



Urgent Care

Experiences in York, Scarborough, Selby and Malton

healthwatch
York

healthwatch
North Yorkshire

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Acknowledgements

Thank you to everyone who spoke to us at the York, Malton, Selby and Scarborough Urgent Treatment Centres and the staff who made us very welcome. Thanks also to everyone who responded to our survey. This report would not have been possible without you.

All people deserve to be heard. Thank you for taking the time to listen.

Cover image from Greg Rosenke on unsplash

A note on language

Throughout this report we have referred to Accident and Emergency as A&E. This is also known as the Emergency Department or ED.

Executive summary

Our research

Between May and July 2023, Healthwatch York and Healthwatch North Yorkshire ran a survey about people's experiences of urgent care. We also talked to people waiting at the four Urgent Treatment Centres (UTCs) in York, Scarborough, Selby and Malton. In total we heard from 391 people.

Previous research

The above research built on four previous studies carried out between 2019 and 2022. All four focused on urgent care in the Vale of York geographical area. These reports identified a number of themes:

- a lack of timely access to a GP
- a lack of continuity of care
- travel issues to get to a GP
- a lack of clarity on where to go when regarding urgent care
- a need for improved communication.

A report focused on feedback from Selby UTC included suggestions for improvements:

- better information about waiting times and any pressures that could increase these
- clarity on service availability, particularly x-rays which are available for shorter time than UTC opening hours
- increasing staff available to help reduce waiting times.

Has anything changed?

We found that some of the themes outlined above still remain, particularly issues with accessing same day GP services and concerns about communication.

Accepting the significant challenges facing general practice, as outlined in the 2021 Healthwatch York snapshot report¹, (despite more appointments being released than ever, demand continues to outstrip

supply) this is clearly still having an impact on urgent care. Those we spoke to at the UTCs who tried to contact their GP had been signposted to the UTC or had not been offered a same day appointment. Some people reported that they have given up trying the GP and now use the UTC as a default for urgent care. We found that more people are willing to try alternative options, particularly NHS 111, before going to the UTCs.

Issues with communication continue both in terms of details about what is available and when (eg what services UTCs offer and at what time) and information provision about waiting times once at a UTC. There is also a need for better communication between services. This includes:

- between NHS 111 and UTCs to make sure the UTC is open when a person is told to attend
- that people are given timed appointments only if this is appropriate and when they are the timing is met by the UTC as far as possible
- better communication between UTCs so when someone is sent from one UTC to another, the receiving UTC is aware and can support the person without them having to start the process again.

While some people did mention continuity of care and travel issues in getting to the UTCs, these were not significant in the 2023 feedback. In addition, our 2023 research does not clearly indicate if people are still finding it difficult to navigate urgent care.

We did find that patients are able to choose between urgent and emergency care. Many attended the UTC specifically to see a GP quickly. What it does show is that people are more accepting of waiting times at UTCs and are extremely grateful that the services exist and for the skill, helpfulness and positive attitudes of staff.

Healthwatch North Yorkshire staff and volunteers found the UTC difficult to navigate in Scarborough. This could indicate that patients would have similar issues in identifying whether they should go to A&E or the UTC and which service they are waiting for.

Our work also found that people are more willing to try digital options for minor illness; something that was not explored in earlier studies.

Conclusion

The demand for urgent care has not diminished and people remain grateful that services are available to provide same day support, even if there is a wait.

People are very grateful to staff and generally find all healthcare staff in urgent care settings helpful, professional and highly skilled.

However, there are some challenges for urgent care and areas for improvement. Some of these reflect earlier studies including challenges of getting urgent GP appointments, issues with communication, improving information about waiting times at UTCs, better coordination between UTCs. Others relate specifically to a UTC or are about increasing support for people to wait well.

The findings of our 2023 research suggests that the UTCs are increasingly becoming a catch all for people who feel they need urgent care or have been advised to go to the UTC, even if this isn't appropriate. Suggestions to address this include improving triage to direct people to other sources of support and care and having other options for basic needs like wound dressing, physiotherapy and pain killer advice.

We also heard from people on holiday, or home from University who thought the UTC was their only option for seeing a GP. Similarly, although only around 1% of those we spoke to, people who had been deregistered by their GP defaulted to urgent care. There is a need for a clear pathway and good signposting to meet all these needs in the most appropriate way.

We found a willingness to use digital solutions for urgent issues where appropriate (illness not injury) and people increasingly accept that waiting is part of urgent care and are sanguine about this.

The feedback we received was mostly positive for urgent care. People are accessing a range of services, but more than half (58.5% of survey respondents) are ending up at the UTC or Emergency Department. People we met at the UTCs were universally happy the service was there, and they would be seen on the same day. Even those frustrated by long waits were usually full of praise for the staff and treatment they received.

Background

Between May and July 2023 Healthwatch York and Healthwatch North Yorkshire undertook work, commissioned by the Humber and North Yorkshire Health and Care Partnership, to capture feedback about people's experiences of urgent care across York¹, Selby, Ryedale and Scarborough. Urgent care includes same day GP appointments, advice from pharmacies, NHS 111, GP out of hours services and Urgent Treatment Centres (UTC), but not A&E or 999 services.

To gather people's experiences and ideas on what is working and what could be improved, we developed a survey (available online, in large print and Easy Read versions). This was circulated via social media and taken to events and engagement activities across York and the appropriate areas of North Yorkshire. A press release about the project and survey featured in the York Press. The survey was open from 20 June to 14 July. Eighty-six people responded to the survey.

We also worked with Healthwatch York and Healthwatch North Yorkshire volunteers to conduct conversations with people waiting at Urgent Treatment Centres in York, Malton, Selby and Scarborough. We spoke to 305 people on 28 days between 31 May and 13 July. More than one hundred of the people we spoke to fed back a few days after their visit to an UTC to update us on their experience. This was either via a short survey or conversation.

This report outlines the findings of our survey and conversations with reference to earlier reports about urgent care.

¹ Note during the majority of this project, ongoing refurbishment work at York Hospital meant the Urgent Treatment Centre was located away from the Emergency Department (A&E) and feedback will reflect some of the challenges of this relocation.

Previous research

A number of studies were carried out over the past four years to get feedback about the use of urgent care options across York and North Yorkshire. That research is summarised below and was the basis for the survey and conversation prompts we used in this project.

2019: Survey of patients attending the Emergency Department at York Teaching Hospital NHS Foundation Trust (Vale of York CCG). This research focused on both A&E and the Urgent Treatment Centre at York Hospital. The research was conducted over 12 hours (7.30am – 7.30pm) on one weekday in August 2019 and aimed to understand why people had chosen that option for their urgent care.

One hundred and three people responded to the questions. Three quarters (75%) of respondents said they had tried another option before going to A&E/UTC. Those options included calling NHS 111, going to their GP (or trying to), getting advice from a pharmacy and trying an online symptom tracker.

2020: Healthwatch York urgent care rapid appraisal. This report outlined what people knew about 'urgent care' in the Vale of York geographical area and when they used it. Healthwatch York used its network of trusted organisations to get rapid feedback alongside a broader online survey. Themes identified by the study include the impact of a lack of timely access to a GP, a lack of continuity of care, travel issues to get to a GP, a lack of awareness of urgent care options (especially for out of hours help) and limited options for mental health crisis care.

2020: Urgent care engagement report (Vale of York CCG). This report brought together feedback from 2018 onwards, an urgent care survey and interviews carried out by Healthwatch York (as outlined above) and

Healthwatch North Yorkshire in 2020 as well as a GP patient survey from 2020. The key themes identified echo those from the 2020 Healthwatch York appraisal and include: a lack of clarity on where to go when regarding urgent care, issues with travel and transport, challenges of seeing a GP (this was 82% of respondents' first choice for support for an urgent health issue), a lack of continuity of care, and a need for improved communication. The report highlighted geographical differences across York and North Yorkshire whereby those who live further from a hospital or urgent treatment centre are more reliant on GPs for urgent care or felt less informed about urgent care options. The report also noted the impact of the Covid 19 pandemic on access to services.

2022: Selby Urgent Treatment Centre feedback (Healthwatch North Yorkshire). Volunteers and staff spoke to 116 people waiting at the UTC in Selby. The project found that the majority of people (59%) were there for an injury, most had decided to go to the UTC themselves (57%), with 39% signposted by a local GP practice (only 2% were referred by NHS 111). Most respondents were positive about their experience and suggestions for improvements included better information about waiting times and any pressures that could increase these; clarity on service availability, particularly x-rays which are available for shorter time than UTC opening hours; and increasing staff available to help reduce waiting times.

Themes

From our 2023 survey and UTC conversations, in which we heard from 391 people, a number of themes emerged:

1: Difficulties of getting a GP appointment are putting pressure on other urgent care services

Many people who ended up at Urgent Treatment Centres said that they tried to see their GP or would have preferred to see their GP. However, many were signposted to the UTC by the GP or a GP receptionist. For

others, the long waiting times for an appointment (between three and 12 weeks were quoted) meant they chose the UTC to make sure they saw someone sooner. Many rang up and were told about the waiting times for an appointment. Others reflected that their previous experience led them to believe it was pointless contacting the GP for treatment in this instance.

In addition, a number of students were home in York for the summer. They said they can only belong to one GP practice and had chosen the one near to the university they attend. That meant that if they needed help when back for the holidays, they felt their only option is to go to the UTC or A&E. This is despite the fact the issue is something they would normally take to their GP. A number of people on holiday in York and North Yorkshire had the same experience whereby they were at the UTC for something they would go to their GP about when at home.

Comments included:

“GP was no help – did not answer phone or email, then I waited 55 minutes on the telephone to be given an urgent out of hours appointment for a GP. Eventually seen and admitted to surgical unit at York District Hospital for treatment.”

“My GP told me they didn't have any appointments and to ring 111 / go to urgent care to be seen. This was after having contacted them several times over the week. I went to urgent care within GP opening hours.”

“I phoned the GP, but I was 30th in the queue. My baby was screaming and I couldn't wait. So I called NHS 111.”

“Receptionist at my GP was asked to ask GP to contact me for pain relief advice, she said I had to ring NHS 111. I did and explained that I had used paracetamol but was unable to use ibuprofen due to a medical condition and I was told to attend A&E. I told him I didn't think it was appropriate to

attend A&E for advice on pain relief and said I wouldn't go, he said he would get my GP to call me."

"I rang NHS 111 who told me to go to the pharmacy. They gave me something, but it didn't work. I rang my GP, but it would be three weeks before I got an appointment, so I've come here."

"Person phoned the GP a week ago and they asked her to phone again and write an email. She was eventually informed that the GP had lost her data including her recent test results. She then had to re-register for the GP which meant a wait of 14 days until that had been processed and then she would have had to wait again for an appointment. After learning about the GP issue, the person called NHS 111 who said to go to the GP Out of Hours to get medication prescribed."

"I had chest pains and the paramedics came. They stabilised me and told me to go to my GP if I got worse. I rang the GP this morning (Monday) and they said the next appointment is a week on Wednesday, so I came here."

"I had an operation at Leeds and needed the stitches out. Went to the GP and there was no appointment for a week so told to come here. I went to the GP on Monday to get the dressing changed and they said to come back today but phoned me to say to go to the UTC."

"I tried my GP but as I had moved house, they had removed me from their list and they said it would take three weeks to change the records and I couldn't get an appointment until the records were updated."

"My GP is in Hull (where they are a student) so I couldn't go there. If I could, I would go there as they are excellent and I can almost always get a same day appointment."

"NHS 111 said if it isn't urgent, GPs are open. I rang the GP and the duty doctor said to go to A&E to be safe."

“The GP pharmacy said to ring 111 who said to come here. The doctor wasn’t interested at all.”

2. Lack of awareness of Urgent Treatment Centres and GP Out of Hours

Just under half (44.5%) of people spoken to in the UTC were referred there by NHS 111 or GP surgeries. Many people said they were not aware of the service before they had attended. There was a difference between sites with more of those attending Selby and Malton UTCs saying they had gone straight there as they know about and value the service.

