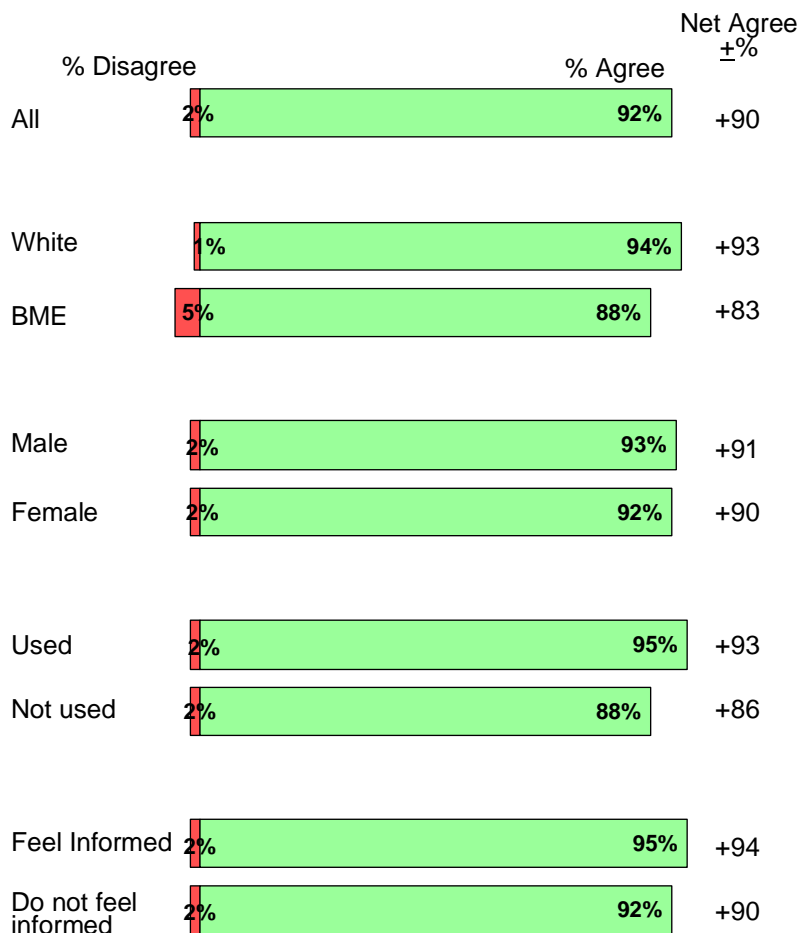
This chapter explores awareness of careers with the London Ambulance Service among Londoners. It also examines perceptions of what the job involves and what qualifications people believe are required to join.

As highlighted in the following chart, the vast majority of Londoners believe London Ambulance Staff, such as paramedics, are highly skilled. This is true across all sub-groups with opinions ranging from around nine in ten among BMEs and those who have not used the Ambulance Service, to 95% among those who feel informed about their services or have used them.

Paramedics are highly skilled

Q I am now going to read out a list of statements. For each one could you please tell me how strongly you agree or disagree that . . . ?

Ambulance staff such as paramedics are highly skilled



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006 Source: Ipsos MORI

16.1 How much training do ambulance staff have?

While the majority of people believe London Ambulance Service staff such as paramedics do a highly skilled job, the qualitative research suggests that the general public are unclear about the amount of training they undergo. In discussion groups, suggestions as to the amount of training given to ambulance staff ranged from a few weeks to several years. However, most people were too unsure about this point to even estimate.

It's actually, literally, weeks. Is it, a couple of months?

South London, female, white

It takes an ambulance person three years?

South London, female, African Caribbean

Looking at the question of training in more depth, the discussion groups highlight two themes; firstly that there are low levels of understanding among the general public about the level of training London Ambulance Staff receive. As the verbatim comments below highlight, participants do not have a clear idea about the extent of their clinical skills and their training in the management of emergency situations.

They're trained in specific things they have to do. They're trained in how to deal with heart attacks and so they, they're trained in strokes I think as well...Its stuff where it's absolutely essential that you know how to deal with it now because if you wait till you get to hospital then it's too late

South London, female, white

I could be driving an ambulance, these ambulances that take old people ... to and from their things and I'm not qualified to do emergency situation. I'm just qualified to drive the bus that says 'ambulance'

South London, female, African Caribbean

I suppose they can prescribe some drugs

North London, male, parent

Just keep the patient stable until they reach hospital... and then they can get them greater, better care there

North London, female, parent

The second theme that emerges during the discussions is that there is a widely held belief, despite there being little awareness of the specifics, that paramedic training in London has developed in recent years to include more clinical training and a greater emphasis on practical experience before qualification.

Well one time to be an ambulance person, an ambulance driver or whatever they weren't trained as much, but now they're trained more like nurses

North London, female, long-term condition

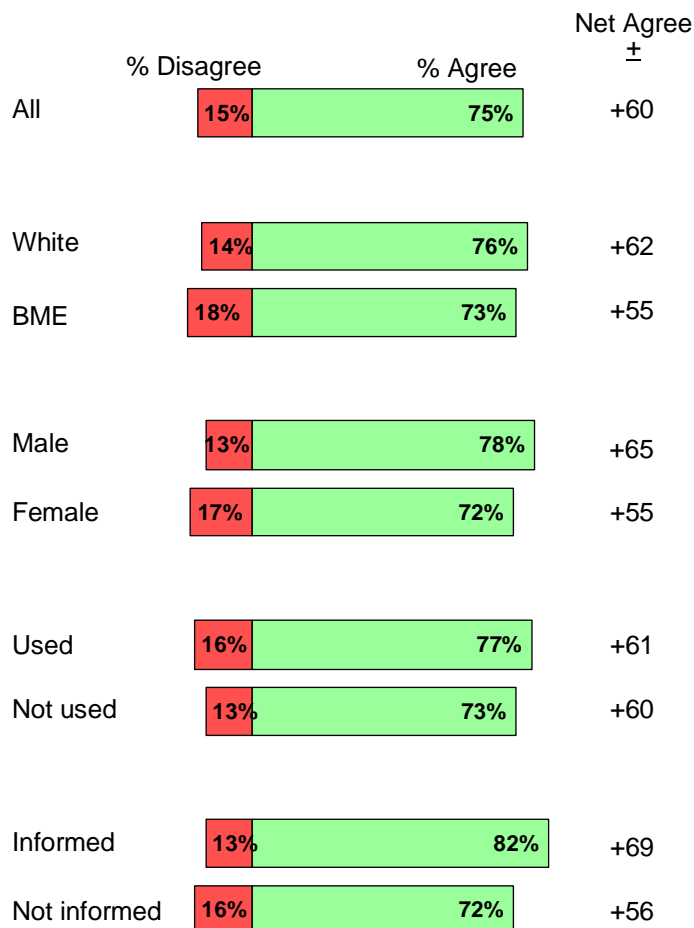
They are more trained now and they are trained to, a course to train a nurse and a doctor. They have specific skills, they're not nurses, they're not doctors, they are paramedics and it is a specific skill

North London, female, long-term condition

Employees are well respected

Q I am now going to read out a list of statements. For each one could you please tell me how strongly you agree or disagree that . . . ?

Employees for the London Ambulance Service are well respected



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006 Source: Ipsos MORI

The chart above shows that three-quarters of Londoners feel employees of the London Ambulance Service are well respected (75%). The greatest variation in this result is found between those who feel informed (82%) compared to those who do not (72%). This suggests that belief in there being respect for ambulance staff increases with awareness of their work

By and large the qualitative research supports these findings. This is particularly the case with young people, who say they would have respect – pride even – for a friend that wanted to join the London Ambulance Service.

I'd be proud of them

West London, female, aged 18-24

17. Trust in LAS

The qualitative research identifies several issues associated with the levels of trust in the London Ambulance Service. The first is that the nature of any care provided in emergency situations means that a patient has no choice but to trust London Ambulance Service staff, (the inference being that when you are incapacitated you *have* to trust someone else to make decisions for you – even more so in an emergency).

If you're lying there and you need help, you have to trust them

West London, female, aged 18-24

Furthermore, Londoners feel that working for the London Ambulance Service is vocational work and as such, only people who really want to do that job, (it's seen as something of a 'calling'), do it. As such, these people would be trustworthy.

They're low paid and the terrible hours and all the, like, bad stuff about it. The people who are doing it must want to do it, so they're not going to be there for any power trips or anything like that. So the reason they'd be there is to help.

West London, female, aged 18-24

A minority however, say they do not trust the London Ambulance Service although this opinion may be influenced by other, more practical, concerns such as the timeliness of their services.

I don't trust them at all

West London, female, aged 18-24

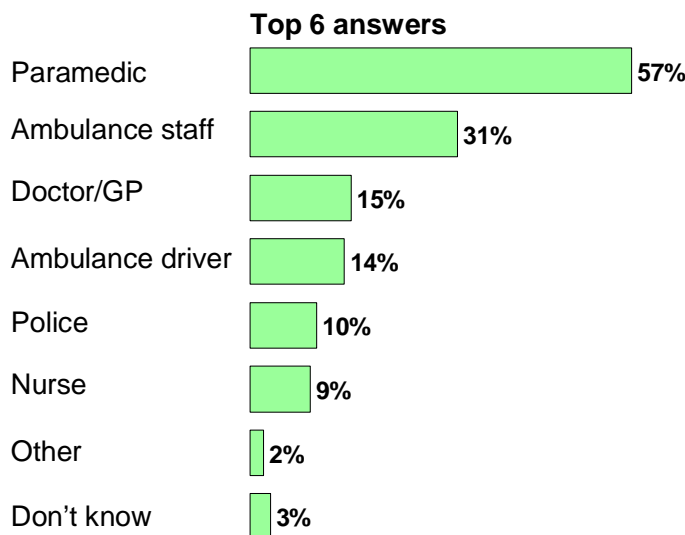
When they get there you trust them...

West London, male, aged 18-24

18. Who is in the Ambulance?

Ambulance make-up

Q Who would you expect to arrive when you call 999 for an ambulance?



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006

Source: Ipsos MORI

The chart above shows that just approaching six in ten Londoners expect 'paramedics' to attend to a 999 call. During the discussion groups participants were asked to elaborate on whom, exactly, they thought would be in an ambulance. This probing revealed some differences of opinion, but perhaps more importantly that overall most people do not have a clear idea of who would attend.

18.1 One skilled driver, one not two paramedics?

As the verbatim comments below illustrate, many participants believe that two people travel in London Ambulances – one responsible for driving and the other providing the medical service. Again, the distribution of skills, training and responsibility between these two people was a point of confusion for most respondents.

They (driver) have First Aid skills but then they're not able to do it as much as the actual paramedic

South London, white, female

There are two of them driving in there so one's more trained than one

South London, African Caribbean, female

One to drive and one to see to the person

West London, female, aged 18-24

One's a driver that's got basic First Aid and the other one's a paramedic.

South London, white, female

I thought there was two paramedics ...

South London, white, female

If you've got a sick child in an ambulance going from one hospital to another they do not have a normal man to drive in the ambulance going there. They have, that person who's driving the ambulance is a paramedic and there's somebody at the back who's a paramedic

South London, female, African Caribbean

I thought they were equal

North London, male, long-term condition

18.2 Gender

Participants were also asked about the gender of London Ambulance Staff: What their current expectations of the gender of ambulance staff are and what their preferences would be. Respondents are divided; some would like to see more female paramedics – as they believe that some women feel more comfortable being treated by another woman.

