



# The experiences of Solihull residents who try to access urgent care

March 2023



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## Executive Summary

Healthwatch Solihull investigated 422 Solihull residents' experiences of trying to access urgent care. This report looks at what helped and/or hindered residents experiences trying to access urgent care and the impact such barriers have on their health, wellbeing and/or quality of life. The key topics that people told us about included feedback about the quality of communication, the distance to services, and waiting times.

Most of the urgent care services we heard about included A&E, NHS 111 and the ambulance service. The report also found that the most important thing for Solihull residents when choosing an urgent health service included:

- location (it is easy to access/close to get to/from).
- access a healthcare professional on the same day.

Many residents also said that the reason they choose an urgent care service was related to not being able to see their GP, in which case the person had to choose an alternative way of obtaining the urgent care they needed.

Healthwatch Solihull shared what we heard from patients with Birmingham and Solihull Integrated Care Board (ICB) and University Hospital Birmingham (UHB). They acknowledged the need to improve on the issues we found during our investigation and they committed to improve services.

To share changes made by the Birmingham and Solihull ICB and UHB following this report, we will publish a follow-up report in 6 months.

## Introduction

During the pandemic, in May 2020, UHB NHS Trust endeavoured to make Solihull Hospital 'Covid free'. This required the Minor Injuries Unit (MIU) to close<sup>1</sup>. This closure affected the way that over 200,000 Solihull residents accessed urgent care in Solihull. The Trust advised residents<sup>2</sup> that if they needed urgent care<sup>3</sup> they should:

- visit a local pharmacy.
- visit the NHS 111 website or calling 111 (free and open 24/7).
- travel to another local MIU or walk-in centre.
- contact their GP.

This does not meet the standards set in the NHS Long Term Plan commitments and the nationally mandated Integrated Urgent Care (IUC) Service Specification<sup>4</sup>. Cllr Karen Grinsell, Deputy Leader at Solihull Metropolitan Borough Council, started a petition asking for the reinstatement of the MIU at Solihull Hospital. To date, over 11,000 Solihull residents have signed that petition<sup>5</sup>.

Petitioners gave reasons for signing such as:

***Its closure puts too much pressure on Heartlands and it is a long way for older and less mobile patients to travel, particularly if they don't have a car. We NEED this facility for Solihull residents. My friends, family and I have only had good experiences there.***

Since the closure of the MIU, we have received similar feedback, with calls for the "A&E in Solihull hospital" to return. As there has not been an A&E department in Solihull Hospital in over 10 years, we are interpreting these comments to refer to the MIU.

***Would like to see A&E and urgent clinics reopening. The service was close and accessible which could be accessed through public transport.***

***Would be helpful for Solihull A&E to re-open, Heartlands and QE are not easily accessible.***

***Solihull A&E service was really good. It is a shame the A&E went. They need to reopen it.***

1 <https://bit.ly/3UnDY9H>

2 [University Hospitals Birmingham NHS Foundation Trust | Solihull Hospital & Community Services \(uhb.nhs.uk\)](https://www.uhb.nhs.uk)

3 Urgent care is a term that describes the range of services provided for people who require same day health or social care advice, care or treatment. This is different from emergency care provided in accident and emergency (A&E), other hospital departments, 999 and ambulances, which are set up to respond to serious or life-threatening emergencies.

4 The nationally mandated Integrated Urgent Care (IUC) Service Specification sets standards for the future of urgent care which commissioners and providers are required to meet. Consistency, improved access to community and primary care services, and the consistent establishment of Urgent Treatment Centres (UTCs) are required to meet a standard service specification. – [NHS England » Integrated Urgent Care Service Specification](#)

5 <https://bit.ly/3Fhg3US>

We decided to hear more about this issue from Solihull residents, asking them to share with us:

- their experiences of trying to access urgent care and what helps or hinders this access.
- the impact these barriers to urgent care have on their health, wellbeing and/or quality of life.
- what do they feel needs to change to improve their access to urgent care.