“I thought I could manage, but I couldn’t. So, I rang NHS 111 who booked me an appointment at the Urgent Treatment Centre / Minor Injury Unit.”

“I rang NHS 111 in the morning and they said they’d call back. They did at 3pm and said to go to the UTC as they couldn’t arrange a GP appointment.”

“Rang NHS 111 the night before (Sunday), they said they’d arrange for a GP to call back, but there were no appointments, so NHS 111 said to go to the UTC.”

“Came straight here, I’ve been before.”

3. Better coordination of other services to provide support and not just signpost to another service

We spoke to a number of people who felt they had followed the guidance to try other options before ending up in the UTC. Many were frustrated that the services they contacted first either couldn’t help or suggested they try somewhere else, which they did, but still ended up in the UTC.

As above it is clear that many people tried to get a GP appointment before ending up at the UTC. But it is also true for people with long term conditions where specialist support should be available elsewhere.

One person attended the UTC with an infected PEG (feeding tube). Before going to the UTC, they spoke to the PEG nurse, GP, NHS 111 and district nurse before being told to go to A&E. At each stage they were told to try someone else. There should be clearer guidance for people with a PEG and PEG nurses about what to do if there is an issue at the weekend. The person spent a number of hours making the phone calls before getting to the UTC where they had to wait to see a clinician.

Another person was frustrated that they had gone to their pharmacy to try and get medication prescribed at a weekend. They had seen a national news story saying that pharmacies can now prescribe to find that it won't happen for another six months. The person felt that you try to do the right thing and feel a fraud coming to the UTC, but there are no other options as they needed medication that day – a Saturday.

As above, many people were frustrated that they couldn't get the service via their GP. Others just wanted somewhere to provide advice and didn't know where else to turn. Rather than waiting to see a clinician, they would have liked a service which tells them whether they need to see someone or not or whether they can just treat the issue at home. A number of these people had called NHS 111 for advice but been told to go to the UTC when they thought it probably wasn't necessary.

“It would be good to have more information about the options for urgent care and where you would be most likely to receive the care you need for a range of things.”

“Have a specific place for minor stuff like wound dressings and redressing of burns, eg GP or pharmacy.”

“Better triage, so you can see someone who tells you if you need to stay or if there is an alternative.”

“The service is understaffed. GPs push you off a lot and tell you to ring NHS 111 or to go to the Urgent Treatment Centre.”

“Both GPs and NHS 111 just want to send you to A&E even for painkiller advice!”

4. Lack of coordination between services

Just under a fifth (19%) of respondents had contacted NHS 111 before being told to go to the UTC. Some people described a lack of communication or coordination between NHS 111 and the UTC, particularly in York.

A number of people were told by NHS 111 to go to the York UTC within the next hour or as soon as possible. This advice was given even though the GP out of hours service, which they would see, did not open until 10am. Some people had to wait for up to two hours before being able to join the queue for treatment. People found this understandably frustrating and wished NHS 111 could have told them to attend in time for the service to open at 10am.

Just under half (49%) of people at York UTC who contacted NHS 111 were given an appointment time – for both minor injury and minor illness. In some instances, people were called in shortly after the time they were given. Others had to wait for two hours or more after the time they were given, which appeared irrelevant. One person was told by the A&E receptionist when they mentioned a time, that the hospital did not book appointments.

It is not clear whether a timed appointment should be given by NHS 111 or not. But it is clear that there is no consistency either from NHS 111 or when people attend the UTC.

In a few instances, people were referred by NHS 111 to York UTC when Selby or Ripon were closer. It was not clear why this happened.

At York UTC at the weekend or evening, a number of people had been referred on by other UTCs including Selby, Malton and Goole. This was because x-rays or scans were not available at those times or staff did not have the relevant experience to help. People accepted this situation but when they arrived at York UTC, there had been no communication from the UTC they were sent from and they had to start the wait again at York.

A few people had had x-rays or scans at different hospitals or were at the UTC as a result of an ongoing condition getting worse. In all instances, staff at York Hospital were not able to access information from other hospitals or the person's local GP practice. In all instances this was frustrating for everyone involved and created further delays to people getting treatment or the right treatment.

"I rang NHS 111 about my father yesterday (Saturday at 4pm) and they said they'd call back within six hours. They rang back on Sunday at 6am and told us to come for an appointment at 8.15am. This despite the fact the UTC opened at 10am on a Sunday."

"NHS 111 gave me an appointment at 11.45am and said I shouldn't have to wait too long. But I've waited two and a half hours."

"I rang NHS 111 and got an appointment at 12.45pm, but still waiting after 4.45pm."

"I would have thought NHS 111 would book me an appointment, but they said I just have to join the queue."

"We rang on the way to the hospital and were given a booked appointment. The student I was with is a French speaker and NHS 111 arranged to have a translator on the call. It was excellent."

"I rang NHS 111 and they sent me to York UTC even though it would have been easier and quicker to go to Ripon."

“I went to Selby UTC but they don’t do x-rays at the weekend, so they said to come to York. It would have been good to know in advance as I would have come straight to York. I had just looked at where was open near where I live.”

“I went to Selby UTC where I had an x-ray within an hour. I then had to wait for nearly four hours for them to tell me I had to come to York as I needed more specialist help.”

“The issue for me was that there was no indication anywhere that the x-ray department closed at 4pm.”

“NHS 111 said to come straight away, but I have been waiting for three hours. Why did they say come straight away?”

5. Generally positive impressions of staff at all levels

Some people said that they found staff unhelpful or rude, but the majority of survey and conversation responses highlighted how helpful and friendly all staff were. Many people acknowledged how hard staff were working and that they were doing their best in very difficult circumstances. These comments reflect staff in all situations including pharmacies, GP surgeries and UTCs.

Two people were very pleased to have been offered translators by NHS 111 and to ensure translation services were available when they got to the hospital. Neither needed the service as they had someone with them able to translate, but they were very pleased the option was offered.

“The staff do a grand job.”

“Always excellent care and staff.”

“Can’t fault it. Very impressed.”

“Kind, polite and helpful staff.”

6. People are accepting longer waiting times

When asked at the UTCs if the waiting time was appropriate, many people said that it was. Most people understand the pressures the NHS is under and that they will have to wait.

Frustrations crept in when people were waiting for more than three hours, which was rare in all UTCs (9% of those we spoke to at all four UTCs had been waiting for more than three hours), although seen more often in York (11% of those we spoke to at the UTC). People were particularly frustrated when they saw people who had arrived later than them going in before them. In York this can be explained by two different services (minor injury and minor illness) working in the same area, but with different providers and staffing. However, this is not clear to people waiting.

Generally, people had the attitude of: “It’s one of those things. You have to sit and wait.”

“I have low expectations, but I know it’s not a serious condition, and I don’t mind waiting.”

“I am a nurse and I understand the pressures and frustration in A&E, particularly as people can’t see their GP.”

“I brought a book and drinks – I am prepared for a long wait.”

“It’s free so people accept a less than five-star service.”

7. Some interest in a digital alternative for minor illness

We asked people if they would be willing to try a digital option for urgent care in the future. Many people already use these options for non-urgent care and were happy with that. However, for urgent care many people (47% of those who responded to the question) felt that they wanted to see someone face-to-face. This was particularly important for people who had suffered an injury and felt they may need an x-ray or for someone to see them.

Some of those who were attending UTCs with minor illnesses said they would be very happy to try a digital option (38% of those who responded to the question), including sending photos, if it could reduce waiting times and take pressure off a busy system. Others said, if it was appropriate, they would be happy to try a digital option (15%).

“I would rather see someone face to face.”

“I have used video appointments with a private healthcare provider through my job and I have not found it helpful.”

“I only come when I really need help and I want to see someone then.”

“It is better to see someone due to other underlying health issues.”

“I’d much rather do a video appointment than have to wait.”

“If there was a digital option and it would help, but not if you need to see someone.”

“I know what the problem is and what treatment is needed, so digital would be better. I just needed a same-day appointment and the UTC was my only option.”

“If there had been an opportunity to send a photo and get some advice, I would definitely do that.”

8. Information

Providing information for those waiting both about the time they will need to wait and about what will happen were mentioned at most of the UTCs. Many of the suggestions for improvements were around providing better information about waiting times and where someone was in the queue. This was a particular issue for York UTC where waiting times were often longer than for other sites.

Some people who had been to Malton or Selby UTCs only to find that some services weren't available, or staff were not able to help suggested that there should be clearer information about what is available when at those sites.

“Need more information and clarity so you know what to expect. There is a lot of time wasted for medical staff and for me. It is not clear what is happening.”

“It would be good to know how long I have to wait.”

“Give clearer information about how long you might have to wait.”

“I came yesterday thinking I had broken my shoulder, but the x-ray at Malton had closed.”

“It isn't clear what Selby can do and what would be referred to York. This information needs to be clearer so you can make a better decision about where to go.”

Survey findings

The survey ran across York, Selby, Ryedale and Scarborough from 25 May to 21 July. It was promoted via social media, a press release and taken to engagement events and opportunities by Healthwatch York and Healthwatch North Yorkshire staff.

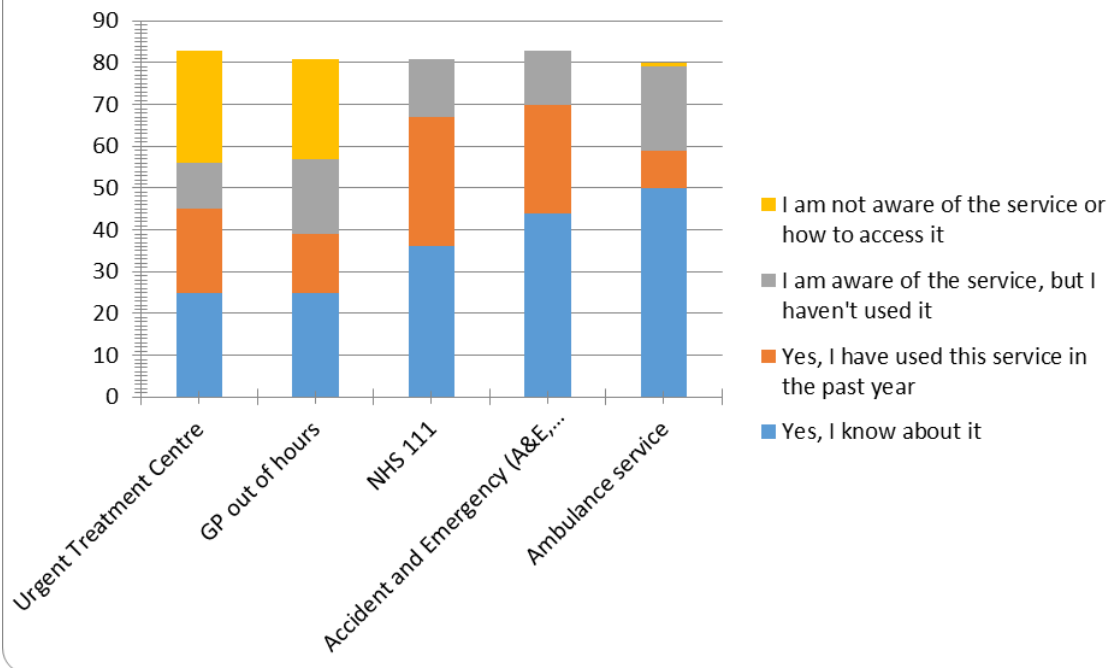
We received 83 responses; 67% of responses were from people living in York, 7% from those living in Scarborough, 6% from people living in Ryedale and 7% from people living in Selby. The remaining 13% lived in other areas including Harrogate and Whitby.

Awareness of urgent care options

We asked people whether they know about services, if they have used them or if they are not aware.

Of the services listed no-one was not aware of NHS 111, A&E or the ambulance service. Of the respondents, 32.5% were not aware of Urgent Treatment Centre and 30% were not aware of the GP out of hours service.

Have you heard of the following places that offer urgent healthcare?