I actually meet more non-Moslem, non-Bengali, other ethnic group women that say, "Oh I want a female doctor or I want a female midwife"

London, female, Bangladeshi

If you're a woman, then you might... prefer a woman as well

North London, female, parent

They feel comfortable with a woman giving comfort to another woman

London, female, Bangladeshi

However, some believe women may either not be physically strong enough or may be vulnerable as ambulance staff.

We still see nurse as female, and therefore the butch one is driving around and rescuing people, and therefore that would be a man's role

North London, female, parent

Obviously two women would struggle if it's a 20 stone bloke, but when there's a man at least the man'll take half the weight, so that is better

West London, male, aged 18-24

I think it should be a woman and a man

West London, male, aged 18-24

19. Staff shortages in LAS

The discussion groups reveal that there is a commonly held view that there are staff shortages in the London Ambulance Service. As well as the increase in demand for their services, poor pay was cited as a reason for the perceived lack of paramedics.

There's not enough paramedics to go round

South London, male, white

They're short of paramedics, the money's rubbish

South London, female, white

But let's face it, they lose a lot of their trained staff 'cos they go abroad and get three times the amount of money, in Canada, in the States and other places, Australia. There's trained paramedics on much more than in...

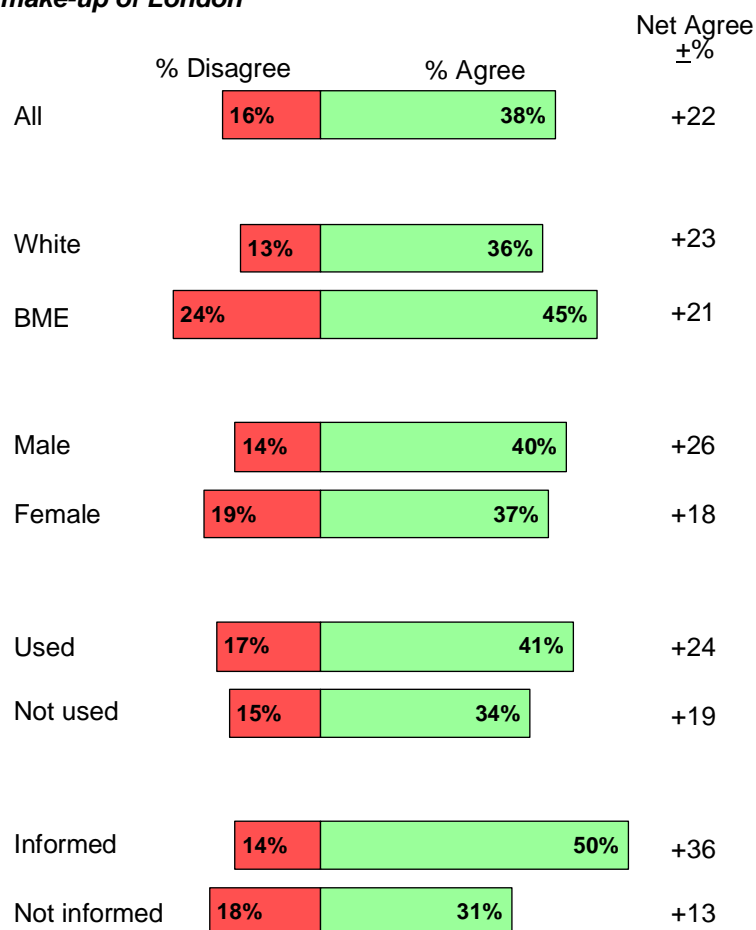
South London, male, white

20. Ethnic diversity in LAS

Ethnic diversity of workforce

Q I am now going to read out a list of statements. For each one could you please tell me how strongly you agree or disagree that . . . ?

The workforce in the London Ambulance Service is representative of the ethnic make-up of London



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006 Source: Ipsos MORI

Overall, two in five Londoners feel that the work force in the London Ambulance Service is representative of the ethnic make-up of London. Black and minority ethnic respondents are more likely to agree with this proposition than white respondents (45% of BMEs, compared to 36% of whites). However, the net scores show that the white net agreement score is higher than for BMEs, (+23 percentage points versus +20) which suggests that opinion on this issue is more divided among BMEs.

20.1 A need for more diversity?

Echoing this, discussion groups with African Caribbean people reveal that there is a belief that there needs to be more diversity in the London Ambulance staff among people from their background.

But the Ambulance Service, you need to have more ethnic minority working for them, that's what I feel

South London, male, African Caribbean

I think the communication problem, say somebody's speaking Portuguese and you send an English person there and they're not bilingual ... It may be a problem, especially now I think 'cos it's a bit like New York around here

South London, male, African Caribbean

When you look at the Ambulance Service you just see a lot of white people and ... it's probably very off-putting

South London, female African Caribbean

20.2 Difficulties in attracting minority ethnic groups

The African Caribbean discussion group identifies difficulties with attracting staff to the London Ambulance Service from minority backgrounds – including the perceived difficulty in gaining entry to the Service and lack of encouragement to pursue a career with the London Ambulance Service among young people at school age.

Most black people, they're not even going to go for them jobs because they know when they get qualified it's going to be hard to get the job

South London, male, African Caribbean

I think they bring the first aiders, like first aid techniques into schools then. And then you might have a little bit of encouragement for them to join

South London, female, African Caribbean

20.3 Race and cultural needs

The verbatim comment below neatly illustrates the views held by most discussion group respondents from minority backgrounds when asked about any racial or cultural issues that the London Ambulance Service needs to take account of.

I don't think there are cultural issues. Even racial segregation ... Doesn't matter if it's an emergency

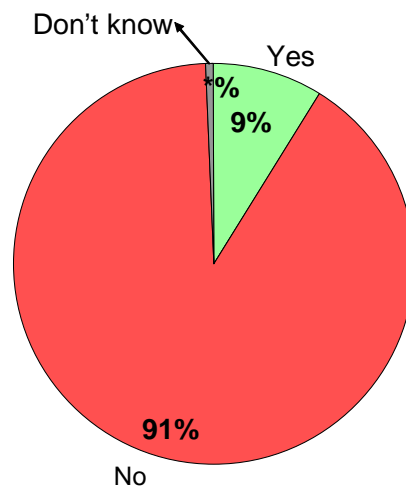
London, male, Bangladeshi

21. Careers with the LAS

The chart below illustrates that approaching one in ten Londoners has considered a career with the London Ambulance Service. The chart overleaf indicates that perceptions about whether the London Ambulance Service offers a good career path, vary from +57 (net agreement) for those who feel informed about the Service, to +39 among non-users..

LAS as a career

Q Have you ever considered a career in the London Ambulance Service?



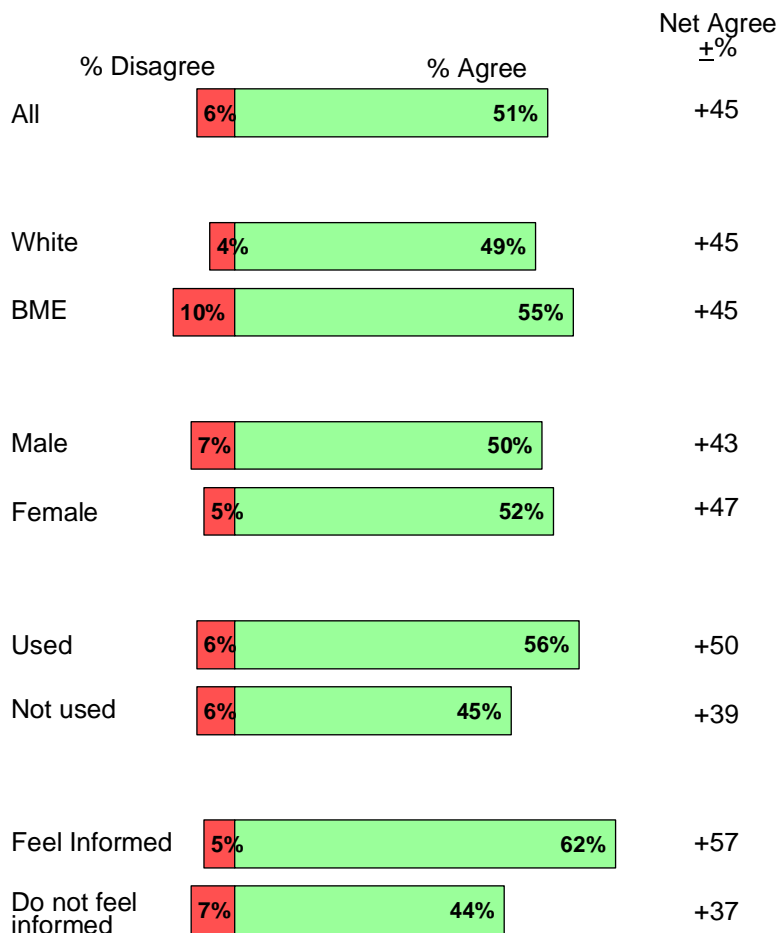
Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006

Source: Ipsos MORI

Good career path

Q I am now going to read out a list of statements. For each one could you please tell me how strongly you agree or disagree that . . . ?

The London Ambulance Service offers a good career path



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006 Source: Ipsos MORI

21.1 Perceptions of the job

A job with the London Ambulance service is believed to be both challenging and rewarding. The challenging element is seen to come from the responsibility of saving lives in emergencies and applying clinical skills while the rewards are thought to be saving lives and helping people.

I think the rewards are like helping people

West London, Female, Aged 18-24

Saving lives, and it's exciting

West London, female, aged 18-24

... 'cos they do learn quite a bit, don't they? They do a lot before they actually get the patients to the hospital

West London, female, long-term condition

...at least if you're working with them you can make that difference sometimes

London, male, Bangladeshi

21.2 Perceptions of LAS staff

The qualities associated with London Ambulance Service staff are, being energetic, responsible, caring and dedicated, all of which are thought to be of the utmost importance.

I think you have to be quite energetic as well, like you've got a pretty fast pace as well

West London, female, aged 18-24

...you'd have to care more about other people than yourself

West London, female, aged 18-24

You'd have to be really dedicated, like you wouldn't go out and get drunk the night before work or anything

West London, female, aged 18-24

21.3 Perceived barriers to working for the LAS

The qualitative work explored barriers to working for the London Ambulance Service. A range of barriers to paramedic work were identified – particularly from young people as they tend to be more involved in making career decisions. Perceived barriers include:

Job stability (because of the negative effects of that association of the London Ambulance Service with the NHS);

I think on the telly you see so much about the NHS. Like one minute they need more nurses and there's a big drive for more nurses, and the next minute they're sacking thousands, so I don't think it's a very stable job.

West London, female, aged 18-24

A lack of competitive job packages;

More people these days are about what they can get, like money wise and perks wise rather than what they can give to people

West London, female, aged 18-24

The struggling image of public service/emergency service work;

You don't think of, what did you can do for people, it's more, what can I get for myself.

West London, female, aged 18-24

The job's poor reputation;

I don't think that it's as respected as Police, your mums, they used to respect them and stuff and Ambulance they're not ... it's not at the same kind of level, even though it should be higher, but it's not.

West London, female, aged 18-24

An overall lack of clarity/profile about the types of jobs the London Ambulance Service offers and the qualifications needed to do the job.

I don't think it's that easy to, like I wouldn't have a clue about how to get into the Ambulance Service ...I suppose you've got to go to university, and a lot of people these days can't afford to send their children to university, so if you don't go to uni then that's it, you can't become a paramedic or whatever.