By sharing what we have heard, this report will help improve access to urgent care services in Solihull. The Birmingham and Solihull ICB have collaborated with this investigation. This report also includes their response to the feedback shared here and the actions they will take as part of current winter planning and future urgent care pathway development.

It has recently been announced that a refurbished MIU at Solihull Hospital is scheduled to reopen in June 2023<sup>1</sup>. The Trust will be holding engagement sessions to provide further information; see: [www.uhb.nhs.uk/get-involved/improvement-expansion/](https://www.uhb.nhs.uk/get-involved/improvement-expansion/)

## How did we hear people's feedback?

At Healthwatch Solihull, we select issues to investigate by:

asking people what we should investigate and looking at the feedback that we have received from the public over the last year. In July 2022, 140 people (41% of those that responded to an online survey) indicated they would like us to help improve access to urgent care in Solihull.

We therefore ran a second online survey from October to November 2022 for: Solihull residents (16+ years old) who themselves or someone they care for has tried to access urgent care services in the last two years. The questionnaire can be found in Appendix 1.

We also invited people to share their experiences verbally with us. We advertised the survey with the help of local Solihull organisations, 3rd sector organisations, at events attended by our community engagement officers and through social media.

## What Solihull residents told us

A total of 422 people completed the survey. We also interviewed seven people who took up our offer of a verbal interview in addition to completing the online survey. Further information about these 422 people we heard from can be found in Appendix 2.

Some people shared more than one experience of accessing urgent care services. The numerical analysis of these experiences is to be found in Appendix 3. In summary, over 80% of the survey responses referred to experiences of trying to access urgent care services in Solihull in the last 12 months.

<sup>1</sup> <https://bit.ly/3UnXqmP>

The majority of urgent care services we heard about included A&E 38%, NHS 111 (29%) and the ambulance service (11%). Given the urgent care pathway, we anticipated more people to have tried to access NHS 111. That so few of our sample did, could demonstrate a lack of understanding of where to go and how to access urgent care services.

The most important thing when choosing an urgent health service included: location - it is easy to access/close to get to/from (49%) and being able to access a healthcare professional on the same day (56%). However, when asked why they choose the urgent care service to provide treatment, 16% of experiences related to not being able to see their GP, in which case the person had to choose an alternative way of obtaining the urgent care they needed. This lack of GP access therefore resulted in pressures on other parts of the urgent care system. Further numerical analysis of the answers to the survey questions are included in Appendix 3.

We heard experiences of what helps or hinders access to urgent care, and the impact such barriers have on health, wellbeing and/or quality of life. They told us that they wanted these barriers removed.

The key topics that people told us about included feedback about the quality of communication, the distance to services, and waiting times. These are discussed below.

## Key topics

### Communication

Good communication meant a less stressful experience when trying to access urgent care. It also helped people to understand what services are available and how to navigate the urgent care pathway. Lastly, it made them feel listened to by staff, feel better treated and more comfortable.

***... It was a fantastic service! Was given an appointment time ... [and] had a phone call prior to [attending] to explain where to go...***

(Female, 25-49 years old, accessed urgent care three times in the last two years, she accessed an urgent treatment centre 6-12 months ago).

Poor communication had the opposite effect. Twenty-nine people told us that they were not satisfied with the level of communication. Those who tried to access urgent care were automatically advised by staff to go to A&E, told us they felt unhappy about that advice. They felt their situation had not been fully considered by staff and as a result had been inappropriately signposted.

***Tried 111, a long wait for call to be answered, they also confirmed [GP surgery] had no appointments so only option was A&E - total waste of A & E time as knew only needed antibiotics.***

(Female, 50-64 years old, accessed urgent care once in the last 2 years, 6-12 months ago she accessed NHS 111).

Twenty-two people had to chase up services to get an update on what is happening with their care, whether in hospital, waiting for an ambulance or calling NHS 111. People stated how distressing this can be and made them feel 'forgotten' about at times.