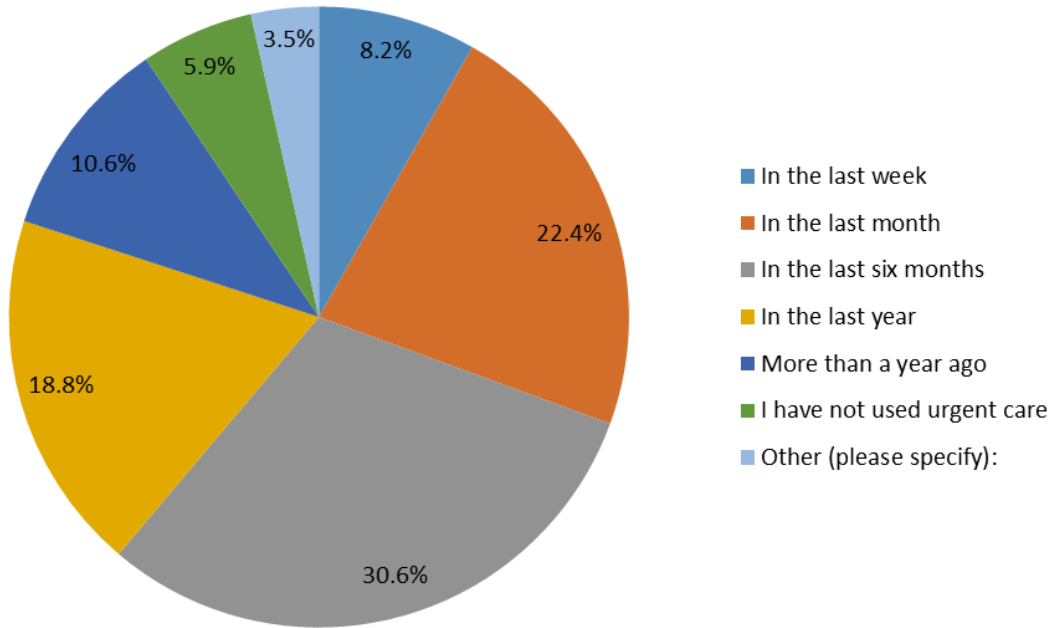


Of the services listed, more people (31%) had accessed NHS 111 than anything else followed by A&E (26%) and then UTCs (20%).

When people last accessed urgent care

We asked people when they had last accessed services including talking to a pharmacist, an urgent GP appointment, GP out of hours, NHS 111, UTC, A&E, 999 and the mental health crisis team. More than 60% of respondents had accessed some kind of support in the last six months and 80% in the last year.

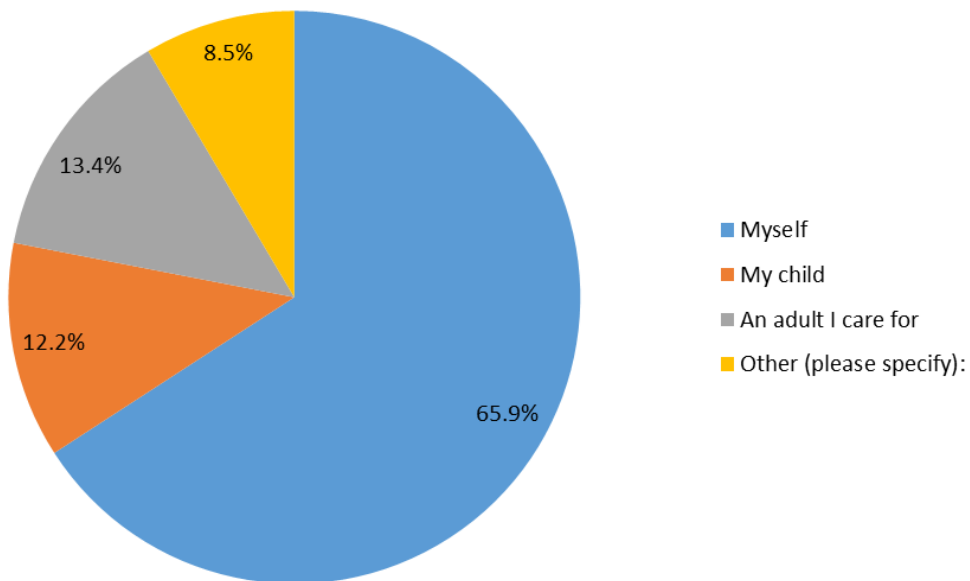
When did you last access urgent care?



Who needed urgent care

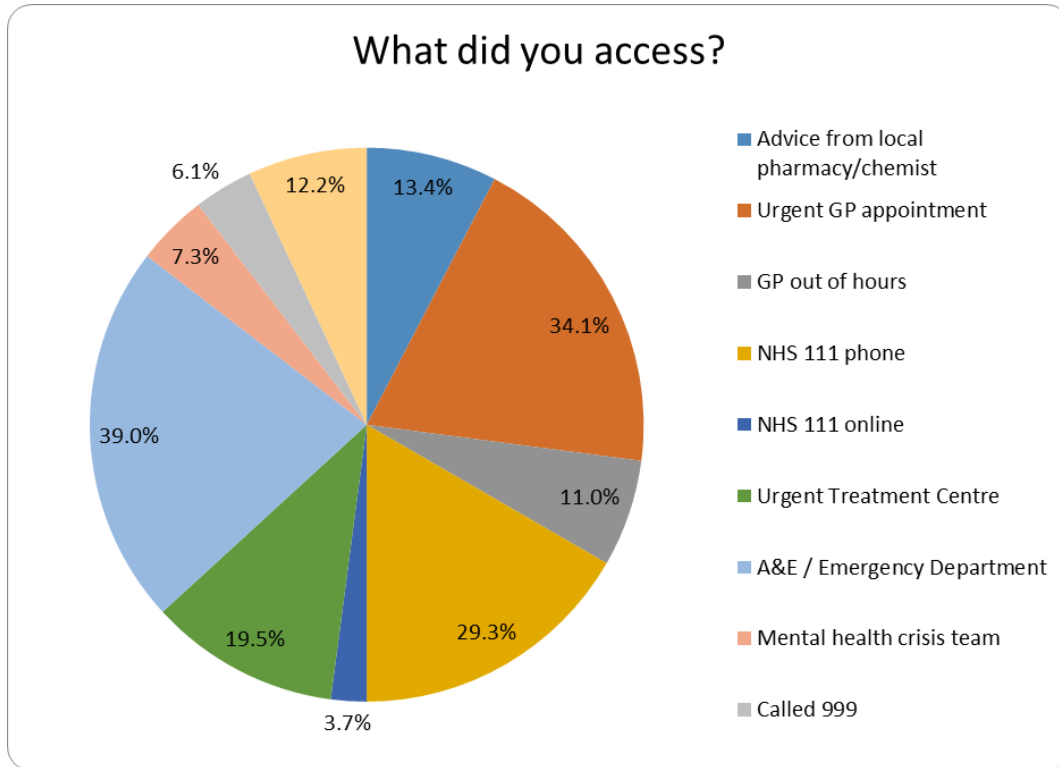
The majority of people accessed urgent care for themselves.

Who was this for?



What people accessed

We gave people a range of options. Most people accessed A&E (39%), followed by an urgent GP appointment (34.1%), NHS 111 phone (29.3%), UTC (19.5%) and pharmacy (13.4%).



Did people try other options first?

The survey asked if people had tried any other options before they got help. Many respondents (34%) contacted their GP surgery first. (This allies with the recent Community Pharmacy survey which found that 52% of respondents said their GP is their first point of call for healthcare advice.)

Of those who contacted their GP practice, some got an appointment, others were discouraged by the long phone queue or the time to get an appointment, others were advised by the GP or receptionist to go to the Urgent Treatment Centre or phone NHS 111. Some of those phoning NHS 111 were also advised to go to their local UTC.

“Tried to contact the GP surgery at 4:45pm. Once through to reception they told me a doctor would call back, after 10mins the receptionist called back

to say the doctors are now leaving and call 111. My son had breathing difficulties.”

“Called GP surgery and advised to go to the UTC at Selby Hospital, as I was likely to need an x-ray.”

“I called my GP for advice. I was in the middle of a focal aware seizure that I had gone to bed and woken up with. So, at that time, this had gone on for well over eight hours. The receptionist didn’t put me onto the GP, she told me that the GP said to go to A&E.”

“Tried everything possible to avoid going through the trauma of getting a GP appointment!”

“Tried GP who told me to go to 111.”

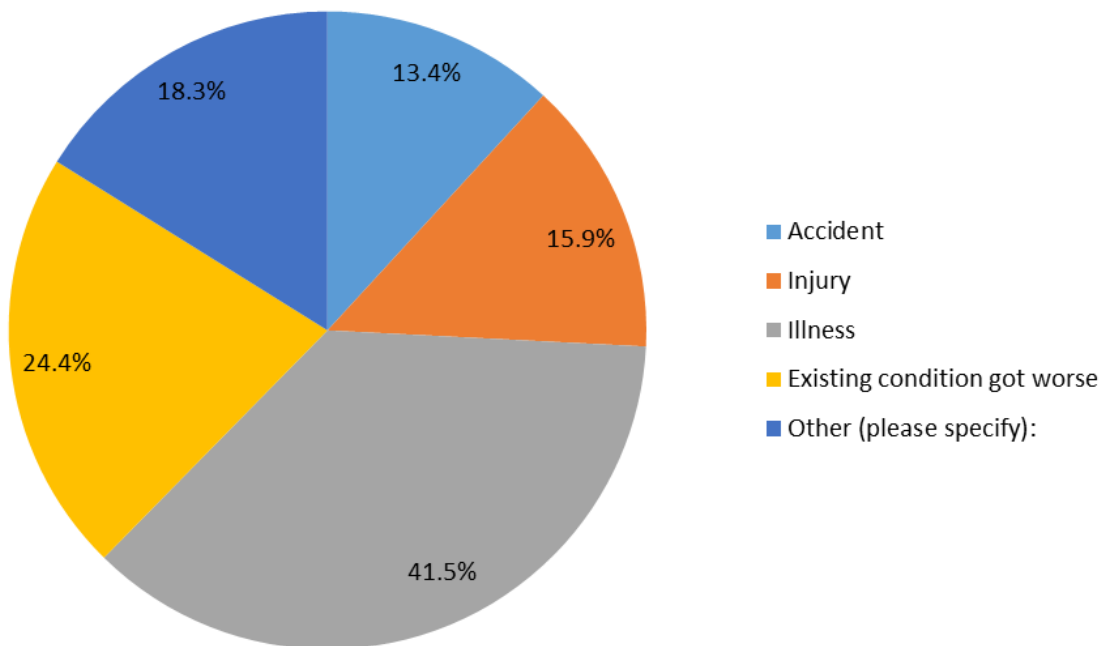
“Spoke to a counsellor who urged me to contact my GP. As it was Friday and I submitted a form about 10am, when I got a call in the afternoon, they said their only action could be to send me to A&E to speak to mental health liaison.”

“I couldn’t see a GP, so went to UTC, who referred me to A&E, who misdiagnosed my injury. So I went to private physio, who referred me to GP, who wouldn’t see me. Physio then arranged a private MRI scan, which confirmed a fracture and significant soft tissue injury. I still haven’t been able to see a doctor and can’t afford private health.”

Why did people need help?

We asked people why they had sought help.

What was the issue you needed urgent care for?



In comparison with responses from conversations at the UTCs, more people responding to the survey were seeking help for an illness, rather than injury. This is probably reflected in the fact that just over a third (34.1%) had an urgent GP appointment.

How long did you wait for treatment?

We asked people the length of time they waited for help. The responses were very varied with some people waiting for less than an hour and others for more than 12 hours. The longest waits were for GP appointments where the need was not deemed urgent.

We also asked if the wait felt appropriate. Nearly two thirds (63%) felt they were seen in an appropriate time; 37% did not.

“Amazingly quick response from GP surgery.”

“I got there and was advised would be waiting for four hours but then the wait time was updated to 14 hours.”

“I care for someone with complex needs. In all cases where I sought help it was offered in as timely a manner as the system allows.”