West London, female, aged 18-24

SECTION FIVE: THE FUTURE OF THE LONDON AMBULANCE SERVICE



22. What will the LAS be doing in the future?

Discussion group participants have mixed feelings about the future of the London Ambulance Service. Many are optimistic that improvements in technology will result in a faster, more efficient Ambulance Service. In such a densely populated area such as London, residents feel that traffic congestion will continue to increase in the future. In order to ensure a fast response, they believe it will become increasingly important to invest more in rapid response cars and mobile units such as motorbikes and pushbikes to be used in conjunction with Ambulances.

I think you'll see more paramedics on bikes, on motorbikes, because they will be the fastest response. They can get there quicker, and they can then, once the ambulance is called, is on its way, that paramedic could have saved someone's life while they wait for an ambulance. And... a lot of it is just due to the traffic

West London, female, long-term condition

I would have thought that they'd employ more bike riders as paramedics because, with the traffic and stuff, which means that they won't be automatically taking people to hospital

South London, female, white

There's so many people... driving per year, within five years' time it might be impossible for them to go by land to get there within ten minutes. They might need other transport to get to people for the next five years

West London, male, aged 18-24

Some respondents feel that the London Ambulance Service could invest in information technology to improve efficiency in the future. In particular the use of 'telemedicines' may be beneficial to secure diagnoses by a doctor or consultant on site which may result in fewer patients being taken to hospital.

All they need is a laptop and a screen, you just hook it up straight, wireless connection, straight back to the hospital so they can just let the doctor have a look and tell them what to do

South London, male, white

Similarly, some participants feel that in the future the London Ambulance Service will aim to treat more people at home when possible, and already some feel that this has started happening.

There are already hospitals that are talking about home treatments rather than bringing people into hospital. There just seems to be a drift in that direction

South London, male, white

Some however, feel doubtful about the future of the London Ambulance Service, They feel that due to cuts in NHS funding the Ambulance Service will provide an *inferior* service in future, some even feel that the NHS may cease to exist.

NHS, I think they're going to wipe it out soon enough, government, I'm sure it'll probably be wound up because there's no funds and stuff and, I wouldn't work what the nurses and stuff are getting paid. I wouldn't do it. You've got to be a good person to do it

South London, male, white

I think everything's going to go private, like America, we're going to have to pay for everything

West London, female, aged 18-24

There's not enough paramedics now so there'll probably be less by then

South London, female, white

22.1 Confidence in health professionals

Londoners were asked a range of questions including how confident they would be for Ambulance Staff to treat them in their home for an injury or illness, give them advice about a minor illness over the phone, give them advice about a serious illness over the phone, and prescribe medication for them.

The Ambulance Service is on a par with GPs and hospital doctors in people's confidence to be treated by them for an injury or illness at home, with a net confidence score of +71 percentage points. These three health professionals come ahead of nurses, and well ahead of pharmacists in this area. However, white Londoners are more confident to be treated in the home than BME residents (+78, compared to +54) and BMEs are actively less confident.

More people overall lack confidence than feel confident about receiving advice over the phone from ambulance staff for a serious illness such as chest pain. However, people have more trust in the Ambulance Service to provide such advice than they have in either pharmacists or nurses (-30). In particular, young people are most confident, as are those in social grades DE (-18 and -16 respectively, compared with -61 and -41 respectively).

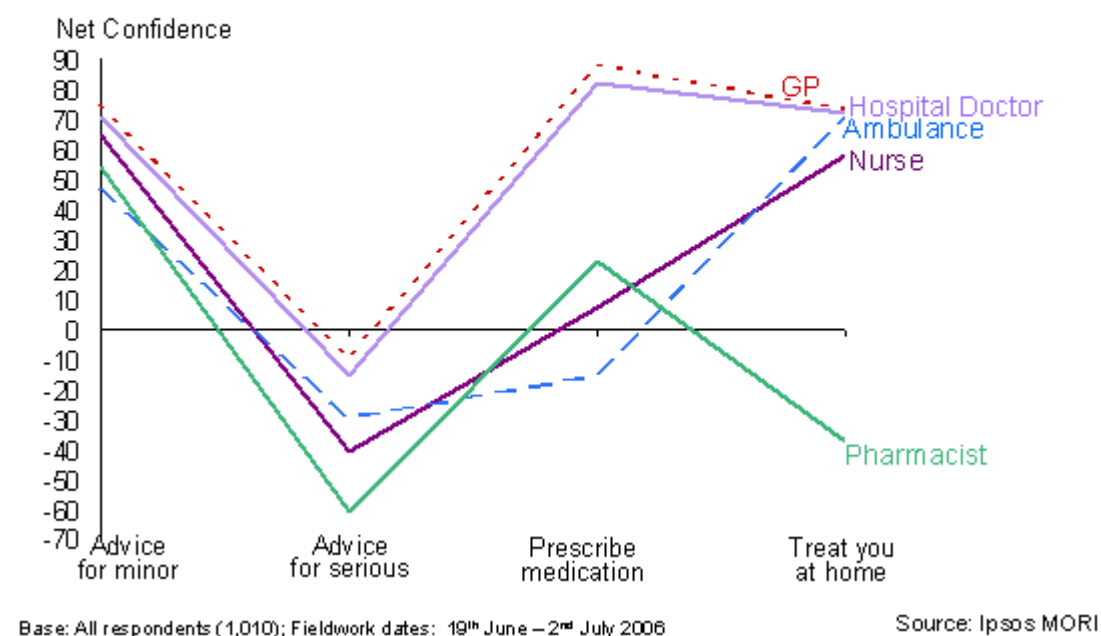
On balance, **most Londoners would feel confident for the Ambulance Service to provide them with advice for a minor illness over the phone** (net score +47 percentage points). However, it is worth noting that they would feel more confident receive this advice from other health professionals. This may be due to associating the Ambulance Service with its traditional duties of responding to serious illnesses and emergencies. Younger people aged 16-34 are most

confident about receiving this advice over the phone, and white Londoners are more confident than black Londoners (+52 and +51 respectively).

However, fewer Londoners would be confident for the Ambulance Service to prescribe them with medication (-16). This may be due to people not realising that Paramedics already prescribe medication regularly but may also reflect a genuine lack of confidence in the ability of ambulance staff to fulfil this role.

Furthermore, the more informed people feel, the more confident they also feel about many aspects of the Ambulance Service including giving advice, prescribing medication and treating them at home.

Confidence – by profession



To help the London Ambulance Service determine which factors are most related to feeling positive about receiving telephone advice, multiple regression analysis was employed to examine the *relative* importance of a range of factors.

Key drivers analysis (KDA) uses a statistical technique called multivariate regression which can simultaneously look at the relationships between all the different demographic and attitudinal variables measured in the survey, and discover which are most strongly related to favourability *independent of all the others* – in other words it is able to predict what influence a factor has if all other things are equal. The analysis will also tell us which factors seem to have the biggest effect on the overall shape of public opinion – the “key drivers” of attitudes.

It should be noted at this point that the name “key drivers” is a slight misnomer, since it cannot be proved that the factors which emerge from the analysis are the *causes* of attitudes, only that there is a close relationship between them,

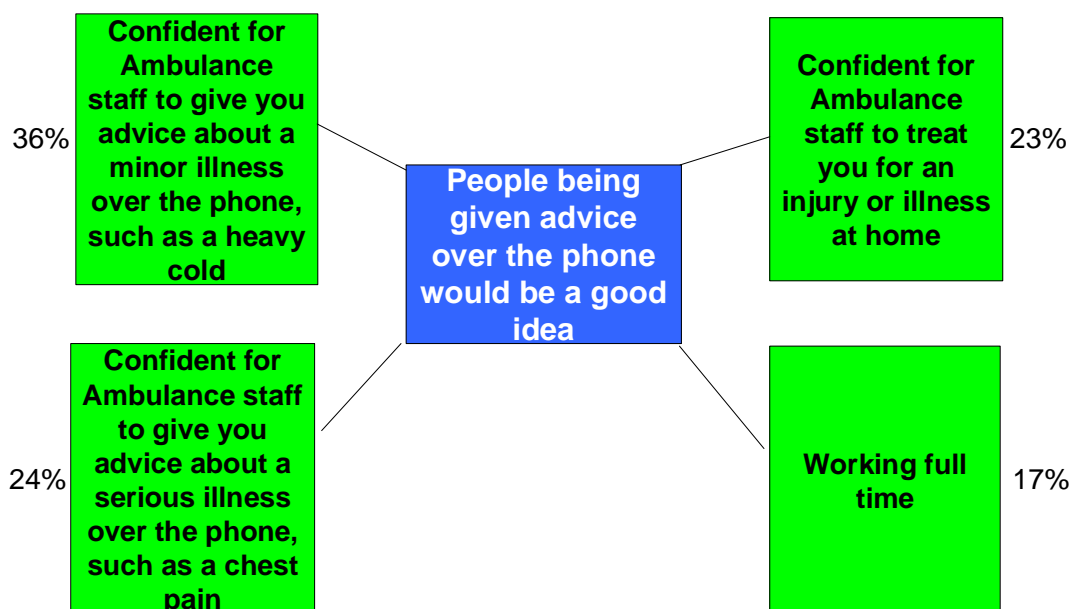
Nevertheless, used with due caution it can give a clearer understanding of the relevant dynamics in public opinion than is otherwise possible.

Londoners' confidence levels with the factors drawn from the range of questions asked about confidence (at Q1) were used to predict how positive they would feel overall about receiving advice from the Ambulance Service over the phone, in the future. The higher the confidence with a factor, the more important it is as a driver of feeling positive about receiving advice over the phone.

The following chart presents the results of the key drivers analysis and shows the relative importance of these aspects, and also the demographic 'working full-time'. The green boxes denote a positive relationship with feeling confident about receiving advice over the phone. However, the model demonstrates just a small amount of 'fit' as just 8% of the variation in feeling confident about receiving telephone advice can be 'explained' by the included factors. This is due to the high proportion of positive responses to the questions (and possibly the fact that other factors may be at play, and that this is a relatively new service for ambulance staff to provide).

The results indicate that certain factors are fairly strongly linked with how confident people feel about the Ambulance Service providing advice over the phone. Specifically, current level of confidence in being given advice by the Ambulance Service about a minor or serious illness over the phone are the strongest drivers.

Key drivers of feeling positive about being given advice over the phone



Base: All respondents 1,010. Fieldwork dates 19th June – 2nd July 2006

Source: Ipsos MORI

23. Treatment over the phone

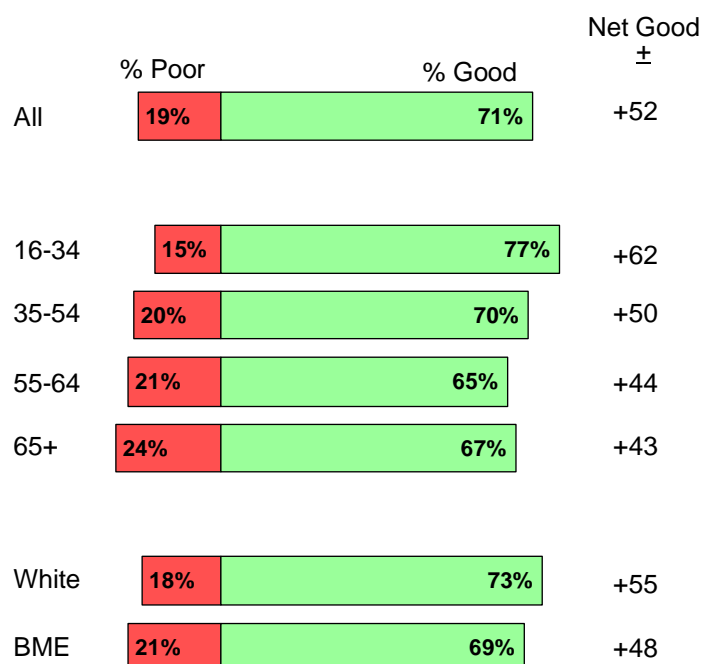
Seven in ten Londoners think that treatment over the phone is a good way of managing patients without life-threatening or serious illnesses or injuries (71%). The following chart shows that younger residents are more positive about this concept than older residents (77% of 16-34's are positive compared with 65% of those aged 55-64). White residents are also more keen on the idea of treatment over the phone than black and minority ethnic group residents (73% and 69% respectively).