***[NHS] 111 never even phoned me back and I've ended up at the Children's Hospital not knowing where else to go.***

(Female, 25-49 years old, accessed urgent care more than 5 times and 0-6 months ago used NHS 111).

***...my son was left in a side room in agony. No pain relief, when he was written up for morphine, they just kept saying the doctors hadn't written it up, [then] the doctors said they had, contacting the ward was difficult and very little update as to what was going on. They were [evasive] and difficult despite me being my sons next of kin, they wouldn't talk to me.***

(Female, 50-64 years old accessed urgent care once in the last two years, 6-12 months ago she called 999 for an ambulance and went to Heartlands Hospital).

Poor communication between services made 22 people feel frustrated. They had to repeat their health issues to staff, even in the same facility. This led to perceived lack of continuation of care and decreased confidence in the staff.

***[I] called [NHS 111] with worsening stomach pain ... Was told someone would call back ASAP, but to call back if the pain got worse. Two hours later hadn't heard anything and pain considerably worse... so called back. Was again told someone would call back ASAP. These calls were somehow not added to the same case file (despite giving my name and details each time), so had to go through all the same questions again the second time. 20 minutes later I had a call back from my first call (with no record of the information I'd given on the second call) ... 15 minutes [after that] I had another call back from NHS 111 regarding my second telephone call (unaware that I'd already had a call back).***

(Female, 25-49 years old, accessed urgent care twice in the last 2 years, 0-6 months ago she accessed NHS 111)

In addition, confusing advice led to people not knowing what services are available. For example, 21 people mistakenly believed that there was an A&E in Solihull Hospital or now believed that there are no urgent care services due to the closure of the MIU. This confusion adds to the negative experience of Solihull residents trying to access urgent care.

***...in our area there is no immediate point of contact within the area after the Solihull A&E has been closed...***

(Female, 25-49 years old, accessed urgent care twice in the last two years, 0-6 months ago she accessed A&E).

***...if they [GP surgery] weren't open I have no idea where we would have gone.***

(Female, 25-49 years old, accessed urgent care once in the last two years, 0-6 months ago she accessed the GP surgery).

## Distance

Having access to urgent care near where they live was valued by 35 of the people we heard from.

### ***The urgent care ... at Solihull [Hospital] was amazing, local and quick to get to.***

(Female, 25-49 years old, accessed urgent care twice in the last two years, 12- 18 months ago she accessed A&E in Redditch. She travelled by car, and it took her 16 – 30 minutes to get there.)

The closure of the MIU in Solihull Hospital has meant that some residents must think about distance to access urgent care services. Thirty people worried about the cost and time spent travelling, especially if they needed to access services outside of Solihull. They were anxious at the thought of themselves or their dependents needing urgent care, particularly if they had insufficient money or were not drivers.

### ***It was stressful and a long expensive journey both ways by taxi ...***

(Male, 50-64 years old, accessed urgent care twice in the last two years, 6-12 months ago he accessed an urgent treatment centre. He travelled via taxi, and it took him 46-60 minutes to get there.)

### ***Travelling the distance to Heartlands Hospital and the QE from Solihull heightens the stress and upset when already unwell ...***

(Female, 50 - 64 years old, accessed urgent care more than five times in the last two years, 0-6 months ago they accessed NHS 111 to go to hospital. She travelled by car, and it took her 31-45 minutes to get there.)

People stated that having local urgent care services helped them not to worry about how distance will affect their health.





## Waiting times

Eighty-one people stated that if GP waiting times are longer, they have a worse experience with urgent care at their GP practice. Due to long GP surgery telephone queues, people trying to access urgent care sometimes called NHS 111 instead or went straight to a hospital A&E department. Some felt guilty about doing this, but they did not know where else to go.