“I expected immediate guidance/help from NHS 111. Call lasted one hour with waiting time and extensive questioning and I was told I'd hear within six hours – a long time when in extreme pain. I expected better than being told subsequently via an automated message that someone would contact me within another six hours. It looked as if delays could go on forever, I believe I should have had an immediate response at 2am via contact with a healthcare professional.”

“I requested an appointment online at about 12 noon and was offered an appointment at 2.45pm.”

“The GP system is terrible. One to two days max would have been appropriate, not five weeks.”

“The paediatric A&E at York hospital is much improved since separating from the adult and your child is seen promptly. The out of hours GP also saw my two-year-old promptly. However, for myself I was passed pillar to post and left feeling distraught until a nurse in the early pregnancy unit managed to see me and took pity on me and got me scanned. ”

“Triaged for GP call back within two hours (5pm ish). GP called back at 3.30am and asked if I still wanted the telephone assessment!”

“Given how busy it was (both times I attended urgent care) I feel I was seen as quickly as possible and I was apologised to on both occasions for my wait. ”

“The GP in the urgent care tried to fob me off with painkillers after I had abdominal pain of four days duration. My wife, who is a retired nurse, recognised there was something wrong and insisted on a surgical

assessment. I was admitted and treated with antibiotics and had my gall bladder removed.”

Did you see the appropriate person?

We asked if people felt they saw the appropriate person. The majority (74%) of respondents did feel they saw the right person. Some felt they would rather have seen their own GP, rather than a GP at the UTC. Others felt they needed to see a specialist which didn't happen and others that they did see they right person in the end, but had to go through others, who were not appropriate, first.

“Should have seen own GP for some continuity.”

“I didn't feel that the triage nurse did a very good job, but the nurse practitioner was very good – as I have always found when attending the UTC at Selby.”

“Once my wife had been admitted to hospital. GP appointment was by telephone.”

“Reception staff in A&E were exceptional and very helpful. Then the triage nurse went through a series of questions before I was placed in a cubicle and onto a nebuliser.”

“I should've seen an epilepsy specialist (doctor or nurse) or at least the person who saw me should've been advised.”

“It would have been better to have been seen by my own GP not urgent care GP.”

“Would have been useful to be referred to emergency ophthalmologist earlier rather than waiting in the general queue.”

Ratings

We asked people to rate their experience of accessing urgent care across a range of topics. Each rating was out of 10, with one being very poor and ten, excellent.

In all instances there was great variability with some people feeling their experience was excellent, staff were good, the environment good etc whereas others found it a dispiriting and dismissive experience and felt they hadn't been listened to and had come across rude staff who did not care about them.

In terms of overall experience, the ratings were (where 10 is excellent):

10	9	8	7	6	5	4	3	2	1
20%	12.5%	17.5%	10%	6%	4%	2.5%	4%	6%	17.5%

Comments included:

"To get to see a GP urgently for my daughter was horrendous. I had to go to the surgery for 8am and demand a face-to-face appointment with a GP. She never saw the same GP twice, there was no continuity and I felt I had to be forceful at every point to get the treatment she needed. ... My daughter is 24 and has poor mental health and had I not gone with her to every appointment she would have been fobbed off about both her mental and physical health."

"Nobody seemed to have any urgency to see the person I was supporting and ringing on behalf of. It is very frustrating when you are with someone and can see they need to see someone and all you are offered is a telephone appointment if you're lucky the next week or week after."

"Crisis mental health team for elderly are awesome."

"NHS 111 is not as good as it used to be."

“The clinician was extremely nice and helpful and got me the needed treatment. The wait of two hours was unfortunate but not unreasonable.”

“Staff recognised the seriousness and treated me virtually straight away.”

“When I finally saw the right person, they were very kind, listened and spent time however the waiting was awful, totally inappropriate waiting area for someone in crisis.”

In terms of the experience of clinical staff, the ratings were (where 10 is excellent):

10	9	8	7	6	5	4	3	2	1
32%	17%	16%	6.5%	4%	5%	4%	1%	1.5%	11%

Similarly to feedback from the UTCs, most people were happy with the clinical staff.

Comments included:

“The GPs are OK it’s the system which isn’t.”

“The ambulance crew and all staff we encountered at the hospital were brilliant, especially given it was the early hours of the morning.”

“The staff were all incredibly helpful despite being, what looked like, spread incredibly thin.”

“Some were very poor, others very good. Strangely, the higher the rank, the poorer the score.”

“Only the persistence of my wife got me treatment. I may have died without her intervention.”

“The GP examined me and asked appropriate questions. She took my level of pain and resulting disabilities very seriously.”

“Once we saw the urgent care doctor, she was excellent.”

“Mixed. One nurse spoke to a colleague in the waiting area saying, 'its bloody carnage in here'. When I finally spoke to Mental Health Liaison, they were very good.”

In terms of the health settings environments, the ratings were (where 10 is excellent):

10	9	8	7	6	5	4	3	2	1
13%	16%	16%	8%	9.5%	17%	6%	3%	5%	6%

We particularly asked people about the buildings, furnishings, cleanliness, availability of food and drink, car parking etc.

Comments included:

“Surgery neat and tidy. Clean.”

“Car parking OK, new logging in system stops shoppers parking there.”

“Food average, cleaning absolutely disgraceful, parking pathetic, furnishings fine.”

“Parking was extremely poor; no offer of water and the waiting room was fairly grubby.”

“Old buildings, clean but not modern health care facilities... parking difficult. Staff all amazing.”

Good, bad and things to improve

The survey asked respondents to outline what they felt worked well, what didn't work well and what one thing they would change to improve any possible future experience.

Comments about what worked well included:

"I would ring 111 again. They gave me reassurance when I was scared."

"Them visiting at home. Great multi disciplinary team. Psychiatrists, mental health prescribing nurses etc."

"Having a shop in the hospital."

"The staff, treatment and communication throughout my visit."

"Once seen, quickly assessed and injury explained."

"I was seen quickly for my initial assessment and then informed regularly of my wait times."

"Identifying my problem and operating via keyhole surgery within a few hours. Nursing efficient."

"The whole thing! Speedy phone response, early appointment, same day walk in referral to the hospital, painkillers to deal with the pain. All the staff, including the reception at the surgery and hospital, the phlebotomist, x-ray staff, the GP, were positive, friendly and helpful."

"Couldn't fault the treatment/care I received. 10 out of 10 in all areas."

"Online system was v convenient and great GP."

The things respondents felt didn't work well included:

"We couldn't get home due to lateness of leaving hospital and public transport being finished for the evening and no taxi availability. Eventually a member of staff located a taxi for us."

"No GP would come across road or outside surgery even for serious condition."

“The fact that I had to return for an x-ray next morning, as the department had closed by the time I had been seen – after around a three hour wait to be seen by the nurse practitioner.”

“Not being able to see my own GP at my own practice and having to spend an afternoon at the hospital instead.”

“Not enough staff available and the ones that were there were rushed off their feet.”

“Everything! Can't get a GP appointment for weeks and when you eventually do, they don't bother to refer you and you constantly have to chase. May as well diagnose myself on Google because you aren't listened to.”

“GPs clearly don't read your record before speaking to you and you can never speak to the same person twice.”

“Diagnosis, passed from one member of staff to another. Waiting time, environment.”

“Having to wait in that crowded waiting room was awful. My anxiety was already massive and that just made it worse.”

“The chemist didn't have any expertise in that sort of joint injury, so she had to just guess. She guessed right, but it didn't fill me with confidence.”

Many of the suggestions for improvement linked to reducing waiting times and increasing access to GP appointments. Suggestions included:

“That parents of adult children who are struggling are listened to.”

“Improved triage and prioritisation.”

“Not having to wait so long to be answered (you are number 12 in the queue, please continue to hold) – people just put the phone down. Being able to get a face-to-face appointment within a couple of days.”

“Cleaner waiting area, more help for people who attend alone and don’t bring one or more people with them.”

“More urgent GP appointments at the surgeries not the hospital.”

“A quieter waiting area and something for children.”

“Just to introduce yourself with names, make it clear how to ask for help and explain things clearly.”

“Once you have checked in, why can't you wait outside if you are able and then get a text to say it's your turn and you have five minutes to get back to the desk.”

“Put on a shuttle bus! How on earth this hospital upgrade (Scarborough) was approved without considering how people will arrive is beyond me.”

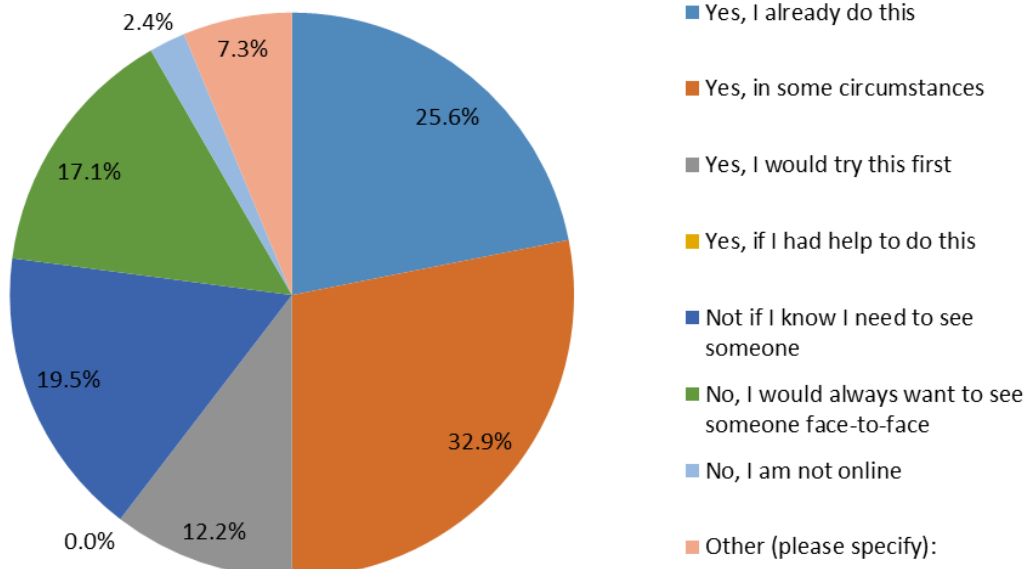
“Ability to get urgent appointments locally.”

“More doctors so earlier assessment and specialist referral where necessary.”

Digital urgent care

The survey asked if people would use digital methods (eg video call, online form, email) to get help for an urgent health issue. The majority of respondents (70%) said that they either already do this, would try it first or would do it in some circumstances.

In the future would you use digital methods for an urgent health issue?



Barriers to urgent care

When asked about barriers, the most common response was about the difficulty of getting a GP appointment with waits of three to four weeks to see a GP. Some people mentioned that health conditions can limit their access to urgent care and others highlighted transport issues.

Other barriers mentioned include:

“No GP appointments available. GPs not ringing when they said they would.”

“Long waits for surgery phone to be answered so left with no choice but to ring 999.”

“No access to online or enough credit on phone to hold.”

“I was told today when making a scan appointment that urgent now meant within three weeks.”

“Previous experience – delay in urgent care which lead to the patient ending up in resuscitation.”

“Fear due to previous negative treatment. Being ‘read’ wrongly as autistic and then dismissed. Struggling to talk or explain what’s wrong or what I need. Not wanting to waste people’s time. Not knowing if calling is the right thing to do.”

“I struggle on the phone due to wearing hearing aids in both ears. I can lip read very well so feel instead of telephone calls offer of video calls would be better.”

“Klinik form (online GP form) can make it really difficult! If you don't fill out the form in the right way, it ditches you out!”

“It is really difficult if my adult son had to wait in A&E as he has autism and learning disabilities.”

“No transport to hospital!”

Are you treated differently because of who you are?

We asked people if they felt they were treated differently. Most people said no, but a few people thought they might be.

Living rurally, access to phones and internet, age, being female and health conditions were all mentioned as leading to poorer treatment. Comments included:

“No access to online or enough credit on phone to hold – sometimes by the time someone gets through they are stressed and frustrated and this may come across as rude and then they feel they are not treated with respect or not given an appointment.”