Previous Ipsos MORI research suggests that the more informed people feel about something the more positive they are. The same is generally true in this research. Londoners who feel informed about the London Ambulance Service are more likely to feel that treatment over the phone is a good way to manage patients in non life-threatening situations, than those who do not feel informed (76%, compared to 69%). Similarly, advocates of the London Ambulance Service are more likely to be positive about this than those who are critical (73% and 57% respectively).

Treatment over the Phone

Q The London Ambulance Service has started to change the way it treats patients. One of these changes is that callers without life-threatening or serious injuries/illnesses are being offered help/advice over the telephone. People with less serious conditions may be assessed over the phone by a clinical telephone advisor. Following the assessment they would reach a decision with the patient on the best course of action. This could include treatment at home, visiting their GP or pharmacy, or sending an ambulance if required.

How good or poor an idea do you think this is a way of managing patients who have called the Ambulance service?



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006 Source: Ipsos MORI

In the discussion groups, participants express muted enthusiasm for the concept of providing patients with advice about non-serious illnesses over the phone. Many feel it is a good idea in principle but have doubts about how efficiently it would work in practice.

I think it's a good idea, but I don't know how practical it is

West London, female, aged 18-24

In particular, many are concerned about whether staff would be able to assess patients sufficiently via the telephone. They feel that patients would be subjective in their descriptions of their condition or illness and this would make it very difficult for staff to assess the seriousness of their condition.

And how can they?, They can give you certain advice, but without actually seeing the patient, how can they see what, and it also depends on the person making the call, and how they've assessed the situation. Then they ... exaggerate it more, underplay, you just don't know

West London, female, long-term condition

People do not tell the truth. No matter how hard you try, if you've got an elderly lady that's got a pain in her chest, Oh it's probably just indigestion'... She phones up and she says I think I've just got indigestion and they say 'well it probably is', even though everything's there, and the next morning she's dead

North London, female, long-term condition

Indeed some are worried about the possibility of this system 'costing lives' as a minority of patients 'slip through the net', due to potential difficulties communicating with ambulance staff over the phone.

But you have got the trouble ... It can work perfectly for years, treat tens of thousands, hundreds of thousands of people successfully, one person is told just go to the doctors in the morning, and they die in the night for whatever reason, and then it's going to be splashed across the news, across every paper. Doctor tried to treat patient over the phone and patient dies, shock horror

South London, male, white

You would cause a certain amount of death

North London, female, long-term condition

And could cost them their lives, basically. If they're spending ages just getting all the answers from the phone it could take at least five minutes, even a minute could take somebody's lives

London, female, Bangladeshi

As such, Londoners express concerns about the level of training telephone advisors should undergo. They believe it is important that as well as giving medical advice they are able to assess the situation competently and keep the patient calm.

I think it's important to have somebody calming on the end of the phone, rather than somebody who you see as obnoxious and trying to delay you

North London, female, parent

Furthermore, some residents are also concerned that they would find medical advice over the telephone 'frustrating' and would prefer to be assessed face-to-face.

I think it depends on how you deal with that situation, and how trained you are. I think somebody who's trained, walked into a flat, found their mother on the floor unconscious, to be asked 101 questions ... blab, blab, blab, blab, and then it's just like, 'Why are you asking me this?'

North London, female, parent

I think I'd find it quite frustrating

North London, female, parent

Some residents feel that although a minority of people may slip through the net, on balance, providing the system is well managed, the cost and time savings afforded by treating those with non life-threatening conditions outweigh the risks.

There will always be people that slip through the net, because we don't live in a perfect world but I think on balance it is an educational thing and most people I think do take responsibility. They do think twice about things and they have to be extremely worried before they pick up the phone and dial 999 for an ambulance

North London, male, long-term condition

In contrast, efficiency, streamlining and cost savings are the main reasons that some Londoners feel positive about the shift towards giving advice for non-serious conditions over the telephone. Furthermore, they feel that by streamlining the service, seriously ill patients will be prioritised under this system.

It's streamlining so that the most important people get seen first

South London, female, African Caribbean

Well, if that was run very efficiently then you'd save a lot of money, time and aggro for everybody

North London, male, long-term condition

Some feel that this shift has already started. They are aware that the London Ambulance Service already gives advice over the telephone and prioritises calls and so do not feel that the London Ambulance Service is changing its role.

I thought... to a certain extent, they were doing that. I don't know about having a clinical person on the other end to actually evaluate the person over the phone but I thought they were prioritising who they went to first anyway

South London, male, white

You hear when children whose parents have collapsed, and things like that, the operator's kept on the phone with that child until an ambulance has arrived

West London, female, long-term condition

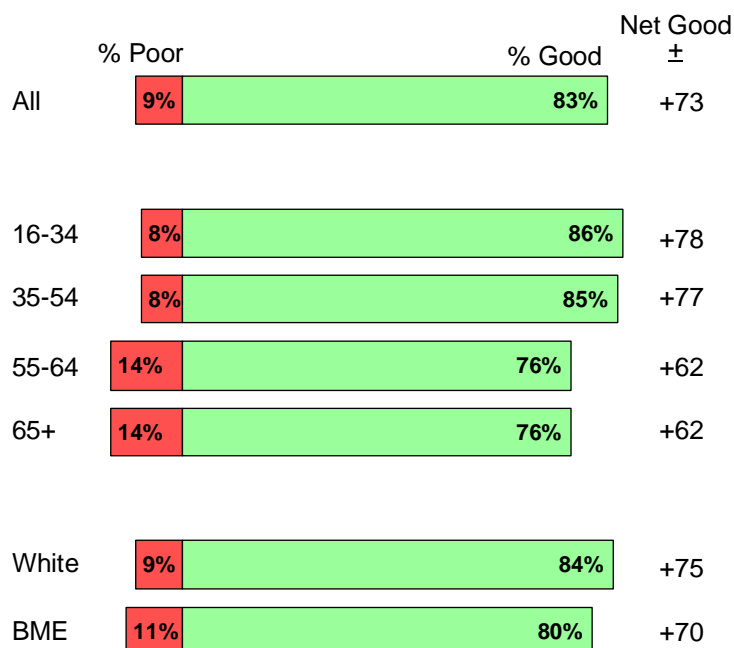
24. Expansion of Emergency Care Practitioners Scheme

More than eight in ten Londoners say that the expansion of the Emergency Care Practitioner Scheme is a good idea (83%). Again, young people are most positive about this and older people are slightly more sceptical (86% of 16-34 year olds think it is a good idea, compared with 76% of those aged 65 and over).

Expansion of Emergency Care Practitioner scheme

- Q *The London Ambulance Service is also expanding their Emergency Care Practitioner Scheme for responding to patients with minor illnesses or injuries, or chronic conditions like asthma and diabetes. They are able to treat patients in the home, and where appropriate prescribe drugs, or refer patients on to their GPs or social services.*

How good or poor an idea do you think this is as a way of treating people with minor illnesses or injuries, or chronic conditions who have called the Ambulance service?



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006 Source: Ipsos MORI

Many Londoners say they are positive about expanding the Emergency Care Practitioners Scheme because it would have a positive knock-on effect on hospitals, saving time, money and resources.

I think a lot of people appreciate that at least you're being seen

South London, female, African Caribbean

Advantage is the hospitals will be less full of people, they'll take them back when they don't need to, and waste the hospital's time

West London, male, aged 18-24

Some, however are concerned that too much responsibility will lie with the Emergency Care Practitioners and as such they express concern that some patients may receive the correct treatment. However, this may be due to residents not being fully informed about the level of training that Emergency Care Practitioners receive.

I would think that's a bad idea because ... maybe there's something more serious that the practitioner couldn't tell of and something happened later on, then it would all be bad press

London, male, Bangladeshi

Supposing they made a decision which turned out to be questionable later on? Are they going to be held responsible?

South London, male , white

25. A change of name?

Londoners do not believe that the London Ambulance Service should change its name in order to reflect its changing role. Indeed, many feel that a name change would be 'confusing' for local residents.

Instead, they feel that the London Ambulance Service needs to consider carefully how they can effectively communicate their changing role and 'culture'.

I would feel it would be confusing. I would definitely want to have someone telling me, through an advertising campaign, that actually I can call them if I just cut my finger

South London, female, white

I don't really think that they'd need to necessarily change the name. Just make people know that the service has, it has changed a bit because, culturally, you all think 'ambulance, I've hurt myself, they'll come and collect me and take me to hospital'. It's just letting people know that it's offering this different service

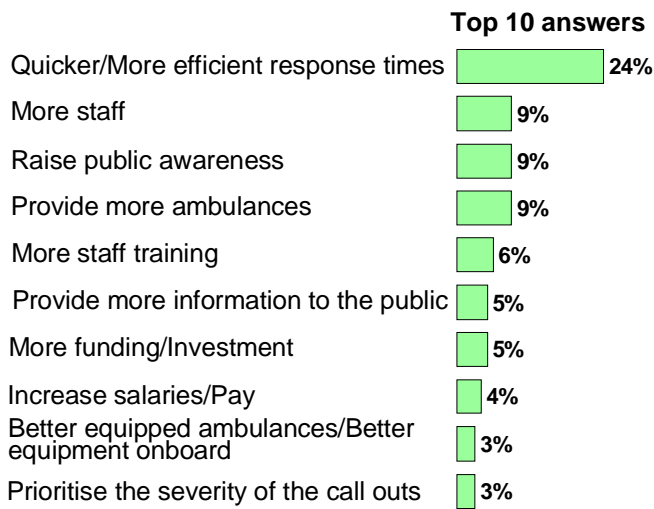
South London, female, white

26. Looking to the future

As noted earlier, Londoners believe that the most important role for the London Ambulance Service is how quickly they respond to an emergency. Echoing this, **a quarter of Londoners feel the Ambulance Service could improve its service by responding quicker and more efficiently to emergencies (24%)**. This rises to nearly half among those who say they are dissatisfied with the service (46%), and to over a third among black residents (35%).

Improvements

Q *What, if anything, could the London Ambulance Service do to improve its service?*



Base: All respondents (1,010); Fieldwork dates: 19th June – 2nd July 2006

Source: Ipsos MORI

26.1 Communication and education

In the discussion groups, communication and education of the Ambulance Services' changing role emerge as key future considerations. Specifically, Londoners believe that careful communication to inform people of these changes would help to increase knowledge of the Ambulance Service and when it should be used. Residents feel this would result in a more efficient Service. In particular, Londoners are keen to see the Ambulance Service promote itself by visiting schools and running road-shows.

