



National Audit Office

Emergency Care in England study Ambulance Trust Chief Executive Questionnaire

This should be completed by or on behalf of the Chief Executive of the Ambulance Trust

Name of respondent:

Telephone:

E-mail:

Name of Ambulance Trust:

Strategic Health Authority:

Electronic Signature of Chief Executive

Date

Q1 Have you been personally involved in devising the local area's approach to the Reforming Emergency Care agenda?

Please cross

Yes

Go to Q2

No

2

Go to Q3

Q2 If yes, please give brief details to explain the ways in which you have been involved in the Reforming Emergency Care agenda.

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Go to Q3

Q3 Do you consider that the objectives of the Reforming Emergency Care agenda are being achieved?

Please cross

Yes

□

Go to Q4

No

2

Q4 Please give brief reasons for your views.

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Go to Q5

Q5 Please provide details of up to three important changes in the way your trust works as a result of the Reforming Emergency Care agenda.

- 1.
- 2.
- 3.

Go to Q6

Q6 Do NHS and other organisations responsible for emergency care in your area work together to meet the needs of the local population?

Please cross

Yes

☐ 1

No

☐ 2

Go to Q7

Q7 If yes, do you consider this joint working:

Please cross one box

Yes

Has been extremely effective in improving services

☐ 1

Has been quite effective but there is scope for it to be more so

☐ 2

Has not been very effective

☐ 3

Has had no positive effect at all on the services

☐ 4

Go to Q8

Q8 What have been the obstacles to the different organisations working together more effectively?

Please cross all that apply

Yes

No

Don't know

Funding – availability

☐ 1

☐ 2

☐ 3

Funding – ability to reallocate

☐ 1

☐ 2

☐ 3

Legal framework

☐ 1

☐ 2

☐ 3

Local policies and procedures

☐ 1

☐ 2

☐ 3

Organisational boundaries

☐ 1

☐ 2

☐ 3

Professional boundaries

☐ 1

☐ 2

☐ 3

Other Please specify

☐ 2

☐ 3

Go to Q9

Q9 Please state to what extent you agree with the following:

Please cross one box on each line

Current working arrangements encourage ambulance services to...

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Transport all patients who call 999 to A&E departments

☐ 4

☐ 3

☐ 2

☐ 1

☐ 0

Transport all appropriate patients to A&E departments	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Transport patients to an appropriate emergency care provider, not necessarily A&E	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Refer patients to the most appropriate emergency care provider, only transporting them if necessary	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Diagnose and treat patients in the home	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Go to Q10

Q10 Please provide brief details to amplify the answers above.

Go to Q11

Q11 Please provide an estimate of the percentage of emergency calls for an ambulance that your trust receives where an emergency ambulance is not, in your view, necessary.

Hoax calls

No ambulance requirement

Transport requirement but not an emergency

	%
	%
	%

Go to Q12

Q12 Has the trust collected any evidence which would support these figures?

Please cross

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2

Go to Q13

Q13 Are there measures in place in your trust for reducing the number of unnecessary ambulance journeys?

Please cross

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2

Go to Q14

Go to Q15

Q14 If yes, please give brief details of the main measures for reducing the number of unnecessary ambulance journeys.

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Go to 15

Q15 Does your trust have formal arrangements for ambulance journeys to end at emergency care providers other than A&E departments?

Please cross

Yes

☐ 1

Go to Q16

No

☐ 2

Go to Q17

Q16 If yes, please give brief details of these arrangements, including the approximate percentage of journeys ending at the different locations.

	% journeys
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Go to Q19

Q17 If no, is the introduction of formal arrangements for ambulance journeys to end at emergency care providers other than A&E departments being considered?

Please cross

Yes

☐ 1

No

☐ 2

Go to Q18

Q18 Please give brief details of any barriers to developing and implementing such arrangements.

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Go to Q19

Q19 Please provide details of any measures in place in your trust to ensure prompt hand over for ambulance crews at A&E departments.

Go to Q20

Q20 Is there a real-time system for managing capacity and regulating flows to A&E departments across the patch?

Please cross

Yes

☐ 1

Go to Q21

No

☐ 2

Go to Q22

Q21 Please provide brief details about the system and how it is used.

Go to Q22

Q22 Does the trust have protocols for Paramedics to perform the following procedures?

Please cross one box on each line

Pre-hospital thrombolysis

Yes

☐ 1

Go to Q23

No

☐ 2

Go to Q24

Administration of a wider range of drugs, e.g. morphine

☐ 1

☐ 2

Treat and refer/ discharge

☐ 1

☐ 2

Other (please specify)

☐ 2

Q23 If yes, how often have staff performed pre-hospital thrombolysis?

Number of times crews have used pre-hospital thrombolysis

Go to Q25

Q24 If no, how does the trust ensure the pain to needle targets for thrombolysis are met?

Go to Q25

Q25 Does the trust provide specialist training to Ambulance crews in assessing the following groups of people?

Please cross one box on each line

Children

Yes

☐ 1

No

☐ 2

Older Persons

☐
☐

Mental Health patients

☐
☐

Diabetes

☐ 1

☐ 2

Other (please specify)

☐ 2

Go to Q26

Q26 Please provide brief details about how the trust ensures the needs of these groups are effectively taken care of.

Go to Q27

Q27 Does the trust use Emergency Care Practitioners (either qualified or in training)?

Please cross one box on each line and record the number of staff

Fully qualified

In training

Yes

No

Number
of ECPs

☐ 1

☐ 2

☐ 1

☐ 2

Go to Q28

Go to Q29

Q28

If yes, please provide:

- a) the name and/ or details of the accreditation scheme the trust is using and
- b) a job/ role description

(a)

Go to Q30

Please attach job/ role description

☐ 1

Q29

If no, please provide an indication of the timescale for the introduction of ECPs in your trust.

Go to Q30

Q30

Is there anything else that you would like to say, to help us understand the management of Emergency Care in your trust?