“I have noticed from friends that there is a case for saying that there is ageism within the NHS. I am not looking forward to getting older.”

“I’m a girl in her 20s that looks young and healthy, wears nice clothes and make-up. I’ve had epilepsy since I was four years old due to a brain tumour which I’ve had two surgeries for. I may not look like I’m in pain or whatever, I’m used to seizures, but I know when I need to see someone. This wasn’t a routine visit; I’ve only used 999 once before. I walked away being made to feel like a fussy young woman who wasted medical professionals’ time.”

“I am a female in her late 20s – I was made to feel like it was 'female' issues (the pain), asked if I was pregnant/made to do a test (it was impossible at this point), told it was a period – I haven't had periods for 10 years due to the contraception I was on, then told it was appendicitis (it absolutely wasn't) and told to take some paracetamol with no further investigation/treatment. I have never in my life been to A&E or been in so much pain. I waited 12+ hours to go, just to make sure it really was something that needed looking at and I wasn't wasting anyone's time.”

“My brother has sometimes had issues – his dementia has not been taken fully account of.”

“Autism can make it tough. When I’ve been in with things related to anorexia or self-harm I’ve also been treated badly at times.”

“When I am in mental health crisis, I am not an easy person to deal with. But that doesn't mean I don't deserve help. It might take more time but saves time and resources in the long run.”

Reflections from conversations at UTCs

We had 305 conversations at UTCs between 31 May and 14 July. While industrial action happened during this period, none of our conversation sessions were affected. In total we spoke to 218 people waiting at York UTC; 41 people waiting at Selby UTC, 28 people waiting at Malton UTC and 18 people waiting at Scarborough UTC.

Conversations at York were carried out over a variety of days, including weekends, between 10am and 7pm. Conversations at the other UTCs were conducted on weekdays between 9am and 5pm.

Managing volunteer and staff availability across three geographically disparate sites made it more difficult to attend UTCs outside York on a wider variety of dates and times.

The questions used in the UTC conversations were similar to many of those in the survey, but focused specifically on how people got to the UTC and their experiences once they were there.

As well as talking to people waiting for treatment, we asked if we could contact them in the following few days to get further feedback from their full experience. Many people agreed and we heard from 105 people in the few days after they had been to the UTC. Of these, we had responses from 64 people attending York UTC, 11 from people attending Selby UTC, nine from people attending Malton UTC and five from those attending Scarborough UTC. The remaining responses were from people visiting the area.

General themes

Much of the feedback reflected the general themes outlined above. Feedback from all the UTCs stressed the appreciation that the service exists and the quality, friendliness and helpfulness of staff.

“It’s always been very good. I would hate it if it closed.”

“It is a good service and much better than the GP.”

“We would be lost without it.”

“They have got time for you and a smile. They are very good and helpful.”

“Really positive, can’t fault the care.”

Feedback from the individual UTCs differed and reflects the dates and times staff and volunteers were able to attend. Staff and volunteers attended Selby, Malton and Scarborough UTCs at quieter times, so waiting times were shorter. Staff and volunteers were able to go to York UTC more often and so had a more mixed picture of waiting times and experiences.

UTC data comparisons

We asked the same questions at each UTC which allows us to compare data. The data for the individual UTC is also outlined below.

We asked who they were at the UTC for. The comparisons for each site are:

Location	Self	Child	Older person	Other
Malton	75%	22%	-	3%
Scarborough	50%	38%	6%	6%
Selby	76%	22%	-	2%
York	72%	18.5%	9%	0.5%

We asked why people attended the UTC. They told us:

Location	Minor injury	Minor illness	Not sure	Existing condition got worse
Malton	70%	26%	4%	-
Scarborough	50%	44%	6%	-
Selby	85%	13%	2%	-
York	67%	28.5%	3%	1.5%

We asked if people had tried any other options before attending the UTC. People told us:

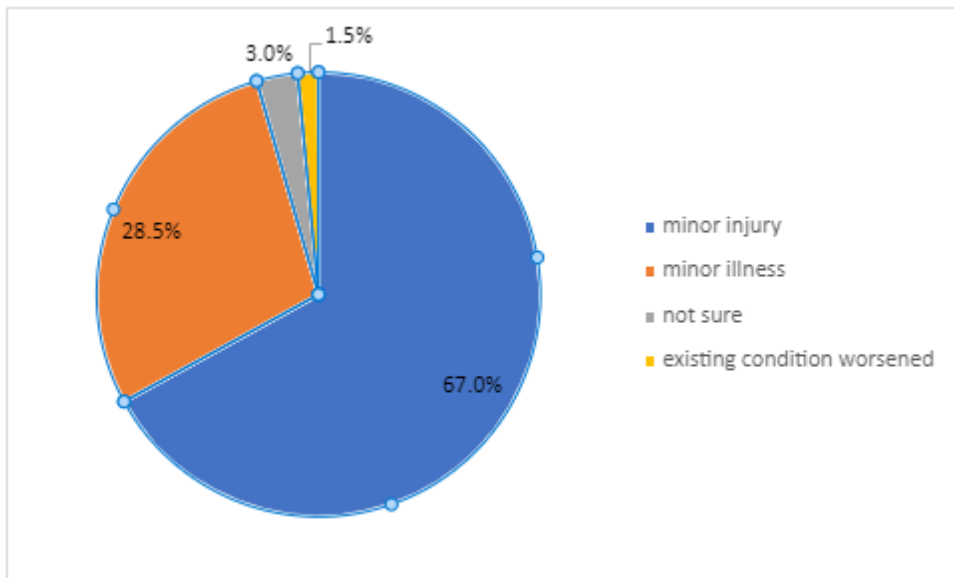
Location	NHS 111	GP practice	Pharmacy	Straight here	Other
Malton	11%	15%	11%	63%	-
Scarborough	22%	39%	-	22%	17%
Selby	3%	31%	-	57%	9%
York	40%	17%	3%	33%	7%

Feedback from York UTC

At York we spoke to 218 people between 31 May and 4 July. Staff and volunteers spent 31.5 hours over 21 different days at the UTC speaking to people with times varying between 10am and 7pm.

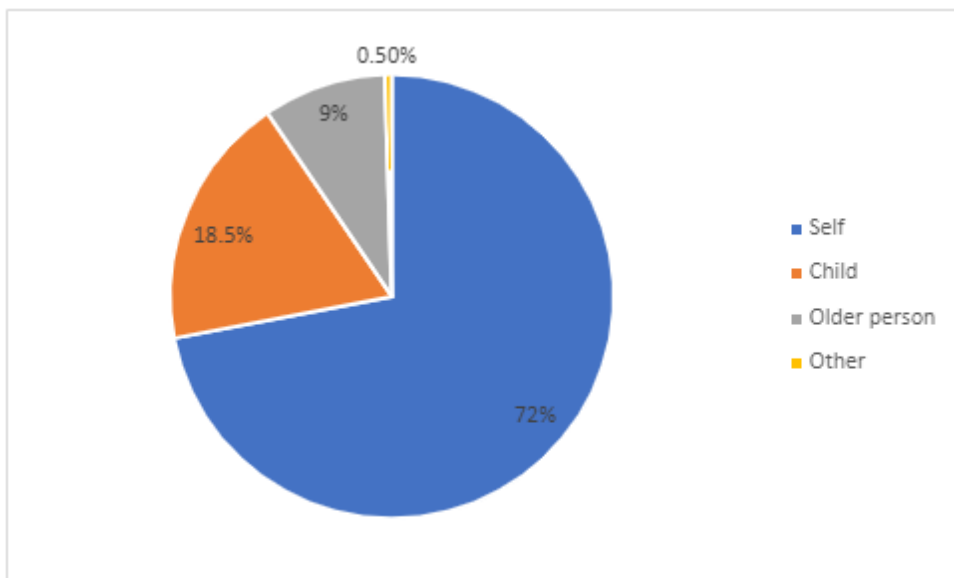
Why are they there?

Two thirds of people we spoke to (67%) were there for an injury, just over a quarter (28.5%) were there for an illness, 3% of people weren't sure whether it was an illness or injury and a few people were there as a pre-existing condition had got worse.



Who are they there for?

The majority of people (72%) were there for themselves; 18.5% were there with a child (this was more common at the weekend and on weekday evenings), 9% were there with an older relative or friend and 0.5% were there with someone else.

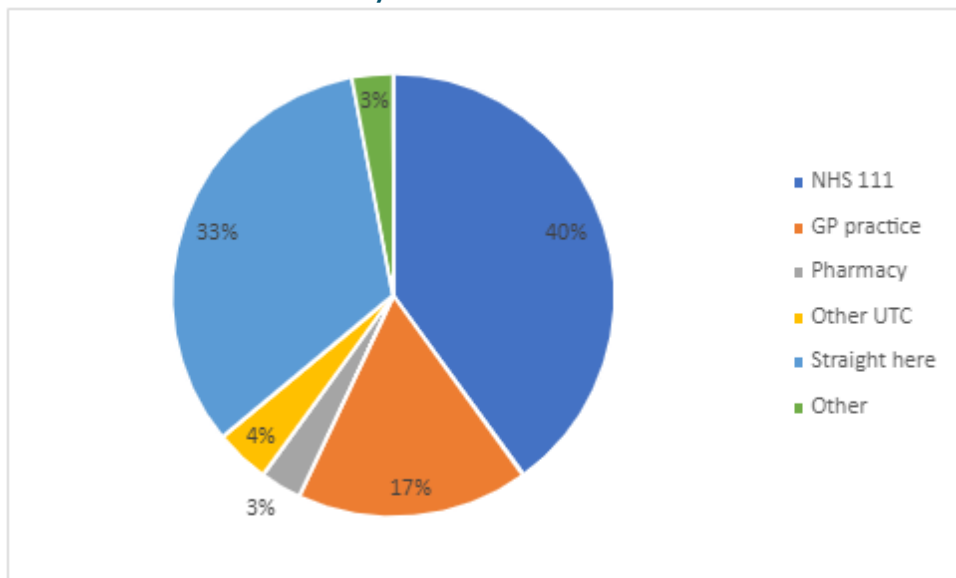


Did they try any other options before going to the UTC?

There was a mixed response with calling NHS 111 the most likely option (40%), followed by going straight to the UTC* at 33%, then contacting a GP practice at 17%, 4% had been to another UTC and been referred on to York, 3% had been to a pharmacy and 3% had tried a different option including a dentist and someone was in the hospital when the injury occurred. Some

people tried a number of different options before being advised to go to the hospital.

* many people who had gone straight to the hospital went to A&E rather than the UTC as they were not aware the UTC existed.



Comments about other options included:

About GPs

Comments were about the difficulty of getting a timely appointment, difficulties of getting through at all and being told by GPs, including online systems, to go to the hospital.

"I rang NHS 111 who told me to go to the pharmacy. They gave me something, but it didn't work. I rang my GP, but it would be three weeks before I got an appointment, so I've come here."

"I fell on Wednesday (spoken to on Sunday) and I have just left it, hoping it would get better with an elasticated bandage and painkillers. But it didn't! You wouldn't go to a doctor now. No point ringing. This is better than going to the doctor."

"I rang the GP yesterday (Friday) and they said they would ring back but they didn't. I spoke to the receptionist in the end and they said to come here."

"I am at university and have registered with a GP there, so I can't see a GP here and so have come to the UTC."

"I saw a GP who didn't know what to do so said to come to A&E. The staff at A&E were very frustrated as they thought the GP should have made a referral to a specialist rather than suggest A&E/UTC."

"It takes forever to see a GP. Before Covid it wasn't a problem, but now the process gets in the way. I decided to come here and cut the middleman out to get an answer."

About NHS 111

Most experiences of NHS 111 were good. However, some people did experience long waits to get through or get a call back. There was a mixed experience of people being given appointments (49% of those who said they'd contacted NHS 111) or not and then what happened when they got to the UTC. Some people were seen quickly at the approximate time they were given, whereas others had to wait alongside others and were frustrated that the timed system did not work. In addition, some people were told to go to the hospital for minor illness/GP out of hours before the service opened at 10am.