***All doctor spots are gone by 8.30 at my surgery. If you contact them or go in after that time, they tell you to go away and queue at the door the next day to try again. This is not practical for all. I rang 111, and then got a spot at my surgery same day. Waste of resources for NHS to have to do this but needed spot. Lack of spots at surgery is contributing to people being more poorly as they have to wait so long to be seen.***

(Female, 25-49 years old, accessed urgent care twice in the last two years, 0-6 months ago she accessed NHS 111)

Long ambulance waiting times were frequently mentioned (n=22). Some patients were told they initially would need an ambulance but then asked if they could make their own way there due to ambulance shortages or they were kept waiting overnight or for extended periods of time. This makes their experience of accessing urgent care very negative and it had a poor effect on their health.

***I ended up on the floor, in light weight pyjamas, with a window open for 12 hours before an ambulance came. I am 73 with arthritis seemingly everywhere except hands and spine... By the time the ambulance came I was very cold, had lost control of my bladder and bowels and declined their advice to go to hospital as I knew I could be stuck outside Heartlands for hours, then again for triage ... thus delaying the ambulance staff for hours ...***

(Female, 55-79 years old, accessed urgent care five times in the last two years, 0-6 months ago she accessed urgent care via her care-alarm)

## Response from Birmingham and Solihull ICB

“We would like to express our thanks to Healthwatch Solihull for carrying out their urgent care investigation. Later this year, we will be developing and engaging on a system wide urgent and emergency care strategy and the views expressed in the report will be invaluable in helping us to shape that.

We are clear that in order to develop truly integrated services, we need to continue our work to break down the barriers between organisations and look at our challenges in a true system way. We know, and patients tell us, that those barriers make effective communication difficult, and this will feature in our emerging strategy. The benefits of improved communication are clear, both in terms of a better experience for patients and enhanced patient flow through the system.

We agree that there is a need to raise public awareness of the urgent and emergency care options available so that patients can access the right care, in the right setting, at the right time. Sharing the primary care options as part of that communication is also valuable. This winter we launched a public information campaign to raise awareness of the different primary care options available and have plans to extend that to urgent and emergency care as well. While patients are not able to self-refer to some of the services that are available, we want to support patients to have confidence that they have been referred to the right service for them.

We have taken a whole system approach to tackling waiting times in urgent and emergency care and are one of the fastest improving systems in the country at a time of huge patient demand and disruptive industrial action, but we know we need to do more. The key to continuing to improve waiting times and flow through the system will be constantly challenging ourselves to look at whole system solutions wherever possible. We will only be able to continue the positive improvement we have seen through genuine collaboration and integration. Significantly developing neighbourhood services has a key role here as well.

In February 2023, we will begin work to develop a new system wide approach to patient, community and stakeholder engagement to ensure that we are listening, as a system, when making important decisions. At the same time, we are also building our engagement team within the Integrated Care Board. As a new organisation charged with bringing our system together to provide services in an integrated way, we have a unique opportunity to break down barriers and put in place a shared and open approach to engagement.

We have been taking a collaborative approach with University Hospitals Birmingham on the re-opening of the Solihull MIU and are pleased that the Solihull Minor Injuries Unit (MIU) will be reopening in June 2023. The Trust have been active in engaging with local people, patients and stakeholders and we know this work will continue.

Lastly, we would also like to take this opportunity to remind local people that if they need urgent medical help, to please contact NHS 111 by going online (NHS 111 online) or giving them a call on 111. They are available 24/7 and it's free to call. NHS 111 will advise them of the best course of action to help deal with their concern; this might be visiting a pharmacy or booking them an appointment to see an appropriate clinician.”

