



Taxi Survey

1. Introduction

In 2015 the Patient & Public Involvement (PPI) team was asked by the Executive Leadership Team to undertake a survey of patients who had been sent a taxi response rather than an ambulance, in order to gain an understanding about their experience.

2. Methodology

The PPI team worked with colleagues in EOC/the CHUB to agree an approach and discuss the logistics. A set of questions was agreed, which were:

- What response were you expecting when you called 999?
- Did you think that sending a taxi to you was a suitable response, or do you think you should have been sent an ambulance?
- Did you feel sufficiently involved in the decision to send you a taxi?
- In your opinion, did you experience a quicker service being taken to hospital by a taxi instead of waiting for an ambulance?
- Did you feel the taxi was clean?
- Were you happy with the service provided by the taxi driver?
- Overall, how satisfied were you with the taxi service that you received?
- Was there anything particularly good or bad that we could do to improve your experience that you would like to tell us about?
- Do you have any other comments or suggestions?

The survey then included a number of demographic questions such as gender, age, disability/long-term health condition, ethnic group, religion or belief and sexual orientation.

It was agreed that the surveys would be carried out by telephone. In order to do this, consent to re-contact patients would be obtained by the staff in the CHUB at the point of the call. EOC colleagues agreed to explain the survey to the CHUB staff and advise them on asking for consent and recording this on a spreadsheet, which would then be forwarded to the PPI team so they could make the telephone calls.

3. Findings

There were a number of delays in commencing the survey, but the PPI team received a spreadsheet from EOC in March 2016 which contained 28 patients' contact details. Of those, they were only able to obtain 13 responses from patients.

The main reason for the low response rate was that most patients contacted said they did not remember, or were not aware, that they had given consent to be asked about their experience. Several patients contacted did not speak English, others denied ever having called the LAS. One had died since the call and the PPI team spoke to his son.

The charts and tables below illustrate the responses given.

What response were you expecting when you called 999?		
Answer Options	Response %	Response Count
Advice over the phone	7.7%	1
Ambulance staff to attend and give me treatment	38.5%	5
Ambulance staff to take me to hospital	38.5%	5
Reassurance or help	0.0%	0
Don't know/Can't remember what I expected	7.7%	1
Other (please specify)	15.4%	2
<i>answered question</i>		13
<i>skipped question</i>		0
Comments:		
<ul style="list-style-type: none"> • “I didn’t want to go to hospital; it was my son who called the ambulance.” • 1 respondent’s questions answered by son as patient now deceased. 		

Did you think that sending a taxi to you was a suitable response or do you think that you should have been sent an ambulance?		
Answer Options	Response %	Response Count
Yes, it was suitable	84.6%	11
No, I think I needed an ambulance (Can you state why?)	15.4%	2
Reasons why?		2
<i>answered question</i>		13
<i>skipped question</i>		0
Comments:		
<ul style="list-style-type: none"> • “If it had been more serious, then no, but I was happy with the service.” • “Father had breathing difficulties - was concerned that if anything had gone wrong in the taxi, they wouldn’t have been able to deal with it.” 		

Did you feel sufficiently involved in the decision to send you a taxi?		
Answer Options	Response %	Response Count
Yes, definitely	38.5%	5
Yes, to some extent	53.8%	7
No	7.7%	1
Other (please specify)		2
<i>answered question</i>		13
<i>skipped question</i>		0
Comments:		
<ul style="list-style-type: none"> • “I was told I won’t get an ambulance.” • “Only because father thought that was the quickest way to get to hospital. Told the wait was up to 2 hours for ambulance.” 		

In your opinion, did you experience a quicker service being taken to hospital by a taxi instead of waiting for an ambulance?		
Answer Options	Response %	Response Count
Yes, definitely	76.9%	10
Yes, to some extent	23.1%	3
No	0.0%	0
Other (please specify)		1
<i>answered question</i>		13
<i>skipped question</i>		0
Comments:		
<ul style="list-style-type: none"> • “Only because father thought that was the quickest way to get to hospital, not the best way, and not the service we expected from the NHS.” 		

Overall, how satisfied were you with the taxi service that you received?		
Answer Options	Response %	Response Count
Not at all satisfied	0.0%	0
Fairly satisfied	7.7%	1
satisfied	38.5%	5
Very satisfied	53.8%	7
Other (please specify)		2
<i>answered question</i>		13
<i>skipped question</i>		0
Comments:		
<ul style="list-style-type: none"> • Patient left bank card in taxi. Taxi firm wanted to charge £50 to return it. Patient cancelled the card instead. 		

All respondents said they felt the taxi was clean, and were happy with the service provided by the taxi driver.

Four respondents provided additional comments:

- “Taxi took good route – no traffic.”
- “Nothing bad, driver was very nice and in no rush to pull away.”
- “I chose the taxi as I only had vomiting, but I think if it was more serious I should have had an ambulance. It should be the patient’s choice.”
- Patient was generally happy with the service provided for the condition she was experiencing on that day.

Demographic data

- Gender: 5 male, 8 female.
- Age range:
 - 25-34 x 2
 - 35-44 x 5
 - 55-64 x 1
 - 65-74 x 1
 - 75-84 x 4
- Disability or long-term health condition: 6 yes, 7 no.
- Ethnicity: 2 Asian, 3 Black, 5 White British and 1 White Irish
- Religion or belief: 5 Christianity, 1 Hinduism, 1 Islam, others either 'none' or preferred not to say.
- Sexual orientation: 1 bisexual, 8 heterosexual, 4 preferred not to say.

4. Conclusions

There were some clear findings from the responses of the 13 patients who were prepared to answer the survey questions:

- most of them had called 999 expecting to be sent an ambulance;
- most felt it was appropriate to be sent a taxi instead;
- they felt sufficiently involved in the decision to receive a taxi; and
- they were happy with the taxi service provided.

This is obviously a very small sample size, and that should be taken into account when considering these findings.

5. Discussion

It was not possible to elicit responses from just over half of the patients whose contact details had been provided, for the reasons given in section 3 above, i.e. they were not aware or did not remember that they had given consent to be contacted, they did not speak English, or they denied ever having called the LAS. One had died since the time of the 999 call.

This may indicate an issue with the method of obtaining consent, especially as CHUB staff reported a reluctance to ask patients for their consent to be contacted. For any future similar surveys, more preparation could be done with the staff about the reasons for the survey and about how to obtain consent. Another option would be to write to patients and send them a paper survey, although it is recognised that this method also generally yields low response rates.

Also, for any future similar surveys, it should be agreed that only the patient themselves should be asked the questions, as a third party is usually unable to comment about the patient's experience.

The staff in the PPI team conducting the survey have also said they would have preferred to have more information about the nature of the 999 call before contacting the patient, and clearer guidance about the aims and objectives of the survey.

No major issues were identified to cause any concern about the taxi company, except one incident of note. One patient stated that she had accidentally left her bank card in the back of the taxi and that, when she contacted the driver, she was told she would need to pay a fee of £50 to have the card returned to her. As she could not afford this, she instead cancelled the card. It may be appropriate to discuss this with the taxi company.

Overall, the survey indicates that patients who responded to the survey were generally happy with their experience of being sent a taxi response instead of an ambulance. However, the response rate was very low, so the findings may not necessarily apply to other patients. Whilst the results appear reassuring, this survey highlights the limitations of undertaking patient surveys, and in future it is recommended that alternative methods of engagement are adopted to elicit patient experience information.

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