

Patience Involvement Survey



London Ambulance Service

NHS Trust



### Patient experience survey

**What is the survey about?**

We would like to know more about your experience of using the London Ambulance Service.

**Who should complete the survey?**

The questions should be answered by the patient. If the patient needs help to answer the questions, the answers should still be given from the patient's point of view, not the point of view of the person who is helping.

**Completing the survey**

For each question please tick clearly inside one box unless stated otherwise.

Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

Please return by e-mail to: [ppi@lond-amb.nhs.uk](mailto:ppi@lond-amb.nhs.uk)

Or complete it via our website at:

Or return by post to:

Freepost Plus RXL-BUCS-XBUA  
Patient & Public Involvement and Public Education Department  
London Ambulance Service NHS Trust  
Units 1&2 Datapoint Business Centre, 6 South Crescent,  
London, E16 4TL

**Your participation in this survey is voluntary**

If you do not wish to take part in the survey, or you do not want to answer some of the questions, you do not have to. However, if you do want to explain why, you can use the space at the end of the questionnaire.

**Your answers will be treated in confidence**

The answers you give will not affect the service you receive and your name or personal details will not be published in any way.

If you have any questions you can contact us by e-mail: [ppi@lond-amb.nhs.uk](mailto:ppi@lond-amb.nhs.uk) or by telephone: 0203 069 0326

**Thank you for taking the time to complete our survey.**



1. On the date you called for an ambulance (or had an ambulance called for you), would you mind telling us the reason for calling in the box below? [if you would rather not say, please leave it blank]

2. What response did you receive?  
 Ambulance staff attended (in an ambulance, a car, or on a bike)  
 I was given advice over the phone  
 Other:

3. How satisfied were you with the speed of our response? [Please tick one box]:

|  |   |   |   |   |   |   |   |   |   |    |  |
|--|---|---|---|---|---|---|---|---|---|----|--|
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
|--|---|---|---|---|---|---|---|---|---|----|--|

4. How would you rate the courtesy of our staff? [Please tick one box]:

|  |   |   |   |   |   |   |   |   |   |    |  |
|--|---|---|---|---|---|---|---|---|---|----|--|
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
|--|---|---|---|---|---|---|---|---|---|----|--|

5. How would you rate the behaviour of our staff? [Please tick one box]:

|  |   |   |   |   |   |   |   |   |   |    |  |
|--|---|---|---|---|---|---|---|---|---|----|--|
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
|--|---|---|---|---|---|---|---|---|---|----|--|

6. Did our staff treat you with respect and dignity? [Please tick one box]

Yes, definitely  
 Yes, to some extent  
 No

7. Did you feel safe in their care? [Please tick one box]

Yes, definitely  
 Yes, to some extent  
 No

8. Did they appear to take your needs and feelings into account? [Please tick one box]

Yes, definitely  
 Yes, to some extent  
 No

9. Did you have trust and confidence that you were getting the best care and treatment possible? [Please tick one box]

Yes, definitely  
 Yes, to some extent  
 No



|  |   |
|--|---|
| <p>10. Were you involved as much as you wanted to be in decisions about your care and treatment? <i>[Please tick one box]</i></p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, to some extent</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I did not want / need to be involved</p>                            | <p>11. Was the main reason for your call to the ambulance service dealt with to your satisfaction? <i>[Please tick one box]</i></p> <p><input type="checkbox"/> Yes, completely</p> <p><input type="checkbox"/> Yes, to some extent</p> <p><input type="checkbox"/> No</p>  |
| <p>12. Overall how would you rate the care you received from the London Ambulance Service? <i>[Please tick one box]</i></p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Very good</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Very poor</p> | <p>13. How likely is it that you would recommend the London Ambulance Service to friends and family if they were to need similar care or treatment? <i>[Please tick one box]</i></p> <p><input type="checkbox"/> Extremely likely</p> <p><input type="checkbox"/> Likely</p> <p><input type="checkbox"/> Neither likely nor unlikely</p> <p><input type="checkbox"/> Unlikely</p> <p><input type="checkbox"/> Extremely unlikely</p> <p><input type="checkbox"/> Don't know</p> |
| <p>14. Please can you tell us the main reason for the score you have given in Question 13?</p>   |   |
| <p>15. Which <b>three</b> aspects of the care provided by the London Ambulance Service are the most important to you?</p> <p>(1)</p> <p>(2)</p> <p>(3)</p>   |   |
| <p>16. What could we change, in order to improve our service?</p>  |   |





About you:

|   |   |
|---|---|
| <p>17. What is your gender?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say</p>   |   |
| <p>18. What is your age range?</p> <p><input type="checkbox"/> 0 - 18</p> <p><input type="checkbox"/> 19 - 24</p> <p><input type="checkbox"/> 25 - 34</p> <p><input type="checkbox"/> 35 - 44</p> <p><input type="checkbox"/> 45 - 54</p> <p><input type="checkbox"/> 55 - 64</p> <p><input type="checkbox"/> 65 - 74</p> <p><input type="checkbox"/> 75 - 84</p> <p><input type="checkbox"/> 85+</p> <p><input type="checkbox"/> Prefer not to say</p> |   |
| <p>19. Do you have a disability or long-term health condition? (e.g. diabetes, asthma, epilepsy, dyslexia, mental health condition)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say</p>  | <p>20. What is your ethnic group?</p> <p><b>Asian, or Asian British (C)</b></p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p>Any other Asian background, please state</p> <p><b>Black, or Black British (D)</b></p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p>Any other Black background, please state</p> <p><b>Chinese or other ethnic group (E)</b></p> <p><input type="checkbox"/> Chinese</p> <p>Any other, please state</p> |
| <p><b>Mixed (B)</b></p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p>Any other Mixed background, please state</p> <p><b>White (A)</b></p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p>Any other White background, please state</p> <p><input type="checkbox"/> Prefer not to say</p>       |   |



21. Do you have any other comments or suggestions?

Yes  
 No

If yes, please tell us in the box below

22. Would you be happy for us to contact you again in the future, to take part in further surveys, telephone interviews, focus groups or workshops?

Yes  
 No

If yes, please provide your contact details here:

Name:

Email:

Phone:

Address:

Many thanks for completing our survey