"I called NHS 111 and a doctor called back with questions. They said to go to the UTC."

"I rang NHS 111 yesterday (Friday) and was told a doctor would ring about a child's illness. They rang back at 2.45am and I was told to come here for 9am (minor illness doesn't open until 10am). It has been very frustrating. It took two and a half hours to get through on the phone. They didn't give me an extension number and the answerphone message was not helpful."

"I rang 111 but no-one answered, so I rang 999 and they brought me here."

“I rang NHS 111 in the morning and they said they’d call back. They did at 3pm and said to go to the UTC as they couldn’t arrange a GP appointment.”

“NHS 111 gave me an appointment at 11.45am and said I shouldn’t have to wait too long. But I’ve waited two and a half hours.”

“Rang NHS 111 and got an appointment at 12.45pm, but still waiting after 4.45pm.”

“I rang NHS 111 and they sent me to York UTC even though it would have been easier and quicker to go to Ripon.”

About pharmacies

Relatively few people had tried their pharmacy first, despite national and local campaigns to encourage people to do so. Many of those who had been to the pharmacy had tried another option before being signposted to the UTC.

“I rang NHS 111 who booked me an appointment with a GP tomorrow. But my elbow kept swelling, so I went to see a pharmacist who said go to A&E.”

“I have been treating this all week (blood poisoning) with help from my pharmacy. It got worse today and I phoned the GP who said they don’t have any emergency appointments. So, I rang NHS 111 and they said to come within the hour.”

“I rang NHS 111 as my symptoms had got worse at 7am. I tried a pharmacy at 9am thinking they can now prescribe, but they said it will be another six months before they can. They said I could go online but there may be a cost. So, I came here. Some pharmacies outside York say they can prescribe for my condition, but nothing in York.”

Would they prefer to have gone somewhere else?

The majority of people felt they were in the right place. Many of those had an injury which they felt needed an x-ray, others just wanted to see someone on the same day. At the weekend some people said they would rather go to the GP, but they weren't open. People with an illness or minor injury that wouldn't need an x-ray were more frustrated at being at the hospital and some felt that a GP should be able to provide treatment for their issue.

People who had been to another UTC but then been referred on to York would rather have been able to access all the treatment where they started.

A few people would rather have been able to immediately see a specialist.

"I wanted to see someone on the same day – I don't mind where I go so long as I get seen."

"I would rather go to see my GP first to rule out obvious things and then be referred to someone if needed."

"I would rather the GP had dealt with it (splinter in finger for a month), but they told me to come here. I feel like I am using valuable resources."

"I would have preferred to go straight to the eye clinic (for a scratched cornea) as I ended up there last time I did the same thing."

"I would have liked to go straight to see the ENT specialist."

"I went to Selby UTC and would rather have been treated there. But they don't have an x-ray working on a Sunday, so told me to come to York."

"I would have preferred to go somewhere else to get a wound re-dressed if possible."

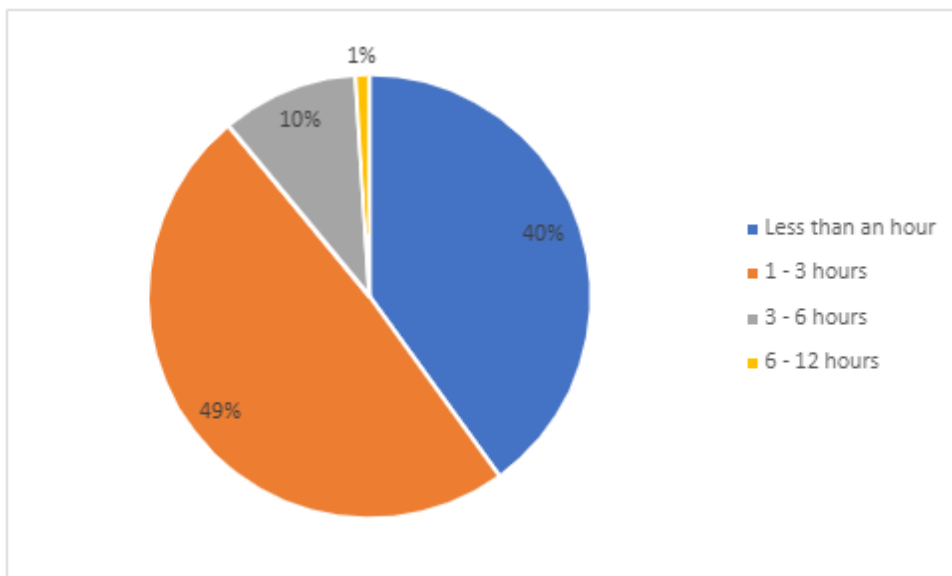
“I need a tetanus (stepped on a rusty nail). Pharmacies give tetanus if you are going abroad but not for an accident, why not? It would be much better for everyone.”

“A physio unit for advice would be helpful.”

“I would rather see the GP, but they had no appointments. I feel this is a waste of everyone’s time as it is not an emergency.”

How long had people been waiting?

Note that depending on when we were at the UTC we spoke to a variety of people from those that had just arrived to those who had been waiting a long time. Of those we spoke to 40% had been waiting for less than an hour, 49% had been waiting for between one and three hours, 10% had been waiting for between three and six hours and two people had been waiting for more than six hours.



The longest waits we saw were on Tuesday 13 June after 5pm, Saturday 24 June in the afternoon, Sunday 25 June in the afternoon and particularly Monday 26 June in the late afternoon and early evening (there was no industrial action on these days).

Had people been given time about how long they would have to wait?

In all instances, no-one had been given any indication of how long they would have to wait unless they asked. There was one screen displaying the waiting time for minor injury in the waiting area, but no information about waiting times for minor illness (this was not clear to everyone waiting and many thought the screen showed the waiting time for everyone waiting for urgent care). There was a receptionist for minor illness nearby who could tell people where they were in the queue if asked. However, this information was not given unless the question was asked.

When the waits were six hours or more, staff explained to people about the long waits and kept people waiting updated.

Experiences so far

Most people we spoke to had booked in via A&E or the minor illness receptionist before we spoke to them. Most of those who got to the UTC via A&E had not waited longer than 30 minutes there before being told to go to the UTC. The longest wait we heard from someone going from A&E was two hours.

Some people had already been for an x-ray when we spoke to them, but most were waiting to see a healthcare professional for the first time. Many people were very happy with their experience. The comments of those who weren't happy link directly to their suggestions of what could be improved (see below). The issues raised were about waiting times; poor signage and/or information; no staff available or confusion about the waiting area; the long walk to A&E and then to the UTC; the lack of communication between different UTCs and whether people are being offered pain killers.

Some of the issues raised will be addressed by the opening of the new A&E at York. Hopefully the confusing waiting area and long walks should no longer be concerns.

Comments included:

"It is a good service and much better than the GP."

"It has been very positive. We arrived and within 15 minutes were called to see a doctor. You hear all the negative stories in the media, but this was excellent. Everyone has been friendly."

"We went to A&E and were seen very quickly by paediatrics. I am pleasantly surprised at how quick it has been so far. I was prepared to be here all evening."

"It's better than Michigan. It feels more comfortable, less clinical and more personal."

"I rang the hospital to check where I needed to go and they weren't helpful. I was told to go to the south entrance, but I don't know where the south entrance is. I was told to go to A&E to book in, but when I got to the hospital it wasn't clear where I needed to go. I asked at the main reception, but they were very rude. They told me I had to book in at A&E first. I wasn't told that by NHS 111. I got lost and ended up at ophthalmology. They said I was the third person who'd been lost that day."

"I had trouble finding A&E and then went to the wrong place. I did not find the UTC waiting area for some time. It is very confusing if it is your first time here."

"Getting to the UTC is confusing and disorientating."

"The waiting area is confusing. I didn't know whether to get a number (for phlebotomy) or just sit and wait. There was no-one to tell us what to do."

"I am sat in pain not knowing what is happening or when I will be seen. It is hard to find someone to talk to to find out what is happening. When we went to book in, there was no one there (GP out of hours)."

"It is quite confusing. It isn't clear that I am in the queue."

"We went to A&E to check in, but it is a long walk and a long walk back to the urgent treatment waiting area and my mum needed a wheelchair."

"I feel like I've walked five miles from the car park to A&E and then here and I have a sore foot. A&E did offer a wheelchair but not painkillers."

"The waiting time is too long, especially when you are in pain. I was given some pain tablets, but I really want to see someone (three hour wait)."

"I know what's wrong (urine infection) so could be seen quickly and dealt with by a nurse, but that doesn't seem to be an option and I just have to wait. (Would normally go to GP, but away from local area.)"

"It's been difficult as I am in pain. I have taken over-the-counter pain medication, but it is not easy to wait when in pain."

"Positive overall but would be good to have more communication about waiting times."

"I have been waiting for an hour but don't want to go to the toilet as they might call me and I'd miss my turn."

"No one offered me pain killers, so I had to ask."

"It has been painful, but I was offered pain killers when I arrived."

"I came via A&E and I'm in agony. No one offered me any pain killers."

“It was very frustrating that I’d been to Selby who sent me here as I need an x-ray. But then I have to start again when I get here and see someone who will undoubtedly send me for an x-ray. Why can’t I go straight to an x-ray?”

Previous experience

We asked people if they had been to the UTC before. Many people had not or had been to either A&E or the UTC a long time ago. Of those who said they had been and been recently, there was mixed feedback.

Many people said the experience, and particularly the healthcare professionals, were good. Some had had long waits, especially in A&E and others had had a very poor experience.

“The last time, the clinician was brilliant and really helpful.”

“I came in February with a broken hand and was seen in four hours. That was very good.”

“I waited previously in the urgent care for three hours, then I was referred to outpatients for an appointment in the late afternoon.”

“It was absolutely fine; I was seen quickly and the doctor was brilliant.”

“I’ve been a few times with my parents and rang NHS 111 first. It worked really well. We didn’t have to wait too long and the staff were kind and competent.”

“I rang NHS 111 before about an eight-year-old. They gave me a reference number which meant nothing. I had a two and a half hour wait to be triaged then they sent me to the UTC and we came here and had a four and a half hour wait.”

"I have three children, so I've been at various times. It is often faster with children. I waited for five hours with my husband who had abdominal pain when I was pregnant. It was awful."

"One month ago I spent two to three hours in A&E and was then sent to the UTC and spent four to five hours here. When I saw the doctors, they were great. I had an x-ray and left plastered!"

"It was horrendous. I had to wait in A&E for 18 hours."

"I came in September 2022 thinking I was having a stroke. I had bloods and an ECG and then told there was a 17 hour wait so I went home as I felt too ill to wait in the hospital. I had a follow up with the GP but my bloods and ECG had been lost."

"I was here in February. I felt awful and went to A&E. I had a wait before I spoke to someone, but they did all the basic observations and sent me to the UTC. I was feeling awful and the person on the reception desk noticed I looked unwell and got me a bottle of water. I had to wait for two hours, one hour more than my appointment time (from NHS 111)."

"I came before with a possible blood clot. I had walked from the car park to the main entrance and was told I needed to go to A&E. I asked if there was anyone who could help me get there. I was told that as I'd walked to get to the reception, I could walk to get to A&E. I was mortified."

"I came before with a lot of vaginal pain and discomfort. I had rung NHS 111 and the person was nice and tried to work out what was wrong. They said to go to A&E. I did and was there for an hour. They sent me to the UTC where I waited for two hours. The clinician tested me for a urine infection (which I knew I didn't have) and told me they could not help and I had to go and see my GP. He was very dismissive."

“Came with a friend and waited four hours to then be told to take ibuprofen. NHS 111 should have told me that.”

Suggested improvements

Everyone was asked if there was anything that could have made their experience better. Many people said there wasn't anything and it was as good as it could be. (Note some of the suggestions may no longer be relevant since the opening of the new A&E at York Hospital on 10 July 2023).

