

Healthwatch Birmingham's response to West Midlands Ambulance Service (WMAS) NHS Trust's draft strategy 2021 – 2026: Trust us to care

Healthwatch Birmingham welcome the opportunity to respond to West Midlands Ambulance Service's (WMAS) draft strategy 2021-2026. Our key role is to make sure that patients, the public, service users, and carers (PPSuC) are at the heart of service improvement in health and social care. In line with our role, we have focused our comments on:

- The involvement of patients, the public, service users (PPSuCs);
- Whether the proposed strategy is responsive to the needs of Birmingham residents ensuring that they do not lead to health inequality

We welcome that WMAS is developing this strategy in order to adapt to the changing needs of patients, workforce and changes in health policy as well as the impact of the covid-19 pandemic. In particular, we are pleased that at the heart of the strategy is the trusts ambition to be a world class service, be patient centred, have a skilled workforce, ensure effective communication and dignity and respect for all, and working in a way that is environmentally sustainable.

The vision and values that the trust has set out are commendable. We believe the five objectives outlined in the strategy and the key focus areas for each objective will help the trust to deliver the right patient care. However, this will depend on how well these objectives are implemented. Whilst we agree in principle, it is difficult to comment effectively without further detail. We believe that the key thing that is missing from the strategy is the use of patients, service users and carer's feedback in decisions around service planning and improvement.

We note that this strategy, once approved, will guide decisions around annual plans and priorities, inform work programme, enable challenge from staff and patients and provide the basis for engagement with partners and stakeholder. We agree that patients and service users should know the trusts plans and be able to hold the trust to account when not meeting the objectives and priorities set out. However, we believe engagement should happen at various stages in the process, not just post implementation of plans. Patients and service users need to be engaged in the development of those plans. Without patient experience and feedback as a clear standalone strategic focus, it is not clear how the trust is involving service users and the public in developing plans that will guide the direction of the trust. For example on p10 of the draft strategy, the board explored various issues that served as drivers for arriving at the priorities in this strategy. However, missing from this is the perspective of patients, service users and carers. We believe that patient experiences and insight should be the foundation for developing, implementing, improving and evaluating such plans.



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Whilst one of the strategy's values, outlined on p16 under effective communication, indicates that service planning and improvement will be done in partnership with patients and the community, this is not evident across the five strategic objectives and priorities. We believe that patients, service user, and carer engagement, and the use of their feedback should be the golden thread that runs through the five strategic objectives and priorities set out. For instance, patient feedback and experiences will be a crucial complement to the evidence demonstrating how successful you have been in implementing this strategy. In addition, patient experience and insight will enable the trust to identify, understand inequality and the barriers to improved health outcomes as well as help the trust understand the communication needs of service users. Below are some examples of the feedback we receive on the services that the trust provides:

I contacted 999 and the person I spoke to was very helpful, supportive, and provided full information. Very good service (999).

The caller's father has recently died in Hospital and is concerned about the treatment of the Ambulance Team toward him as he was being removed from the house. The caller's father was made to walk downstairs by himself, as the ambulance crew said they would not help him due to what turned out to be undiagnosed sepsis. The caller feels this offered a lack of dignity towards him, as he was very unwell before his death (Ambulance team).

The caller was unable to contact transport services to change the pickup / drop off date and time as she wished to bring forward her appointment. In the end, contacted the hospital directly to change the appointment (Non-emergency transport).

I had a particularly bad experience last October. I am in my 60s and live alone, but despite the fact that I had suddenly been struck by severe dizziness (akin to being on fairground ride) which rendered me unable to get up off the floor and caused me to vomit profusely every time I tried to stand. I dialed NHS 111 and they were not helpful at all (Ambulance Service)

Good service provided by NHS111 during lockdown (NHS 111).

What the trust should consider in implementing the strategy

Patient and Public Involvement

We believe that the following key issues should be considered in the delivery of the five strategic objectives outlines, in particular the collaboration and engagement objective:

- Ensuring that a key objective of collaboration and engagement is *'to use patient and public insight, experience and involvement to identify, understand and address the potential consequences of service improvement, design and development on health inequalities and barriers to improvements in health outcomes (including*



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increasing independence and preventing worsening ill-health)'. This will enable the Trust to meet its two public sector legislative duties of involving patients and the public; and addressing inequality. It will link particularly well with the trusts public health focus and health inequalities. For instance, how can engagement be used to identify and understand the reasons why some communities face barriers when accessing WMAS services, even in circumstances where tools are in place to ease access (e.g. interpreters etc).

- Patient and Public Involvement should be evident throughout the five strategic objectives.
- Public health data should inform engagement plans to ensure that the trust is hearing from all sections of the community particularly those impacted negatively by plans in the strategy and seldom heard groups. In particular, also use this to understand wider impact on health inequalities that have an impact on how the trust delivers its services.
- Ensure that there is buy-in across the trust (all staff, service leads and managers) to the use of service user feedback in decision making. This should include clarity about how learning from feedback is shared across the trust.
- Ensure that the trust is learning from not only patient feedback more generally but also feedback shared as complaints, compliments and through surveys such as friends and family tests. It is important that such data is triangulated to better inform decisions around service plans, improvement or change.
- Ensure that patients, families and carers are aware how they can share their feedback or engage with the trust as well as how their feedback has informed various decisions within the trust.

Use of technology and artificial intelligence

We welcome the trust's investment in technology that has enabled staff to make high quality decisions by having access to GP records of the patients they attend. We note that currently this is only happening for half of the patients, we hope to see this cover a majority of the patients (except those that choose not to share their records) to ensure that there is no variability in care and outcomes. In particular, we welcome that front line staff will have data enabled iPads during 2021/22 with a range of apps. Most important being live interpreting service so the patient and clinician can see and interact with the interpreter. The feedback we receive at Healthwatch Birmingham through our engagement and research activities has consistently highlighted the lack of access to and quality of interpreting services. For patients from minority ethnic groups and those with a sensory condition, inability to communicate with health professionals has the potential to lead to poor health



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outcomes and exacerbate health inequalities. We hope that the current plan will serve as a foundation to further roll this out across the trust and beyond 2022.

Healthwatch Birmingham welcome the plans to introduce mental health training for ambulance and clinical staff to better support patients, and greater mental health support for members of staff. It has become clear that the pandemic has affected the mental health of people negatively, thus in taking these steps the service is on the best footing for the future.

In conclusion, we appreciate that this is a high level strategy and does not contain some of the detail we have talked about here. However, we believe that patient, service user and carer engagement and involvement should be much more explicitly stated as a key driver to how the trust plans develops, implement and evaluate its priorities.

Yours Sincerely,



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