## Response from UHB

*“We would like to thank Healthwatch Solihull for carrying out the urgent care investigation. We would also like to thank everyone who took the time to provide their thoughts.*

*The insights from the report will be very useful to help support the design and delivery of urgent care services, helping us to ensure that patient feedback is at the heart of what we do.*

*We are very pleased that the Solihull Minor Injuries Unit (MIU) will be reopening in June 2023, as this will re-provide a much-needed local urgent care service for the people of Solihull, conveniently located on the hospital site.*

*We are looking forward to continue to let people know about the reopening MIU; a full communications plan, documenting the progress of the Solihull MIU refurbishment and re-opening will begin in the coming weeks. The building works will be documented with a time-lapse video, and clips and photographs will be shared to show the progress. There will also be specific and ongoing communications about what the service offers, including what illnesses and injuries can be treated at the MIU, as well as information about opening times and other helpful information.*

*We would also like to take this opportunity to remind local people that if they need urgent medical help, to please contact NHS 111 by going online (NHS 111 online) or giving them a call on 111. They are available 24/7 and it's free to call. NHS 111 will advise them of the best course of action to help deal with their concern; this might be visiting a pharmacy or booking them an appointment to see an appropriate clinician.”*

## Conclusion

Several key issues became apparent in this report. We brought these to the attention of Birmingham and Solihull Integrated Care Board (BSOL ICB) and the University Hospitals Birmingham NHS Foundation Trust (UHB) .

- **Communication** – What is the impact of poor communication and how can it be improved between NHS 111, urgent care providers and patients.
- **Awareness** – How can the public be made more aware of how to access urgent care and what is available?
- **Distance** – For those patients concerned about the cost of travel, what can be done to support them to access urgent care? Until Solihull MIU opens in June 2023, how will inequalities be addressed for those who cannot afford to travel to other urgent care centres?
- **Waiting times** – What is being done to address waiting times in urgent care? How can this be improved for Solihull residents and how will it be communicated to residents?
- **Using urgent care if can't get GP appointment** – Whilst we acknowledge the amount of work taking place in primary care to improve access, how can signposting be improved for alternative access to avoid unnecessary attendance to A&E or other parts of the urgent care pathway?
- **The development of the new Solihull MIU** – How are the ICB keeping residents up to date, involving residents and raising awareness?

Both the BSOL ICB and UHB responded with comments and actions. The BSOL ICB described the views expressed in this report as “invaluable in helping shape the development and engagement on a system wide urgent and emergency care strategy”.

BSOL ICB:

- Acknowledged that barriers listed in the report make effective communication difficult and this will feature in their emerging strategy.
- Agreed that there is a need to raise public awareness of the urgent and emergency care options available so that patients can access the right care, in the right setting, at the right time.
- Acknowledged that they need to do more to tackle waiting times in urgent and emergency care. They described the key to continuing to improve waiting times and flow through the system will be to constantly challenge themselves to look at whole system solutions wherever possible.
- Will begin work, in February 2023, to develop a new system wide approach to patient, community, and stakeholder engagement to ensure that they are listening, as a system, when making important decisions.
- Are building their engagement team within BSOL ICB. They acknowledged they have a unique opportunity to break down barriers and put in place a shared and open approach to engagement.

BSOL ICB have been taking a collaborative approach with UHB on the re-opening of the Solihull MIU in June 2023. UHB assured us that they have been active in engaging with local people, patients and stakeholders and know this work will continue.

We will continuously liaise with BSOL ICB and UHB to ensure that we are able evaluate the impact this report has on urgent care for Solihull residents.

## What next?

Healthwatch Solihull met with and shared what we heard from patients with UHB and Birmingham and Solihull ICB. They have commitments to improve services by working on issues identified through our investigation. We will share changes made by the NHS because of this initial report when we will publish a follow-up report in six months.

Healthwatch Solihull will seek to hear further feedback from patients and carers regarding the issues heard in the study. Healthwatch Solihull does this via our online Feedback Centre, our Information and Signposting Line, our Community Engagement work or surveys.

If you are a service user, patient or carer, please do share your experiences with us.

## Acknowledgments

Healthwatch Solihull would not have been able to undertake this project without the residents who took time to have their say in our survey. We would especially like to thank residents who took time to speak with us in more depth about their experiences. We would also like to thank Birmingham and Solihull ICB for supporting us with this piece of work.