Improvements suggested included:

Better information about waiting times. A number of methods to enable people to have a better idea of how long they might have to wait were suggested. Many of these recognised people's concerns about missing their turn if they go to the toilet, shop, café or even go out for some fresh air. One idea that was mentioned many times was a buzzer system, whereby someone is given a buzzer on booking in, this would then vibrate when they were next in the queue so they could ensure they were in the waiting area at that time. People had used this system at restaurants and cafés and one person at Hull hospital.

In addition, many people did not find the screen displaying waiting times helpful. Some people waited for far less time than it showed (half an hour rather than two and a half hours) and others for far more. While the screen only displays waiting times for minor injury, this isn't clear to everyone waiting and frustrating to people waiting for minor illness who either think it is the waiting time for them or don't know how long they are likely to wait.

“It would be good if the screen showing the waiting times was more accurate and related to different subgroups (minor injuries and minor illness), so you know why others went in first.”

“The screen said the waiting time was one and a half hours and I had to wait for four hours. I don't mind waiting, but I wasn't expecting to wait for more than twice what the screen said.”

“In Selby you get a ticket so you know where you are in the queue. It would be good to have a rough estimate of the waiting time.”

“More screens to ensure everyone can see one.”

“Need information about where in the queue you are or an app where you can find out. This would be really helpful as I'd been told not to eat or drink in case I needed an x-ray, so it is really good to know how long I will have to wait.”

“A buzzer system when waiting (like in Hull) so you know when it is your turn next and you don't have to sit in the waiting room and don't worry about missing your name if you go to the shop/toilet/for some fresh air.”

“Names should be clearer or be on a TV screen with the order of people waiting. Or a number/ticket.”

“NHS 111 should give a more realistic timeframe. It would be good to be given a specific time of when to come back when triaged.”

Booked appointments were requested. This is either that the NHS 111 times given are honoured or that there is a system of giving people an estimated time to be seen when they are triaged. People understand that this will never be accurate, but, like the above point, people are keen to have a better idea of how long they might have to wait.

“Always get a booked appointment. If you don't have a booked appointment, more information about waiting times.”

“If the NHS 111 timed booking works, that is good. But if not, that needs to be changed so it does work.”

“Stick to timed appointments.” (Person was waiting for two+ hours despite having a booked appointment.)

“Reassess the appointment system. I rang NHS 111 at 9am, they rang me back at 2pm and said can you get to the hospital in 30 minutes for an appointment. I did and I’ve been waiting for two hours.”

“NHS 111 to give a more realistic timeframe. Would be good to be given a specific time of when to come back when triaged. Currently don’t want to go to the toilet or shop in case you miss being called.”

Better signage and clearer information. Many people who had never been to the hospital before felt the signage could be better as they found the site difficult to navigate. The suggestion of colour coded signs was mentioned more than once and was highlighted as something useful across the hospital. Milton Keynes hospital was mentioned as a good example of somewhere with clear signs.

People also wanted better information so that they know they are waiting in the right place. (These issues may be improved by the new A&E opening. However, an audit of hospital signage would be worthwhile.)

“The signage – it needs to say where A&E is and where the urgent treatment centre is outside and inside the hospital. There needs to be parking near to the UTC for people using that service.”

“I knew the way, but it might have been difficult to find the Urgent Treatment Centre if I hadn’t been before.”

“Need clearer information about what to do and where to go to book in. I felt I was travelling round the hospital, which is not easy when you are ill or in pain. I had to ask people where urgent care was.”

“The signage is poor. It would be good to colour code the signs, so different departments are identified by different colours on the signs and when you get there.”

“Give clearer information about where to wait as it is not clear and some people are sitting near the shop when they wouldn’t hear their name being called.”

Better triage on arrival and better prioritisation. A number of people felt that not everyone waiting at the UTC needed to be there (sometimes including themselves) and felt that the triage system could be better at sending people to pharmacies or GPs rather than allowing everyone to wait for a service some people may not need. Other people felt triage could work better to send people directly to x-ray or to another department where that was needed, rather than people waiting to see a healthcare professional to then be sent to x-ray or another department.

It was suggested that at triage, people should be asked about underlying health conditions or medication being taken to help prioritisation of people being seen. So, someone who needs to take regular, timed medication could be prioritised if the waits are extremely long and would mean that person missing the time for their medication.

There was a mixed experience of whether people were offered pain killers when they were triaged and were clearly presenting with pain. We spoke to a number of people who were offered pain killers and many who were not. It was not clear what the process was. When people asked later, they were given pain killers, but there should be a consistent approach at triage.

Some people asked about the prioritisation in the UTC. They understood that people with a greater medical need should be seen first, but then also questioned about what happened for older people, carers and very young children, suggesting they should also be prioritised where possible.

"I don't understand why I was referred to urgent care when I need to see ophthalmology and will just get a referral there after waiting here."

"There should be better triage where you see someone who determines if you need to see a doctor or not. It is pointless sitting and waiting if you could see someone else."

"Better triage, so you can see someone who tells you if you need to stay or if there is an alternative."

"Change the triage system to do an earlier assessment to identify what people need. If they need an x-ray send them there, if someone else could help, send them there etc."

"Better prioritisation and information for people who shouldn't be at UTC or A&E. So, triage to say that someone should go somewhere else or to give advice about what they need."

"A child specific UTC."

"It would be easier if you could be sent to x-ray immediately after triage, rather than have to wait to see a clinician and then be sent for an x-ray. For some people, it will be clear they need an x-ray, so would be better to start with that."

"Make sure the triage person asks about other underlying health conditions or medication."

"No one offered my mum pain killers, but I asked and someone brought some paracetamol."

"If you go to A&E in pain, you should be offered pain killers before being sent to the UTC."

“Prioritise older people.”

“Minimise the wait – especially for people with young children (11 months).”

“Better organisation – you need to make sure if people have been the day before they get fast tracked and are seen early the next day.”

Improve the system for calling people’s names. Many people, including our staff and volunteers, struggled to make out people’s names when they were called to see a clinician. If people didn’t respond, hospital staff were quick to seek out the person, but a number of people waiting were nervous as they felt they may miss their name being called. Suggestions included to have an amplified system, particularly one which works with hearing loops or names being displayed on a screen as well as being called out.

“When they call the names, it needs to be louder. I can’t hear them and worry I’ve missed my chance.”

“Also, they are not clear when they shout your name. It is not easy to hear.”

Improve accessibility. This to include physical accessibility of the hospital and appropriate departments, ensure wheelchairs are available or it is clear where to go to request one and better support for speakers of other languages.

“My mum had her walker. We needed a wheelchair because of the distance we had to walk. But there was nowhere to leave the walker at A&E. There needs to be a place to leave equipment if needed.”

“Ensure there is an option in the car park to call for help to get a wheelchair if you need one or that there are wheelchairs available in the car park.”

“Need clear information for people whose first language isn’t English / are in pain / are very tired.”

“Ensure there are wheelchairs at A&E or information about how to get one.”

“Make it easier to find a wheelchair.”

Better coordination between services. A number of people who had been referred to York UTC from another UTC were frustrated both that that happened, but also that they then had to start their wait again on arrival at York as there was no coordination or communication between services. Other people were frustrated that medical records weren't shared effectively between GPs and the hospital, so the person was expected to know their full medical history (when feeling ill and disorientated).

“It was very frustrating that I'd been to Selby who sent me here as I need an x-ray. But then I have to start again when I get here and see someone who will undoubtedly send me for an x-ray. Why can't I go straight to an x-ray?”

“Ripon should be able to deal with the injury completely. I had two x-rays in Ripon yesterday and will probably have to have another today (in York).”

“Communication needs to be better between hospitals. I went to Selby who sent me to York (after five hours), but York didn't know and weren't expecting me, so I have to start the wait all over again. I had to wait for nearly four hours after an x-ray to be told I had to go to York from Selby. Why did it take that long?”

“When I saw the doctor, they didn't have any of my notes and in fact had information from someone else with the same name as me and same day and month of birth, but born ten years before me. They couldn't access my GP notes and I couldn't remember all the information that they asked me as I wasn't feeling well. They prescribed antibiotics. I am allergic to some but couldn't remember which and they had no information about that.”

Improve the facilities to support people waiting a long time. There were a number of suggestions about how to make waiting better by providing additional facilities to support people. This included a water fountain or

equivalent, a TV, a bookshelf to share magazines or books, and a specific children's waiting area with toys, books or children's activities. People who were there later in the evening and on a Sunday afternoon felt that the shop and café should have longer opening hours or there should be an alternative source of food and drink available for those times. Some of these ideas may have been taken up in the new York A&E/UTC facility.

"It would be good if there was a water fountain/drinking water available."

"It would be good to have a TV to watch."

"A separate area for children with toys and books."

"Some charging points for mobile phones and chargers if possible – when you come, you just dash out, so aren't prepared for a long wait with a child."

"If possible free drinks and fruit for children."

"Designated spots for certain injuries or children etc. More availability of food when the shop/cafe is closed."

"Have vending machines and free water. I have ADHD and have to walk around – it should be easier to do that. Have some background music, TV, fish tank or some sensory toys."

"What about a healthy vending machine for when the shop/café are closed?"

Reflections on the environment, including building, waiting area and car parking

Most people were very happy with the waiting area, seating provision and proximity to toilets, shop and café. Most people also found the environment clean, although one person mentioned that the toilets are

sometimes dirty. People at the UTC in the evening and Sunday late afternoon and evening were disappointed that the shop, café and pharmacy were closed at that time and there were no alternative sources of food and drink.

The main issue with the waiting area was the confusion between the different services using that area on weekdays with phlebotomy, some outpatients and both minor injury and minor illness. Very few people realised the difference between minor injury and minor illness and that the services were provided by different organisations. This did lead to some unrest as people were upset when they saw others who had come after them going in before them after they had been told they were next in the queue. They had not realised that other people were going to the sister service and not waiting for the same clinician as them.

Other people would like to see a receptionist in a more prominent place, so there is someone to ask for advice if needed. (This is likely to be addressed by the new A&E/UTC at York).

There were a lot of comments about the car parking. These focus on not sufficient blue badge spaces, difficulties with queuing to get into the car park causing delays, some trouble in finding a car parking space, the cost of car parking, the lack of parent and child parking and alternative options for people in vans which can't access the multi storey car park. Many people suggested that there should be a way to limit the car parking charges of people waiting for urgent care so they don't pay for more than e.g. two hours parking.

"Ensure it is clear where people can get help if they need it. Eg person was on her own, with one hand holding gauze to her bleeding chin. She wondered what she should do if she needed to go to the toilet and her chin was still bleeding."

"I can't fault it. It is great to have the shop and Costa – at our local hospital (Rochdale) we just have a vending machine."

"Free Wi-Fi is great, comfy seats, shop nearby. No complaints."

“The disabled parking is horrendous.”

“The car park is expensive. It would be good to have a way to get a token or something which means you have a maximum cost no matter how long you have to wait for urgent care.”

“There have been massive improvements to car parking, but there still isn't enough space.”

“Car parking is not good – high cost and low availability.”

“The car parking is a nightmare. I came in a van as I was coming from work. The van can't go into the car park so I had to leave it in the staff parking area as there was nowhere else to go.”

“I have a high vehicle which doesn't fit into the car park and there is no information about where else I could park.”

