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By Email

Dear Lord Bradley,

Thank you for the opportunity to give evidence to the committee on 22 April. As requested, I am writing with further information on patient satisfaction with Hear and Treat and See and Treat.

Healthwatch England has not undertaken any dedicated research or systematic evaluation of patient insight for these pathways. However, I have been able to review a number of relevant stories shared both with local Healthwatch and Healthwatch England directly. These stories primarily focus on See and Treat so I am unable to provide extensive evidence on Hear and Treat. This evidence should be read as illustrative rather than representative, but they suggest some consistent themes.

Summary of themes from patient feedback

From the feedback I have reviewed, satisfaction in See and Treat appears to be shaped by three main factors:

- Confidence in the clinical assessment and professionalism of ambulance staff
- Whether a patient's symptoms can be adequately treated or managed at home
- Whether reliable onward support is available where a patient is not taken to hospital

Positive experiences

Feedback is often positive where ambulance clinicians provide timely assessment, clear advice and appropriate follow-up without taking a patient to hospital. Patients particularly value professionalism, reassurance and avoiding unnecessary hospital attendance. For example, one person sharing their story with Healthwatch Derbyshire reported that the paramedics were brilliant when they attended someone with breathing issues.

In one account shared with Healthwatch England, the patient said: *"They arrived very promptly and were extremely nice people. They were very professional and examined me in great depth ... They provided good advice and organised follow up visits from a fragile care unit ... I remain a very happy client whose faith in nhs has just been renewed."*

The importance of onward support

Positive experiences also depend on whether ambulance staff can connect patients into the right onward care. When follow-up care is successfully arranged,



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people appear more confident in their decisions to manage care at home. However, where alternative pathways are limited or unavailable, patients can be left feeling unsafe or unsupported.

This is particularly visible in some mental health-related feedback. One person told Healthwatch England: *"Had a mental health crisis of son being suicidal, ambulance/paramedics came out and were brilliant. However they were at a loss as what to do ... After several hours they had to leave him with telephone appointments arranged for the next day."*

Concerns where care at home is felt to be insufficient

Negative experiences tend to arise where people feel that treatment at home was insufficient, that pain or symptoms were not adequately addressed, or that a decision not to take them to hospital was inappropriate.

For example, in feedback shared with Healthwatch South Gloucestershire, one story recorded that a patient *"was having severe pain from endometriosis ... Waited 12 hours for ambulance and then they weren't able to help her with the pain as they wouldn't give her any different medication to what she had"*.

In a story shared with Healthwatch Kent, a loved one reported that the attending ambulance staff member *"appeared reluctant to convey them to hospital" and that they "had to insist on being taken to hospital"*.

We also heard concerns from carers where crews were unable to provide the correct treatment at home. One carer told Healthwatch Warwickshire: *"We waited several hours for the ambulance to arrive to be told ... that they don't carry glue or stitches so they couldn't treat him."*

Overall, the stories I have reviewed mirror the oral evidence I gave to the committee, showing overall public trust in paramedics and an appreciation for the role these models play in providing timely, thorough and compassionate care outside the hospital. At the same time, satisfaction can deteriorate where treatment options are limited or where decisions not to take patients to hospital are not matched by appropriate onward care.

I hope this is helpful to the committee. Please let me know if any further detail on this or any other topic would be useful.

Yours Sincerely,

William Pett
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Healthwatch England