## About Us

Healthwatch Solihull is the independent champion for health and social care services. We exist to ensure people are at the heart of care. We provide patients and the public with ways to feedback and have a stronger say about the services they use. We listen to what people like about services, and what could be improved. This could be about general practices, hospitals, dentists, opticians, pharmacists, nursing and residential homes or care you receive in the community. We have the power to ensure that those organisations that design, run or regulate NHS and social care, listen to people's views and act on them. People's experiences prompt and lead our activities and investigations, with our reports focusing on improving services. We also encourage services to involve patients and the public in decisions that affect them. Through our Information and Signposting Line, Healthwatch Solihull also helps people find out the information they need about services in their area. People sharing their experiences can make a big difference. We aim to help make health and care services better for patients, their families, and their community

## Appendix 1: Questionnaire

What are the experiences of Solihull residents who try to access urgent care?

### 1. Are you aged 16 and above? \*

- Yes
- No

### 2. In the last two years, have you or someone you have cared for needed to access an urgent care service?\*

- Yes
- No

### 3. Are you are resident of: \*

- Solihull
- Birmingham
- Other

### 4. How many times have you needed to access urgent care in Solihull in last two years? \* < for each included, give the answer

- 1
- 2
- 3
- 4
- 5
- More than 5

### 5. Approximately, when was the last time you accessed urgent care? \*

- 0 - 6 months ago
- 6 - 12 months ago
- 12 - 18 months ago
- 18 - 24 months ago

### 6. Thinking about your last experience of accessing urgent care in Solihull, where did you go for help? \*

- Local pharmacy
- NHS 111 telephone
- Urgent mental health services
- Called 999 for an ambulance
- Your GP's out of hours service
- Urgent Treatment Centre
- Voluntary sector, community or charity organisation
- Accident and Emergency (A&E)
- NHS 111 online
- NHS 111 text or BSL service
- Other (please specify)

**7. Why did you choose this service? (Please tick all that apply.) \***

- It was close to my home or place of work
- I was not able to get an appointment that day at my GP practice
- It had the services I thought I needed e.g. x-ray, access to medication, mental health support, tests
- It is on a public transport route
- I prefer to get advice online
- My GP practice was closed
- I know that I would be able to see or speak to a healthcare professional that day
- It has car parking
- I did not know where else to go
- I am not sure
- It was during the evening, a weekend, or bank holiday
- I prefer to get advice over the phone
- Other (please specify).

**8. Approximately how long did you have to travel for that appointment? \***

- Less than 15 minutes
- 16 - 30 minutes
- 31 - 45 minutes
- 46 - 60 minutes
- I didn't travel
- Any other comments about travel to get care for an urgent health condition

**9. How did you get there? \***

- Cycle
- Bus
- On foot
- Car
- N/A (I didn't travel)
- Train
- Taxi
- Other (please specify):

**10. Please tell us more about your last experience of accessing/using urgent care services. For example, the name of service (e.g. High Street General Practice Surgery), what went well and what could be improved?**

**11. Would you like to tell us about another time you or someone you care for accessed urgent care in Solihull in the last two years? \***

- Yes
- No

[Q12 – Q17: Questionnaire repeats to hear about subsequent experiences]

**18. What are the three most important things to you when choosing an urgent health service to use? \***

- Where I know I can see a doctor
- Being able to turn up at a location and wait to be seen
- Being seen at the weekend
- Being seen out of office hours or in the evening
- Being able to park
- Location – it is easy/close to get to from where I live or work
- Being seen during the daytime
- Being able to book an appointment to see/speak to a healthcare professional
- Being able to see/speak to a healthcare professional on the same day
- Other (please specify):

**Would you like to talk to us more about your experience of accessing urgent care? \***

- Yes
- No

**If you would like to talk to us more about your experience accessing urgent care please leave your name, email and/or phone number below.**

Name	<input type="text"/>
Email	<input type="text"/>
Phone Number	<input type="text"/>