Education, we just need to let people know what they should be calling for

West London, female, aged 18-24

...out and about a bit more, I think having a child at school ... they take fire engines in there so they can go on ... You never see the Ambulance Service doing that. Maybe they could make themselves a bit more popular, a bit more expressible, and people have ... more knowledge of what can happen in an Ambulance, if they actually went out and did some road shows

North London, female, parent

26.1.1 Communication of telephone help and Emergency Care Practitioner Scheme

Furthermore, the Londoners we spoke to believe that in order for the telephone advice and Emergency Care Practitioner Scheme to be effective, they too need to be communicated widely. In particular, it is thought that a ‘checklist’ of questions that people can expect to be asked would be helpful so that people can prepare their answers before making a phone call.

It would be good to actually, letting people know which type of questions you will be asked, because at least you're not taking a lot of people unawares; they ask all these questions.

South London, female, white

A checklist of some sort, so people can be aware of which is really more serious

East London, female, Bangladeshi

26.2 Increasing diversity

As noted previously, just over a third of Londoners feel that the London Ambulance Service is representative of the ethnic make-up of London (38%). Looking to the future, some of the people we spoke to feel that ethnic diversity in the Ambulance Service will become more of an issue – as with the metropolitan police – and this will need to be carefully addressed.

I think it [the LAS] will be under a little bit more pressure because ... my thoughts are because the ambulance, it's not mixed, it doesn't reflect really what's going on outside and the minorities... And there's going to come a point where it's going to be publicised

South London, female, African Caribbean

Furthermore, although Ambulance staff are generally very highly thought of, some of the black and minority ethnic Londoners we spoke to suggest that ambulance staff could be more sensitive and friendly.

They need to be more accessible... to be a bit more open, a bit more friendly 'cos they're not very friendly people

South London, female, African Caribbean

Skills and training... Sometimes I think they may be a bit rough-handed instead of being sensitive to the issues of the injured party or an old person

South London, male, African Caribbean

Appendices

Appendix A –Interviews with Homeless People

Appendix B – Sample Profile

Appendix C – Guide to Statistical Reliability

Appendix D – Social Class Definitions

Appendix E – Topic Guide

Appendix F – Marked-up Questionnaire

A - Interviews with Homeless People

A.1 Experiences of the London Ambulance Service

The homeless people that we spoke to are **very positive about the service they have received from the London Ambulance Service**. In many cases the environment they have been picked up from may not be particularly pleasant or/and may have a number of people with alcohol problems or mental ill-health. Despite these circumstances, homeless respondents feel they still receive a professional and effective service. The people we spoke to stress that in many cases the ambulance staff go out of their way to reassure them, telling them what they are doing and why, which they find comforting.

At Christmas I was really unwell and I was at a mainline station in London and the service was fabulous. They were really, really good and really caring because it was a mental health issue and they were brilliant

Homeless, female

Absolutely spot on, they were there within ten, eleven minutes, completely knew what they were doing, totally had everything under control. They're great

Homeless, male

I had a chest infection and I kind of collapsed, coughing... so someone called the ambulance for me. They came out, they were very reassuring, really helpful, told me what was happening to me, why it was happening

Homeless, male

Although the majority of experiences people cite are positive, a few cases of perceived poor service are mentioned. These instances are not felt to be a consequence of living status, but centre on the concern that people were being treated poorly because ambulance staff thought they were intoxicated. In one instance, a woman was not allowed to accompany her friend in an ambulance because the ambulance staff thought she was high on drugs (although she maintains she had only been drinking). She feels she was handled very roughly and sworn at on several occasions. While she appreciates that she may not have been fit to travel, she feels that she could have been treated with more respect and sensitivity.

Other negative experiences include a lack of clarity about how long it will take an ambulance to arrive. As highlighted in the comment below, one man kept calling to get an idea about when to expect an ambulance. However, he was given no indication about when it might arrive.

I've phoned on behalf of people to chase up the ambulance, and say, 'Can you tell me when it's coming?', 'No we can't'. 'Give us a rough idea'. 'No we can't do that'. I said, 'Well look, you must be able to tell me that, having called you'. 'No. no we can't say anything because anything might happen at any time'

Homeless, male

A.2 London Ambulance Service staff

Overall, the homeless people we interviewed have a **great deal of respect for people who work for the London Ambulance Service**. In their experience, ambulance staff have performed in a professional manner, rarely letting an unpleasant situation affect their job performance.

In particular, their skill in dealing with the dangers and difficulties associated with people under the influence of drugs and alcohol which are coupled with homelessness are appreciated by the homeless people we spoke to. It is acknowledged that dealing with people of this nature is not an easy job. Therefore they are appreciative of the manner of ambulance staff in being able to put this aside and concentrate on the issue at hand.

People can be, it just could be drugs and alcohol because myself I know from being alcoholic, we're just so unreliable. You don't know if you're going to get violence or if you're just going to get somebody who's going to fall asleep. I have a huge amount of respect and I would not want to do their job

Homeless, female

They can't get the most pleasant and come round and find some people, if you're among druggies, offenders there is a lot of people you know dislike drunkies and are prejudiced against them, and to be able to put this aside and deliver a service I think is admirable

Homeless, male

Oh, they've been professional in their treatment, certainly, the paramedics and all that are very good... They're professional in their treatment of people

Homeless, female

A2.1 Level of training

A finding also seen in the main discussion groups with Londoners is that there is a wide range of views regarding the level of training that ambulance staff have. This ranges from staff being viewed as more qualified than doctors, to only possessing basic first aid training. However, all depth interviews are in agreement that ambulance staff are now trained to a higher level than in the past.

I can't imagine they, it's not going to be like a major amount of medical training but they're going to have to have a certain amount, basic kind of stuff, more than first aid, I would say

Homeless, female

It seems to me with the front line, the ambulance drivers and the stretcher bearers as they used to be, are far more better trained nowadays

Homeless, male

Interestingly, in one case it is mentioned that working for the Ambulance Service is more of a career than a job. This links into career progression, with the participant indicating that it potentially attracts less ambitious people.

I would say that historically it's been a job, an ambulance driver rather than a career, so it wouldn't really have attracted the most ambitious type of individual

Homeless, female

A.3 The impact of being homeless

The homeless people that we spoke do not feel that the London Ambulance Service is prejudiced against them due to their living status or position in society. Ambulance staff are seen to react professionally to a situation, treating it as an emergency and not letting a person's situation influence their treatment.

In some cases people speak of ambulance staff getting to know 'regular' homeless people and developing a caring relationship with them.

From what I can tell is that you're in an emergency and you're not well, they're going to do the best they can and the fact you're homeless...I would say that they didn't know that

Homeless, female

I don't think they treated me any differently to the way they would have done before I became homeless or since I begun... I didn't see any difference and that was really key to me at the time, I was expecting them to turn up and treat me like some druggie

Homeless, male

A lot of people stereotype homeless people, a lot of various services and you just come to expect it to some degree after a very short space of time, but with those guys, I really didn't feel any prejudice or anything like that at all

Homeless, male

I think they get to know people, certain ambulance crew get to know regular people. There's ... people they take in regularly, especially at winter time, and they're quite kind

Homeless, female

There is a great deal of acknowledgment that homeless people in general are stereotyped by society. However, overall, it is felt that **the Ambulance Service does not let prejudice influence them**. By and large, the London Ambulance Service compares favourably with the Police.

I think if a homeless person called the police, whatever they told the police would be taken with a pinch of salt, then investigated and then maybe if they were right something would be done about it by which time it would probably be over. The ambulance men aren't like that, so they're pretty unique

Homeless, male

Overall the **people we spoke to do not see being homeless as a cause of poor treatment with the London Ambulance Service**. Where there has been a problem regarding the handling of an issue, this tends to be related to abuse that staff may receive from people drunk and under the influence of drugs and how this is dealt with.

The only way they would act differently and this probably wouldn't be about your homelessness, is if you had a drug and alcohol issue and you were being abusive with it, like you'd had too much alcohol and you were starting to get lairy

Homeless, female

A.4 The role of the London Ambulance Service

Interviews with the homeless people show that, as seen in the qualitative research with the general public, they perceive that one of the key roles of the London Ambulance Service is to stabilise the patient and provide primary care until they are taken to hospital.

It's giving that primary care before they get to hospital because I always see it as an emergency service

Homeless, female

I think they're there to stabilise casualties until they get to hospital aren't they? 'till they get to a building or a site that's designated for making people better. I think it's their job to stabilise them

Homeless, male

This ties into the view that in most cases, people feel that they would only call an ambulance for an 'emergency' situation, which symbolises one where they can't deal with the situation themselves. This is similar to the wider general public qualitative research which describes an emergency situation as being almost instinctive where, once you decide there is an emergency, you would call an ambulance.

However, interviews with homeless people also bring in other concepts that are not widely cited in the general public research. Issues of financial circumstance are mentioned as factors that may influence whether or not an ambulance is called. In the example below, the homeless respondent feels that if you are not able to afford a taxi to take you to hospital, you may call for an ambulance.

If you don't have the money for a taxi then you might have to call an ambulance

Homeless, male

A.5 Calling an ambulance

In general, the people in the homeless interviews feel that going to hospital in an ambulance means you will probably get treated quicker than if you go to A&E on foot.

I would say that if you came in the ambulance the chances are you'd probably get treated faster

Homeless, female

With regard to the perceived prioritisation of calls by the Ambulance Service and touched upon in the wider general public research, some people feel that if you exaggerate your condition on the phone to an ambulance, then it will arrive more quickly.

You get an ambulance quicker by exaggerating the condition of the patient and by getting a bit of panic into your voice. You know these things come into it

Homeless, male

A.6 Reactions to change

The homeless people that we spoke to are, by and large, **very receptive to the idea of the London Ambulance Service expanding the emergency care practitioner scheme** in the future. Any scheme that can stabilise a patient quicker, even if it doesn't necessarily mean they will get to hospital as fast, is seen as a good idea. People have seen evidence of this expansion already, such as an increase in paramedics on motorbikes; they feel this is a good innovation and proof that the London Ambulance Service is adapting to its environment (i.e. traffic congestion).

In most cases **there is resistance to the idea of dealing with more situations over the phone**. This is because one of the main reasons for calling an ambulance is because of panic due to an emergency situation. Therefore, people are not receptive to being delayed or 'fobbed off' to another health service. In general, the homeless people feel that they would only call an ambulance if they that they really need one, therefore they would not appreciate being told to go to see the doctor.

Because the person on the other end of the phone is panicking, as far as they're concerned they want an ambulance, especially if it's their child, they want an ambulance and they want to go to hospital. Talking to a person over the phone, calm down ... I don't want to go to a frigging doctor

Homeless, male

In addition to this, the homeless people we spoke to are not sure that they would be able to provide enough useful or clinical information over the phone to enable the Ambulance Service to be able to assess their situation accurately. It is noted that the quality of information they provide would deteriorate even further if they are panicking – and because this is a reason why they would call an ambulance, they have serious reservations with this way of handling cases.

I think that when you're speaking to somebody on the phone... self perception's a funny thing and that also applies to your health, so what I might think of as quite a serious injury, someone else might think is quite minor and that could cost them, or the other way around. You know it might be that someone might be too proud to admit for instance that they're in as much trouble as they are and that might be a danger

Homeless, male

A.7 Suggested improvements

The main type of improvements that the homeless people suggest are related to ways in which an ambulance crew can get to a patient quicker, without getting held up in traffic. Therefore, similar to the expansion of the emergency care practitioner scheme, people propose **having more air ambulances and motorbikes to enable better flexibility and speed** when dealing with patients.

I'd immediately introduce more air ambulances to London because the traffic's so crap. I think loads of people probably die in accidents unnecessarily because it takes so long for the ambulance men to get there because of the traffic, particular at certain times of the day. So I'd definitely increase the air Ambulance Service and I'd also increase... the motorbike paramedics because of the same reason, they just get to you quicker and that's really the critical thing in an accident or injury situation isn't it?

Homeless, male

B – Sample Profile

Base: All respondents (1,010)

	Number	Percentage
Gender		
Male	502	50
Female	508	50
Age		
16-34	373	37
35-54	359	36
55-64	139	14
65+	139	14
Ethnicity		
White	716	71
BME	285	28
Location		
Inner London	399	40
Outer London	602	60

Source: Ipsos MORI

C – Guide to statistical reliability

It should be remembered at all times that a sample, and not the entire population of London, has taken part in the survey. In consequence, all results are subject to ‘sampling tolerance’. This means both that the overall sample is accurate to within certain margins of error and that any differences (e.g. between sub-groups) need to be of a certain size for them to be statistically significant.

We cannot be certain that the figures obtained are exactly those we would have obtained if everybody had been interviewed (the ‘true’ values). However, we can predict the variation between the sample results and the ‘true’ values. This is based on a knowledge of the size of the samples on which the results are based and the percentage finding. The confidence with which we can make this prediction is usually chosen to be 95%: that is, the chances are 95 in 100 that the ‘true’ value will fall within a specified range. The table below illustrates the predicted ranges for different sample sizes and percentage results at the ‘95% confidence interval’:

Size of sample on which survey result is based	Reliability of Overall Sample Approximate Sampling Tolerances Applicable to Percentages At or Near these Levels		
	10% or 90%	30% or 70%	50%
	±	±	±
100 interviews	6	9	10
500 interviews	3	4	4
800 interviews	2	3	4
1,010 interviews	2	3	3

For example, with the overall sample size of 1,010 where 50% give a particular answer, the chances are 95 to 100 that the ‘true’ value (which would have been obtained if the whole population had been interviewed) will fall within the range of ± 3 percentage points from the sample result. That is within the range of 47% to 53%.

When results are compared between separate groups within a sample, different results may be obtained. The difference may be 'real', or it may occur by chance (because not everyone in the population has been interviewed). To test if the difference is a real one - i.e. if it is 'statistically significant', we again have to know the size of the samples, the percentage giving a certain answer and the degree of confidence chosen. If we assume '95% confidence interval', the differences between the results of two separate groups must be greater than the values given in the table below:

Size of samples compared	Minimum Differences Required Between Two Groups for significance At or Near these Percentage Levels		
	10% or 90%	30% or 70%	50%
100 and 100	8	13	14
100 and 400	7	10	11
200 and 200	6	9	10
200 and 400	5	8	9
500 and 500	4	6	6

D – Social Class Definitions

- A Professionals such as doctors, surgeons, solicitors or dentists; chartered people like architects; fully qualified people with a large degree of responsibility such as senior editors, senior civil servants, town clerks, senior business executives and managers, and high ranking grades of the Services.
- B People with very responsible jobs such as university lecturers, hospital matrons, heads of local government departments, middle management in business, qualified scientists, bank managers, police inspectors, and upper grades of the Services.
- C1 All others doing non-manual jobs; nurses, technicians, pharmacists, salesmen, publicans, people in clerical positions, police sergeants/constables, and middle ranks of the Services.
- C2 Skilled manual workers/craftsmen who have served apprenticeships; foremen, manual workers with special qualifications such as long distance lorry drivers, security officers, and lower grades of Services.
- D Semi-skilled and unskilled manual workers, including labourers and mates of occupations in the C2 grade and people serving apprenticeships; machine minders, farm labourers, bus and railway conductors, laboratory assistants, postmen, door-to-door and van salesmen.
- E Those on lowest levels of subsistence including pensioners, casual workers, and others with minimum levels of income.

E – Topic Guide

London Ambulance Service

Topic guide for focus groups

Incorporating comments from the London Ambulance Service (2nd June 2006)

Topic areas, questions and probes	Objective	Timing
<p><u>Introduction – DO NOT MENTION CLIENT NAME IN INTRO</u></p> <ul style="list-style-type: none"> • Thank everyone for attending • Introduce self/colleagues, Ipsos MORI, explain purpose of the focus group. All opinions are valid, okay to disagree. No right or wrong answers • Assure confidentiality, MRS Code of Conduct • Emphasise that no specialist knowledge is required • Ask permission to audio record the discussion <p><u>Participant introductions</u></p> <ul style="list-style-type: none"> • FIRST NAME, AGE, OCCUPATION, WHERE THEY LIVE / WHO WITH ETC 	<p>As well as breaking the ice, this will give group members the chance to talk briefly about themselves.</p>	<p>5 mins</p>
Impressions / brand testing		
<ul style="list-style-type: none"> • SHOW RESPONDENTS PICTURES OF LOGOS: LFB, NHS, MET POLICE, LAS, LONOND NHS TRUST. GO THROUGH EACH <p>What words or phrases come to mind when you see each of these? NOTE WHETHER POSITIVE OR NEGATIVE RESPONSES AND EXPLORE REASONS FOR POSITIVE / NEGATIVE PERCEPTIONS. PROBE ON THE LONDON AMBULANCE SERVICE CROWN BADGE – DO PEOPLE RECOGNISE THIS? WHAT COMES TO MIND (MILITARY ANGLE?)</p> <ul style="list-style-type: none"> • SHOW RESPONDENTS PICTURES OF UNIFORMS: MET POLICE, LONDON NHS TRUST, LFB, LAS, NHS <p>What words come to mind when you see these uniforms? PROBE ON: PROFESSIONAL, RECOGNISABLE, TRUSTWORTHY, SCARY ETC. NOTE COMPARISONS BETWEEN LAS AND OTHER ORGS.</p> <p>PROBE ON FRONTLINE JOBS VS BACK OFFICE SUPPORT FUNCTION AND EXPLORE ANY DIFFERENCES EMERGING</p> <p>Which of these (if any) would you recommend as a career for a friend? Why?</p> <p>What sort of people do you think work for the LAS? Why? And what sort of people do you think do <u>not</u> work for the LAS? Why?</p>	<p>To get a sense of participants' overall impressions of the London Ambulance Service</p>	<p>20 mins</p>

<p>Young people group only: Would you consider a career in either the police/fire service/ a part of the NHS? Why / why not?</p> <p>Would you consider a career in the LAS? Why / why not?</p> <p>ASK ALL GROUPS:</p> <p>If someone you knew started working for the police/fire service/ another part of the NHS would you think this was a positive or negative thing?</p> <p>What about if someone you knew started working for the LAS would you think this was a positive or negative thing? NOTE COMPARISONS</p> <p>PROBE: How much do you trust each of these organisations? PROBE ON WHERE THE LAS FITS, IS IT TRUSTED MORE / LESS THAN OTHER ORGS AND WHY</p>		
<p>Knowledge of LAS and Current Usage</p>		
<p>Do you think the London Ambulance Service is part of the NHS, or do you consider it as an emergency service such as the fire service or police (or both)? If so, how do you know this?</p> <p>UNPROMPTED: What, if anything, do you know about the LAS? What else? PROBE FULLY How did you come to know this? PROBE ON WHETHER PEOPLE THINK THERE IS JUST ONE AMBULANCE SERVICE ACROSS THE COUNTRY OR IF THEY REALISE THERE IS A LONDON AMBULANCE SERVICE</p> <p>PROBE FOR LEVEL OF KNOWLEDGE ON: Patient transport service, emergency bed service, baby emergency transfer service etc. Where did you get this information from? PROBE: word of mouth, personal experience, friends / family work for LAS, media e.g. TV, newspapers, radio, websites. How would you prefer to hear about the LAS?</p> <p>What do you think are main roles and responsibilities of the London Ambulance Service? PROBE: responding to emergency calls, responding to car accidents, treating heart attacks, treating people outside of hospital, taking people to and from out-patient appointments, moving people between hospitals.</p> <p>What are they <u>not</u> responsible for?</p> <p>What do you think are the main roles and responsibilities of ambulance staff? Why do you say that? Where did you get this information from? PROBE FOR: TV i.e. Casualty, personal experiences, word-of-mouth, leaflets etc READ OUT MAIN ROLES AND RESPONSIBILITIES OF EACH AND EXPLORE HOW (IF AT ALL) THIS DIFFERS FROM PEOPLE'S PERCEPTIONS</p>	<p>To explore levels of knowledge and expectations of the LAS and services it provides</p>	<p>30 mins</p>

Expectations of the LAS

In what sort of situation would you call the ambulance service for help?

When would you not call them? Why not?

If you rang for an ambulance, where do you think your call goes through to? PROBE: call centre, LAS, local ambulance station, hospital. What would you expect to be asked? PROBE: WHAT IS WRONG, WHERE HELP IS NEEDED (ADDRESS) INCLUDING POSTCODE, YOUR PHONE NO, DETAILS OF PATIENT'S CONDITION E.G. ARE THEY CONSCIOUS? ARE THEY BREATHING OK

If the ambulance service responded to your call, where do you think the staff would come from? PROBE: hospital, LAS, local ambulance station etc. Why?

How long would you expect to wait? What would be a reasonable time to wait? Does it make a difference what is wrong with you? Does this make a difference depending on what time of day you called? PROBE pubs closing time, rush hour traffic etc

Who would you expect to attend? PROBE ON: PARAMEDICS, EMERGENCY CARE PRACTITIONERS, TECHNICIANS, AMBULANCE DRIVERS, St JOHN VOLUNTEERS. Do you know the differences between Paramedics, Emergency Care Practitioners, Technicians and Nurses PROBE ON WHAT GENDER THEY WOULD EXPECT

What would you expect them to do when they arrived? PROBE: treat the patient or just take them to hospital? What level of treatment, if any, would you expect?

Where would you expect the ambulance service to take you? PROBE FOR: A&E, minor injuries unit, nowhere – stay at home, walk-in centres. IF ONLY A&E Did you realise that the LAS can treat you at home/take you to minor injuries, etc?

READ OUT THE FOLLOWING HYPOTHETICAL SCENARIOS:

Thinking about the following scenarios, would you call an ambulance or not, and why.

A: You're feeling unwell with flu, with aching joints and general lethargy

**B: You have stomach pain
PROBE ON THE SEVERITY OF THE PAIN**

C: You're experiencing chest pain and a strange sensation down your left arm

**D: A woman goes into labour
PROB ON STAGE OF LABOUR. I.E. START OR VERY ADVANCED**

FOR EACH SCENARIO: Would you call an ambulance or not? Why / why not? If not, what would you do instead? PROBE FOR:

drive yourself, get someone else to drive you/them, wait to see a GP, call NHS Direct etc why?

What do you think are the advantages, if any, of being taken to hospital by ambulance?

What reasons would you have for being reluctant to call an ambulance? PROBE: Cost, strain on NHS, alternatives available, don't want to waste time / money, fear (of being in an ambulance), previous bad experience of calling the ambulance service

What do you think are the most important factors when you call the ambulance service PROBE ON: attitude from staff, pain relief, speed of response etc?

Culturally specific issues: FOR USE WITH BME GROUPS ONLY

Do you think that the London Ambulance Service is able to meet any cultural or language needs you may have? IF YES in what way? IF NO: what can they do to improve this? PROBE FULLY

The changing role of the LAS

LAS IN THE FUTURE

What kind of service do you think the London Ambulance Service will provide in five years time? Why? PROBE ON: The same role/a different role? In what ways would it be different? Do you feel that the LAS needs to change or not? If yes: what changes need to be made? Why?