**If you would like to read our final report from this investigation, please leave your email below.**



## Appendix 2: Who we heard from.

What district do you live in?			
Answer Choice		Response Percent	Response Total
1	Bickenhill	2%	6
2	Blythe	4%	13
3	Castle Bromwich	2%	7
4	Chelmsley Wood	7%	22
5	Dorridge and Hockley Heath	4%	13
6	Elmdon	7%	20
7	Kingshurst and Fordbridge	4%	11
8	Knowle	4%	11
9	Lyndon	4%	13
10	Meriden	2%	5
11	Olton	11%	32
12	Shirley East	7%	20
13	Shirley South	7%	22
14	Shirley West	5%	16
15	Silhill	7%	21
16	Smith's Wood	1%	3
17	St Alphege	7%	20
18	Not sure	16%	47

Age			
Answer Choice		Response Percent	Response Total
1	Under 18	1%	2
2	18-24	1%	4
3	25-49	36%	109
4	50-64	38%	114
5	65-79	21%	63
6	80+	2%	6
7	Prefer not to say	1%	2
8	Unknown	0%	0

**Please tell us which gender you identify with:**

Answer Choice		Response Percent	Response Total
1	Woman	81%	245
2	Man	17%	51
3	Non-binary	0%	1
4	Intersex	0%	0
5	Not Known	1%	2
6	If you prefer to self-describe, please specify:	1%	3

**Is your gender different to the sex that was assigned to you at birth?**

Answer Choice		Response Percent	Response Total
1	Yes	5%	15
2	No	93%	279
3	I'd prefer not to say	1%	3
4	Not known	1%	2

**Is your sexual orientation:**

Answer Choice		Response Percent	Response Total
1	Asexual	2%	7
2	Bisexual	2%	5
3	Gay man	1%	4
4	Heterosexual/straight	84%	248
5	Lesbian/Gay woman	0%	1
6	Pansexual	0%	1
7	Prefer not to say	7%	21
8	Not known	0%	1
9	If you prefer to self-describe, please specify:	3%	8

Ethnicity			
Answer Choice		Response Percent	Response Total
1	Arab	0%	0
2	Asian / Asian British: Bangladeshi	0%	0
3	Asian / Asian British: Chinese	1%	2
4	Asian / Asian British: Indian	3%	8
5	Asian / Asian British: Pakistani	1%	4
6	Asian / Asian British: Any other Asian / Asian British background	0%	0
7	Black / Black British: African	0%	0
8	Black / Black British: Caribbean	0%	1
9	Black / Black British: Any other Black / Black British background	0%	0
10	Mixed / Multiple ethnic groups: Asian and White	2%	5
11	Mixed / Multiple ethnic groups: Black African and White	0%	0
12	Mixed / Multiple ethnic groups: Black Caribbean and White	1%	3
13	Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background	0%	1
14	White: British / English / Northern Irish / Scottish / Welsh	79%	239
15	White: Irish	4%	11
16	White: Gypsy, Traveller or Irish Traveller	0%	0
17	White: Roma	0%	0
18	White: Any other White background	3%	10
19	Prefer not to say	4%	11
20	Not known	0%	1
21	Any other ethnic group (please specify):	2%	5

<b>Religion</b>			
<b>Answer Choice</b>		<b>Response Percent</b>	<b>Response Total</b>
1	Buddhist	0%	1
2	Christian	54%	160
3	Hindu	1%	3
4	Jewish	0%	0
5	Muslim	3%	8
6	No religion	26%	78
7	Sikh	1%	4
8	Prefer not to say	12%	36
9	Other religion (please specify):	2%	7