What two or three improvements would you like to see take place?

What percentage of 999 calls do you think are for patients with life-threatening injuries/illnesses that actually require the patient to be taken to hospital by ambulance on blue lights and sirens? READ OUT 10 PERCENT Is this higher or lower than you thought? Why?

EXPLORING SPECIFIC CHANGES TO LAS

The London Ambulance Service has started to change the way it treats patients. One of these changes is that callers without life-threatening or serious injuries/illnesses are being offered help/advice over the telephone.

People with less serious conditions may be assessed over the phone by a clinical telephone advisor. Following the assessment they would reach a decision with the patient on the best course of action. This could include treatment at home, visiting their GP or pharmacy or sending an ambulance if required.

Do you think this is a good idea or not? Why / why not? What do you think the advantages/disadvantages are? EXPLORE CURRENT PERCEPTIONS. DO PEOPLE THINK THIS CURRENTLY HAPPENS, OR NOT?

The London Ambulance Service is also expanding their

To gauge respondents attitudes towards the future of the LAS and specific changes

25 mins

<p>Emergency Care Practitioner Scheme. Emergency care practitioners who have enhanced skills in physical assessment and decision-making are increasingly responding to patients with minor illnesses or injuries, or chronic conditions like asthma and diabetes. They are able to treat patients in the home, and where appropriate prescribe drugs, or refer patients on to their GPs or social services.</p> <p>Did you already know the London Ambulance Service is treating patients this way? IF SO, how do you know this?</p> <p>EXPLORE CURRENT PERCEPTIONS, DO PEOPLE THINK THIS CURRENTLY HAPPENS OR NOT?</p> <p>In the future, half of the people who call the London Ambulance Service will be treated by an Emergency Care Practitioner and half of these won't need to go to hospital for further treatment.</p> <p>What do you think the advantages/disadvantages of this are? Why?</p> <p>Bearing in mind these changes, you think the name the 'London Ambulance Service' reflects their changing role?</p> <p>PROBE: can you think of a better name? PROMPTS – lifesquad, paramedic service, medical emergency service</p>		
<p>Summary</p>		
<ul style="list-style-type: none"> Following this afternoon's / evening's discussion, what are the two or three key messages you would like to make sure we feedback to the London Ambulance Service? <p>Finally if any of our discussions have upset you or you have issues, questions or concerns you would like to discuss further please do contact the London Ambulance Service Patient Advice and Liaison Service for further help.</p> <p>We have details and other helpful information about where to go for the right treatment and when to call an ambulance in these leaflets – give leaflets out.</p>	<p>To get participants to summarise their views and report any key messages</p>	<p>5 mins</p>

F - Marked-up Questionnaire

Perceptions of the London Ambulance Service

- Results are based on a sample of 1,010 Greater London residents aged 16 and over, with interviews conducted by telephone
- Fieldwork conducted between 19th June to 2nd July
- Quotas have been set in line with the population profiles within Greater London, for age, gender, working status, ethnicity and region within London (inner/outer)
- Data are unweighted
- Where figures do not add up to 100, this is due to multiple coding or computer rounding
- Responses are based on all interviews unless otherwise specified

INTRODUCTION/CONFIDENTIALITY

Good morning, afternoon, evening. My name is ... from Ipsos MORI, the research organisation, and we are carrying out an important survey talking about local health services.

The interview will take about 15 minutes.

I would like to reassure you that all the information we collect will be kept in the strictest confidence, and used for research purposes only. It will not be possible to identify any particular individual or address in the results.

THE ROLE OF THE SERVICE

Q1. I am now going to read out a list of different situations, for each one, could you tell me whether you would be confident or not for aSINGLE CODE FOR EACH

	Confident %	Not confident %	Don't know %
A GP to give you advice about a minor illness over the phone, such as a heavy cold	87	12	1
A GP to give you advice about a serious illness over the phone, such as chest pain	44	54	2
A GP to prescribe medication for you	93	5	1
A GP to treat you for an injury or illness at home	85	13	2
A hospital doctor to give you advice about a minor illness over the phone, such as a heavy cold	85	13	2

	Confident %	Not confident %	Don't know %
A hospital doctor to give you advice about a serious illness over the phone, such as chest pain	41	57	2
	Confident %	Not confident %	Don't know %
A hospital doctor to prescribe medication for you	90	8	2
	Confident %	Not confident %	Don't know %
A hospital doctor to treat you for an injury or illness at home	84	13	3
	Confident %	Not confident %	Don't know %
A nurse to give you advice about a minor illness over the phone, such as a heavy cold	82	17	1
	Confident %	Not confident %	Don't know %
A nurse to give you advice about a serious illness over the phone, such as chest pain	28	69	2
	Confident %	Not confident %	Don't know %
A nurse to prescribe medication for you	51	44	4
	Confident %	Not confident %	Don't know %
A nurse to treat you for an injury or illness at home	78	19	3
	Confident %	Not confident %	Don't know %
Ambulance staff to give you advice about a minor illness over the phone, such as a heavy cold	72	25	2
	Confident %	Not confident %	Don't know %
Ambulance staff to give you advice about a serious illness over the phone, such as chest pain	34	64	2

Ambulance staff to prescribe medication for you	Confident % 40	Not confident % 56	Don't know % 5
Ambulance staff to treat you for an injury of illness at home	Confident % 84	Not confident % 13	Don't know % 3
A pharmacist to give you advice about a minor illness over the phone, such as a heavy cold	Confident % 77	Not confident % 22	Don't know % 1
A pharmacist to give you advice about a serious illness over the phone, such as chest pain	Confident % 19	Not confident % 80	Don't know % 1
A pharmacist to prescribe medication for you	Confident % 60	Not confident % 37	Don't know % 3
A pharmacist to treat you for an injury of illness at home	Confident % 30	Not confident % 68	Don't know % 2

Q2. How satisfied or dissatisfied are you with the way the following types of people do their job, using the scale that I'm going to read out: Very satisfied, fairly satisfied, neither satisfied nor dissatisfied, fairly dissatisfied or very dissatisfied? SINGLE CODE ONLY. RANDOMISE ORDER

	Very satisfied %	Fairly satisfied %	Neither %	Fairly dissatisfied %	Very dissatisfied %	No opinion %
GP	44	40	6	6	3	1
Hospital doctor	43	41	4	4	2	7
Nurse	41	44	5	3	1	6
Ambulance staff	43	26	7	1	1	22
Pharmacist	40	44	8	2	1	4

Q3.a- Which, if any, of the following describes what you think you personally would do if ...
 c READ OUT MULTICODE OK.

	Q3a All actions %
...you experienced chest pain with a strange sensation down your left arm	
Call 999 for an ambulance	53
Call NHS Direct	16
Contact a friend/relative for advice	13
Contact GP for advice	21
Contact GP for emergency appointment	21
Do nothing – wait to see if it gets worse or gets better	9
Do some research on internet	6
Go to hospital yourself/with someone	37
Other	1
None of these	0
Don't know	*

	Q3b All actions %
...you felt unwell with flu like symptoms including aching joints and lethargy	
Call 999 for an ambulance	4
Call NHS Direct	13
Contact a friend/relative for advice	13
Contact GP for advice	30
Contact GP for emergency appointment	23
Do nothing – wait to see if it gets worse or gets better	45
Do some research on internet	8
Go to hospital yourself/with someone	13
Other	11
None of these	*
Don't know	*

	Q3c All actions %
...you are with a woman who is due to give birth and who starts to have contractions	
<i>Base: All with amended statement (966)</i>	
Call 999 for an ambulance	59
Call NHS Direct	8
Contact a friend/relative for advice	11
Contact GP for advice	12
Contact GP for emergency appointment	6
Do nothing – wait to see if it gets worse or gets better	4
Do some research on internet	2
Go to hospital yourself/with someone	51
Other	7
None of these	*
Don't know	1

ASK Q4a-e IF MORE THAN ONE RESPONSE AT Q3a-c. IF ONLY ONE RESPONSE AT Q3a-c, TRANSFER CODE TO Q4a-c
 Q4. READ OUT AGAIN **And which do you think you would do first?** SINGLE CODE ONLY

	Q4a Do First %
you experienced chest pain with a strange sensation down your left arm	
Call 999 for an ambulance	42
Call NHS Direct	8
Contact a friend/relative for advice	5
Contact GP for advice	9
Contact GP for emergency appointment	9
Do nothing – wait to see if it gets worse or gets better	6
Do some research on internet	1
Go to hospital yourself/with someone	18
Other	1
None of these	0
Don't know	*

	Q4b Do First %
you felt unwell with flu like symptoms including aching joints and lethargy	
Call 999 for an ambulance	2
Call NHS Direct	6
Contact a friend/relative for advice	6
Contact GP for advice	18
Contact GP for emergency appointment	13
Do nothing – wait to see if it gets worse or gets better	40
Do some research on internet	2
Go to hospital yourself/with someone	3
Other	10
None of these	*
Don't know	1

	Q4c Do First %
you are a woman who is due to give birth and who starts to have contractions	
<i>Base: All with amended statement (966)</i>	
Call 999 for an ambulance	50
Call NHS Direct	3
Contact a friend/relative for advice	3
Contact GP for advice	3
Contact GP for emergency appointment	*
Do nothing – wait to see if it gets worse or gets better	2
Do some research on internet	0
Go to hospital yourself/with someone	32
Other	5
None of these	*
Don't know	1

Q5.a **What do you think is the single most important role of the Ambulance service? DO NOT PROMPT. SINGLE CODE ONLY**

Q5.b **What other roles, if any, do you think are important for the Ambulance service to have? DO NOT PROMPT. MULTICODE OK. PRE CODED LIST - DO NOT READ OUT. SINGLE CODE ONLY.**

	Q5a %	Q5b %
Responding quickly	32	11
Responding to a major emergency (e.g. a train crash)	18	6
Getting to emergency patients	14	7
Transporting emergency patients	6	8
Transporting patient to hospital (No mention of emergency)	6	13
Treating injuries	5	16
Other	4	10
Diagnosing and treating illnesses	3	13
Don't know	3	17
Providing reassurance	2	10
Providing information/advice	*	5
Providing pain control	*	2

Q6. **Which of the following phrases best describes the way you would speak of the Ambulance Service to other people? READ OUT. SINGLE CODE ONLY**

	%
I would speak highly of the Ambulance Service without being asked	33
I would speak highly of the Ambulance Service if I were asked	38
I would be neutral towards the Ambulance Service	19
I would be critical of the Ambulance Service if I were asked	2
I would be critical of the Ambulance Service without being asked	1
Don't know/ No opinion	8

Q7. **Have you personally ever needed to call an ambulance for yourself or someone else? PROBE: Was that for you or for someone else? MULTICODE 1 AND 2 ONLY**

	%	
Yes, for myself	20	
Yes, for someone else	45	
No	41	- GO TO INSTRUCTIONS BEFORE Q13
Don't know	*	

ASK Q8 IF HAS CALLED FOR AN AMBULANCE BEFORE

Q8. **About how long ago did you last call an ambulance? SINGLE CODE ONLY.**

Base: All who have used service (593)

	%
0-6 months ago	19
7 to 12 months ago	12
13 months to 2 years ago	11
2 to 5 years ago	27
More than five years ago	28
Don't know/Don't remember	1

Q9. **And were you in London at the time?**
SINGLE CODE ONLY.