<b>Please tell us if the following apply to you:</b>			
<b>Answer Choice</b>		<b>Response Percent</b>	<b>Response Total</b>
1	Refugee or asylum seeker	0%	0
2	Student	2%	5
3	Retired person	27%	79
4	Limited family or social networks	4%	10
5	Long term unemployed	3%	9
6	Working part-time	22%	63
7	Working full-time	36%	103
8	No recourse to public funds	3%	9
9	Homeless	0%	0
10	Living in poverty	1%	3
11	Experience of mental health	10%	28
12	Experience of addiction	1%	3
13	Experience of offending	0%	0
14	Carer	8%	24
15	Have a disability	12%	35
16	Other (please specify):	5%	15

## Appendix 3: Investigation survey results

Please note, as respondents could share more than one experience, the number of experiences exceeds the number of respondents. Also, for some questions the person could select more than one answer, so for some questions the total percentage will exceed 100%.

### Approximately, when was the last time you accessed urgent care?

Answer Choice	Percentage	Number of experiences
1 0 - 6 months ago	56%	225
2 6 - 12 months ago	26%	107
3 12 - 18 months ago	11%	46
4 18 - 24 months ago	6%	26
Total		404

### Thinking about your last experience of accessing urgent care in Solihull, where did you go for help?

Answer Choice	Percentage	Number of experiences
1 Urgent care Centre	225	23
2 NHS 111 telephone	20%	81
3 NHS 111 online	6%	26
4 NHS 111 text or BSL service	3%	10
5 Your GP's out of hours service	4%	15
6 Local pharmacy	2%	7
7 Accident and Emergency (A&E)	38%	155
8 Called 999 for an ambulance	11%	44
9 Urgent mental health services	1%	4
10 Voluntary sector, community or charity organisation	0%	1
11 Other (please specify):	9%	38
Total		404

<b>Why did you choose this service? (Please tick all that apply.)</b>			
<b>Answer Choice</b>		<b>Percentage</b>	<b>Number of experiences</b>
1	My GP practice was closed	13%	83
2	I was not able to get an appointment that day at my GP practice	16%	108
3	It was during the evening, a weekend, or bank holiday	15%	100
4	I prefer to get advice over the phone	1%	7
5	I prefer to get advice online	0%	0
6	It was close to my home or place of work	3%	18
7	It has car parking	1%	8
8	It is on a public transport route	0%	2
9	It had the services I thought I needed e.g. x-ray, access to medication, mental health support, tests	16%	104
10	I know that I would be able to see or speak to a healthcare professional that day	13%	83
11	I did not know where else to go	11%	69
12	I am not sure	1%	3
13	Other (please specify):	11%	73
	<b>Total</b>		<b>658</b>

<b>Approximately how long did you have to travel for that appointment?</b>			
<b>Answer Choice</b>		<b>Percentage</b>	<b>Number of experiences</b>
1	Less than 15 minutes	11%	50
2	16 - 30 minutes	26%	120
3	31 - 45 minutes	27%	125
4	46 - 60 minutes	8%	35
5	I didn't travel	14%	64
6	Any other comments about travel to get care for an urgent health condition	15%	68
	<b>Total</b>		<b>462</b>






How did you get there?			
Answer Choice		Percentage	Number of experiences
1	Car	63%	253
2	Bus	2%	8
3	Train	0%	1
4	Taxi	7%	28
5	On foot	2%	6
6	Cycle	0%	1
7	N/A (I didn't travel)	16%	64
8	Other (please specify):	11%	43
Total			404

What are the three most important things to you when choosing an urgent health service to use?			
Answer Choice		Percentage of respondents who selected this preference.	Number of experiences
1	Location – it is easy/close to get to from where I live or work	49%	147
2	Being able to turn up at a location and wait to be seen	31%	94
3	Being able to book an appointment to see/speak to a healthcare professional	31%	92
4	Being able to see/speak to a healthcare professional on the same day	56%	169
5	Being able to park	9%	26
6	Where I know I can see a doctor	35%	107
7	Being seen during the daytime	6%	18
8	Being seen out of office hours or in the evening	29%	88
9	Being seen at the weekend	25%	74
10	Other (please specify):	4%	12
Total			827

# healthwatch Solihull

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