Base: All who have used service (593)

	%
Yes	88
No	12
Don't know	*

Q10. **Overall, how satisfied or dissatisfied would you say you were with the service that you received from the ambulance service on that occasion?**
PROBE IS THAT VERY OR FAIRLY satisfied? SINGLE CODE ONLY.

Base: All who have used service (593)

	%
Very satisfied	77
Fairly satisfied	14
Neither satisfied nor dissatisfied	1
Fairly dissatisfied	3
Very dissatisfied	3
Don't know	1

Q11. **On that occasion was the ambulance service used for transporting you/someone to hospital, transferring you/someone between hospitals, or treating you/someone on site, e.g. at home?** MULTICODE ONLY.

Base: All who have used service (593)

	%
To transport you to hospital	83
To transfer you between hospitals	3
To treat you on site	30
Don't know	3

Q12. **Approximately how many times, if at all, have you used the Ambulance service in the past five years?** SINGLE CODE ONLY.

Base: All who have used service (593)

	%
Once	37
Twice	13
3 to 5 times	15
6-10 times	4
More than 10	3
Haven't used in past 5 years	28
Don't know	1

NOW GO TO Q14

ASK Q13 FOR THOSE WHO HAVE NEVER CALLED AN AMBULANCE (CODE 3 AT Q7). OTHERS GO TO Q14

Q13. **In what type of situation, if any, would you call for an Ambulance?**
IF NONE, PROBE Why?

Base: All who have never used service (417)

	%
Emergency/Life threatening situations	56
Serious accident	24
Heart attack/chest pain	20
Serious injury	17
Road accident	16
Severe illness	15
Unconsciousness	14
Labour pains/giving birth	8
If there was no way of getting the patient/myself to hospital	6
If the patient couldn't move/couldn't be moved	5
If the patient was having difficulty breathing/has stopped breathing	5
Severe blood loss	5
Broken bones	3
If child was ill and not responding	3
Stroke	3
Serious burns	2
Violent attack	2
Severe asthma attack	1
Head injury	1
Severe cuts	1
Someone choking	1
Other	5
Don't know	1

ASK ALL

Q14. **How long would you expect someone to have to wait for an ambulance in your area if they...?**

Q14a – had been involved in a serious car accident

Q14b – had a broken leg

Q14c – were elderly and had fallen over and couldn't get up again

DO NOT READ OUT TIMINGS

SINGLE CODE ONLY

	Q14a	Q14b	Q14c
	%	%	%
0 to 5 minutes	38	11	18
6 to 10 minutes	35	28	36
11 to 15 minutes	17	21	21
16 to 20 minutes	4	14	11
21 to 30 minutes	2	15	9
31 to 40 minutes	*	2	1
41 to 50 minutes	*	1	*
51 to 1 hour	*	3	1
More than 1 hour	0	2	*
Don't know	3	4	4

Q15. **Who would you expect to arrive when you call 999 for an ambulance? PROBE: And who else? DO NOT READ OUT. MULTICODE OK.**

	%
Paramedic	57
Ambulance staff	31
Doctor/GP	15
Ambulance driver	14
Police	10
Nurse	9
Ambulance man	8
Fire service	3
Medically trained/qualified people	2
Would expect the ambulance to arrive	1
Emergency medical technician	1
Rapid response team	1
Motorbike paramedic	1
Emergency care practitioner	*
Surgeon	*
Anaesthetist	*
Patient transport service staff	*
Other	2
Depends on the reason	4
Don't know	3

Where does the London Ambulance Service fit?

ASK ALL

Q16. **Which, if any, of the following organisations that I am about to read out do you think your local ambulance crew works for? READ OUT. A—E ROTATE ORDER. MULTICODE OK.**

	%
A GP surgery	3
B Hospital	27
C London Ambulance Service	75
D National Ambulance Service	17
E The Council	3
None of these	*
Don't know	4

Q17. **I am now going to read out a list of statements, for each one could you please tell me how strongly you agree or disagree that... SINGLE CODE ONLY. RANDOMISE**

	Strongly agree %	Tend to agree %	Neither agree nor disagree %	Tend to disagree %	Strongly disagree %	No opinion %
You will get treated quicker if you go to hospital by ambulance	41	23	7	16	10	3
The Ambulance Service is free	59	16	3	10	10	3
The Ambulance Service is a standalone emergency service such as the police and fire service	45	25	4	13	8	6
The Ambulance Service is part of the NHS	62	24	3	5	2	3

Communications

Now turning to the London Ambulance Service which serves the population within Greater London.

Q18. **How well informed, if at all, do you feel about the London Ambulance Service and what it does?** PROBE IS THAT VERY OR FAIRLY WELL INFORMED? SINGLE CODE ONLY.

	%
Very well informed	8
Fairly well informed	30
Not very well informed	40
Not at all informed	18
No opinion/don't know	5

Q19. **Have you seen or heard anything about the London Ambulance Service in the last year or two? If yes, where?** DO NOT READ OUT. MULTICODE OK

Q20. **And how would you prefer to receive most of your information about the London Ambulance service?**

DO NOT READ OUT. MULTICODE OK.

	Q19 %	Q20 %
NO – Haven't seen or heard anything (Q19 ONLY)	62	
Local television news	10	11
National television news	11	9
Local newspapers	6	15
National newspapers	9	9
London Ambulance Service Website	0	1
The internet (unspecified)	1	10
Factual TV programmes (City Hospital, trauma,)	3	4
Other TV programmes (e.g. Casualty, Holby City)	1	1
Word-of-mouth	2	1
Local radio	2	3
National radio	2	3
Friends and Family	1	*
Community events	1	1
Magazines	1	2
Blogs (personal diaries on websites)	0	*
Leaflets in hospitals/GP surgeries	1	16
Email newsletter	*	9
Advertising – posters/billboards	1	5
Through your door	*	37
Council newsletter/communications	*	3
Other	4	8
Don't know	2	8

Q21. In which of the following areas, if any, would you like more information about the London Ambulance Service? READ OUT. MULTICODE OK

	%
The range of services it provides	65
Changes/Improvements planned for services	61
Available basic life-saving training courses	58
How well it is performing	55
How to use the Ambulance Service	53
The reasons why it makes the decisions it does	52
How to contact it	50
How to find out more about the service you have received	48
How to complain	42
How it uses its budget	38
How to become involved in improving the Ambulance Service	37
Job vacancies	21
None of these	9
Other	3
Don't know	2

Recruitment

Q22. Have you ever considered a career in the London Ambulance Service? SINGLE CODE ONLY.

	%
Yes	9
No	91
Don't know	*

Q23. I am now going to read out a list of statements. For each one could you please tell me how strongly you agree or disagree that... SINGLE CODE ONLY. RANDOMISE

	Strongly agree %	Tend to agree %	Neither agree nor disagree %	Tend to disagree %	Strongly disagree %	No opinion %
Employees for the London Ambulance Service are well respected	42	33	4	12	3	6
Ambulance staff such as paramedics are highly skilled	64	29	2	2	*	3
The workforce in the London Ambulance Service is representative of the ethnic makeup of London	17	21	13	10	6	32
The London Ambulance Service offers a good career path	22	29	13	4	1	30

Q24. **What, if anything, could the London Ambulance Service do to improve its service?**
PROBE FULLY?

	%
Quicker/more efficient response times	24
More staff	9
Raise public awareness	9
Provide more ambulances	9
More staff training	6
Provide more information to the public	5
More funding/investment	5
Increase salaries/pay	4
Better equipped ambulances/better equipment onboard	3
Prioritise the severity of the call outs	3
Reduce traffic	1
Be more friendly	1
Having the authority to treat people on site	1
Better communication between the paramedics and the patient	1
Having specialists on certain call outs	1
Provide more ambulance depots/Stations	1
Have multi-lingual staff for better assistance	1
Other	7
None/nothing/no improvements needed	8
Don't know	34

The London Ambulance Service has started to change the way it treats patients. One of these changes is that callers without life-threatening or serious injuries/illnesses are being offered help/advice over the telephone.

People with less serious conditions may be assessed over the phone by a clinical telephone advisor. Following the assessment they would reach a decision with the patient on the best course of action. This could include treatment at home, visiting their GP or pharmacy or sending an ambulance if required.

- Q25. How good or poor an idea do you think this is as a way of managing patients who have called the Ambulance service? Would you say very good, fairly good, neither good nor poor, fairly poor, or very poor?
SINGLE CODE ONLY.

	%
Very good	37
Fairly good	35
Neither good nor poor	7
Fairly poor	9
Very poor	10
Don't know	3

The London Ambulance Service is also expanding their Emergency Care Practitioner Scheme for responding to patients with minor illnesses or injuries, or chronic conditions like asthma and diabetes. They are able to treat patients in the home, and where appropriate prescribe drugs, or refer patients on to their GPs or social services.

- Q26. How good or poor an idea do you think this is as a way of treating people with minor illnesses or injuries, or chronic conditions who have called the Ambulance service? Would you say very good, fairly good, neither good nor poor, fairly poor, or very poor?
SINGLE CODE ONLY.

	%
Very good	45
Fairly good	38
Neither good nor poor	5
Fairly poor	6
Very poor	4
Don't know	2

- Q27. How well, if at all, do you think the London Ambulance Service responded to the events of 7 July 2005? Would you say very well, fairly well, not very well, or not at all well? SINGLE CODE ONLY.

	%
Very well	67
Fairly well	21
Not very well	2
Not at all well	1
Don't know	10

- Q28. And finally, are you happy for the London Ambulance Service to re-contact you again sometime in the next 18 months in order to conduct further research into their services? SINGLE CODE ONLY

	%
Yes	88
No	11
Don't know	3

Demographics

Gender

	%
Male	50
Female	50

WRITE IN & CODE EXACT AGE

Age

	%
16-24	14
25-34	23
35-44	20
45-54	16
55-59	8
60-64	5
65-74	9
75+	5

Working Status of Respondent:

	%
Working - Full time (30+ hrs)	46
- Part-time (9-29 hrs)	13
Unemployed	6
Not working - retired	17
- looking after house/children/carers	5
disabled	2
Student	8
Other	2

Class

	%
A	5
B	24
C1	37
C2	11
D	7
E	11

Respondent is:

	%
Chief Income Earner	64
Not Chief Income Earner	36

How many cars or light vans are there in your household? SINGLE CODE ONLY

	%
1 car or light van	44
2 cars/light vans	18
3+ cars/light vans	5
None	32
Refused/don't know	1

Which of the groups on this card do you consider you belong to? SINGLE CODE ONLY

	%
WHITE	
A British	61
B Irish	2
C Any other white background	7
MIXED	
D White and Black Caribbean	1
E White and Black African	1
F White and Asian	*
G Any other mixed background	1
ASIAN OR ASIAN BRITISH	
H Indian	6
I Pakistani	1
J Bangladeshi	1
K Any other Asian background	2
BLACK OR BLACK BRITISH	
L Caribbean	4
M African	6
N Any other black background	1
CHINESE OR OTHER ETHNIC GROUP	
Refused	1

Which, if any, of the following apply to you? I am the parent or legal guardian of child/children MULTICODE OK. Just read the letter.

	%
A Under the age of 16 who does/do live with me	22
B Aged under 16 who does not/do not live with me and to whose upbringing I contribute financially	2
C Aged under 16 who does not/do not live with me and to whose upbringing I do not contribute financially	*
D Aged 16 to 19, who is/are currently in full- time education	4
None of the above	72

ASK IF CHILDREN IN HOUSEHOLD
What ages are the children in the household? MULTICODE OK

	%
0-4	52
5-7	29
8-10	30
11-14	30
15	6
Don't know	*