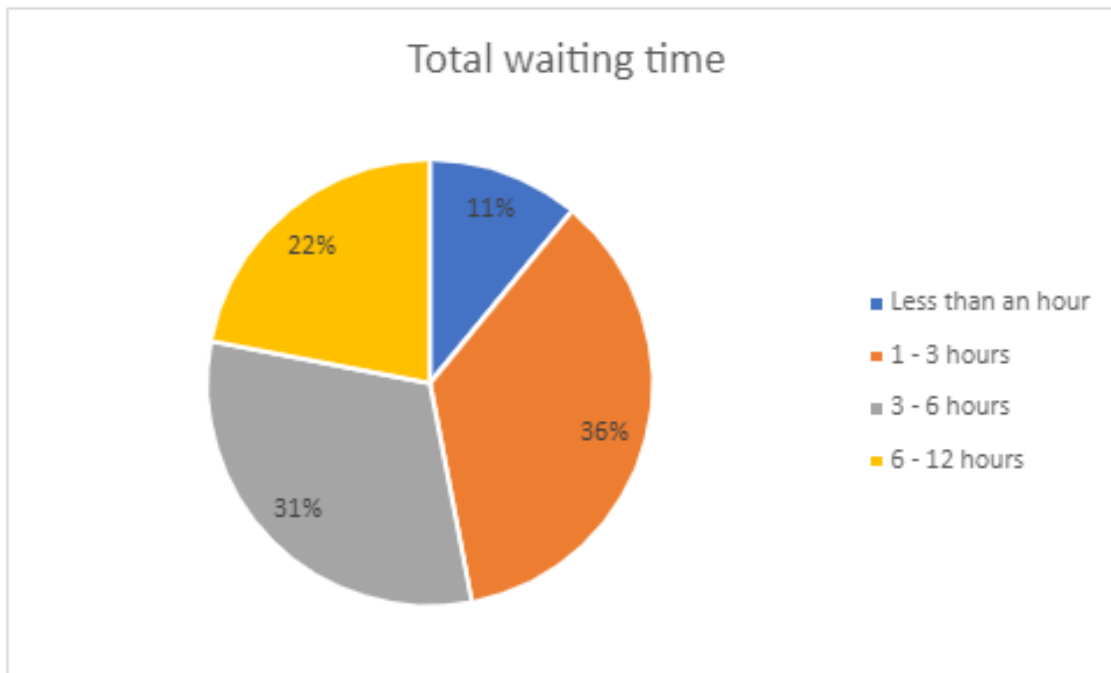
UTC experience survey – York

We asked everyone we spoke with to provide feedback a few days after they attended the UTC. People had the option to fill in a short survey or answer a few questions by phone.

In total, 64 people (30%) who attended the UTC in York responded.

Total waiting time

Understandably the total waiting time is longer than the time people told us they had been waiting when we spoke to them at the UTC.



When asked if this waiting time was appropriate, the majority of people said yes. Many people were happy knowing that they were going to be seen and recognised that they would have to wait.

Comments from those who didn't feel their wait was appropriate included:

"I was having an excruciating back pain and was first made to wait almost three hours to be seen by a GP. Nobody offered any painkillers that would alleviate the pain while I was sat on a chair for that amount of time. An appropriate time would have been maximum two hours upon arrival."

"Felt we waited a bit too long in the urgent care centre. Ended up feeling we had to check our son had not been forgotten about."

"Five and a half hours seems a very long time. I think two hours to see the out of hours GP would have been better. I found out that one reason for the long wait was there was only one GP there, vs four people treating people with a minor injury."

"We had to wait over three hours for a 15-minute appointment. It was late in the evening, past her (child's) bedtime and we didn't bring enough food."

“Not for someone who is 96. Someone of that age should have been better prioritised and seen more quickly.”

“We waited for five and a half hours. It was not good. We called school to say we would be there as soon as we could be, but when we came out it was the start of the last lesson, so my son missed a whole day.”

“The wait was awful. But worse was a man sitting next to me who had Parkinson's and had broken his arm. He was waiting as long as me.”

“I had a five hour wait in Selby to be told to go to York and then an almost four hour wait in York to be seen. I was pretty disgusted.”

Did you see the appropriate person?

We wanted to know if people were happy with the clinician they saw. The vast majority (90%) said they saw the appropriate person with 10% saying they did not feel they did.

Some people had more positive experiences than others:

“After seven hours of waiting and being seen by seven or eight different clinicians, altogether made up for by the one right person I could've been seen by first.”

“They just told me to go home and go to bed even though I had a temperature. I still feel awful and have a temperature now.”

“The doctor was excellent and set our mind at rest about our granddaughter.”

“They were excellent. They got me an x-ray, identified the problem and booked me an appointment with the specialist next week.”

“She was excellent. I could not have seen by anyone better.”

"I saw someone at the Urgent Treatment Centre who wanted to get advice from someone more experienced as I have diabetes and am on kidney dialysis and they weren't confident what was wrong. They spoke to someone at A&E who said I should go there. They arranged for me to get an x-ray on the way but it meant I had a very long wait in total and a long time to wait in A&E."

"I didn't feel the doctor we saw was that knowledgeable. He kept leaving room to speak to the consultant. I would rather the consultant would have come in to talk to us too as the doctor couldn't answer all my questions."

"They were excellent. They gave my gran a thorough examination, were really patient with her, listened to her concerns. They arranged a full x-ray and got a physio to come and talk to her about home care. They referred her to a local care agency and talked about care at home. They even got someone to look at her ear (not why we were there) and listened to me (granddaughter) too. They could not have been better."

"The person was lovely. While they couldn't do anything for my broken toe as I'd injured it two weeks ago, they reassured me and taught me how to walk so I didn't do any more damage."

"I went with a cough that I'd had for a week and meant I couldn't sleep and was coughing up all sorts. The person listened to my chest and sent me away with antibiotics. I wasn't there for very long before I was sent home."

"When I saw someone, they were excellent. The x-ray person was excellent. They are doing a really good job. I can't fault them."

"I felt I was dismissed with antibiotics and without getting a diagnosis. I also came to A&E the next day (Sunday) as things weren't better and had a similar experience. I saw two male doctors on the two occasions and I think this is a gynaecological issue and I haven't been treated appropriately. I

have booked to see a female doctor at a sexual health clinic and hope that will help.”

Rating for overall experience

We asked people to rate their overall experience. The ratings were (where 10 is excellent):

10	9	8	7	6	5	4	3	2	1
20%	10%	18.5%	13.5%	7%	8%	10%	7%	0%	5%

Comments reflected the above scoring, with many praising the service and staff. Most of those who scored the experience lower said it was due to the long waits. Comments included:

“The clinicians were lovely and helpful, knew what they had to do, showed empathy, talked straightforward and clearly. The receptionists were absolutely useless, both at the GP outpatients section, and at the A&E. They show no sympathy, all they do is chit chat... I had to tell and re-tell my problems around eight times; I had my blood pressure checked around 10 times.”

“I was having an excruciating back pain and was first made to wait almost three hours to be seen by a GP. Nobody offered any painkillers ... After being seen by a GP, he said he needs to check an x-ray of my chest, but he could not request that. So, he had to send me back to square one, which was A&E registration point, where they registered me as a new patient even though I was already waiting for a good three to four hours.

“The service is excellent. I have five grandchildren and I am there like a yo-yo. They do a great job.”

“At A&E, the nurse did not show any empathy, did not explain to me anything that she was doing. She checked my blood pressure and took some blood for some tests without telling me what she was doing... She then sent me to wait in another waiting area... and she was not even

looking at me while answering I will have to wait another three hours for the results, and then she left me there.

"I insisted on being seen saying I am in excruciating pain, and after 40 minutes of waiting, a lovely clinician checked in with me and examined my problem closely and I was also given a painkiller eventually. From 3-5pm I was being seen by doctors and getting my blood results back, as well as getting an x-ray.

"The only issue I have is that the X-ray department was so busy we had to sit on the floor for a little bit."

"I understand the pressure the service and staff are under and am grateful I was able to wait and see someone who could help."

"Medical treatment was exceptional. Only issue was it was very stuffy, it would have been nice to have some Aircon or open windows. I was there for my child but felt I might have to leave due to the heat."

"My little girl needed the toilet and then after we were seen and told that they would have liked a sample. This could have been sorted on reception if they have the sample pot ready and if we had known they may need one."

"Good service, I think the check in at A&E could be clearer and the opening times as well (advertised as 8am but apparently actually starts at 10am). I am really pleased I used this service as it allowed me to get treatment two days earlier than I could have via my GP. I was diagnosed with shingles so the delay could have made the situation quite a bit worse!"

"Not good. It was a very long wait, I was in pain and in the end they still weren't sure what was wrong. My husband suggested it could be a pull or strain and they seemed to agree as they couldn't see anything on the x-

ray. This is when we were still waiting for the blood test results. It took three hours to get the blood test results.”

Rating for clinical staff

We also asked people to rate the clinical staff. The ratings were (where 10 is excellent) and reflected earlier comments about staff being very good:

10	9	8	7	6	5	4	3	2	1
63%	12%	7%	5%	1.5%	7%	0%	3.5%	0%	0%

The comments also reflect the ratings and included:

“Brilliant. Put mind to rest. He gave me stronger pain killers (morphine) and said he would write to the surgeon to say I need hernia surgery, which I am on the list for, as soon as possible due to the amount of pain I am in.”

“I can’t fault the staff. The nurse who dealt with me, was sympathetic, understanding and entirely professional.”

“The doctor was good, but I noticed that me being allergic to penicillin and cephalosporines was new for her. I am a biologist and I understand how antibiotics work, she seemed not to believe me until I showed her a picture of my phlegm with blood on it.”

“Fantastic – friendly and helpful, answered all my questions.”

“The nurse was great with my daughter; she was thrilled to see the bones in her arm in the x-ray.”

“All staff were very good until I finally saw the Senior Nurse Practitioner who was surly, unsympathetic and seemed quite dismissive. I was made to feel uncomfortable and a little patronised.”

“It was a privilege to be treated by such kind and competent staff.”

What did and didn’t work well

We asked people what they felt had worked well and what hadn't. The comments are similar to those we heard when we spoke to people in the UTC.

The positive comments were about the service being there, good staff, reasonable waiting times and the NHS 111 booking system working well.

The things that didn't work well included the waiting times, long walks from the car park to A&E and A&E to the UTC, poor signage, lack of clear information about waiting times, a confusing waiting area, and having to see more people than felt necessary. Comments included:

"When I arrived to book in, I was told it would take two and a half hours to see a doctor. The waiting time on the screen in the waiting area was one and a half hours."

"Signage isn't great. I'm a staff member at the hospital and still wasn't sure where to go."

"Waiting at A&E in the doorway is not ideal. It was slightly confusing in the UTC waiting area where bloods were also being taken so there was a lot of calling out numbers / names which did make it slightly confusing for people."

"We saw two people before getting an x-ray, that seems unnecessary. We saw someone from orthopaedics who sent us to A&E where we saw someone else who then sent for an x-ray. We felt like we were passed from pillar to post."

"Waiting nearly eight hours for a 10-minute appointment which could've been a referral or treated at my local GP practice."

Additional suggestions for improvements

Again, we asked people if there was anything they felt could be improved to make any future visit better. Many of the comments reflected those outlined above and focused on more specific information on waiting times, or a queuing system; providing a timed appointment; better communication between UTCs and between hospital departments; better signage; better triage and prioritisation for older people; something for people to watch or do while waiting as well as mobile phone charging facilities; and being offered pain killers while waiting.

Additional suggestions included:

“Attitude of staff and attention to detail when directing to next stage.”

“A way to get a prescription more quickly. I had to wait for over an hour to get my morphine prescription.”

“Have a better record of what a patient is allergic to.”

“More information about what's happening and why. When I was in A&E, they sent me for tests and observations, but didn't explain why. I was just told to go to x and then wait in A&E, but not what that was for and how the information would be used to help get me to the right person.”

“When they know it will take so long for blood test results, could people not be allowed to go home and be called with the results to return to the hospital if needed.”

“At A&E as well as asking about symptoms, they should also ask about underlying health conditions to note if those mean that someone should be seen in A&E. That was the case for me. When I booked in at A&E they only asked about my symptoms and sent me to the UTC. But when at the UTC, the clinician thought I needed more informed care due to my underlying conditions (diabetes and dialysis).”

“For vulnerable patients ensure that staff know they are there and can ensure they eat/drink/have medication as needed if there is a long wait.”

“Better triage process for those in Urgent Care. Those needing simple treatment that could be seen/done within 15 minutes such as minor wound dressing etc to be in a separate queue to see a nurse. This would allow those with more serious injuries to be seen quicker and would stop minor injuries or illnesses slowing down the wait times.”

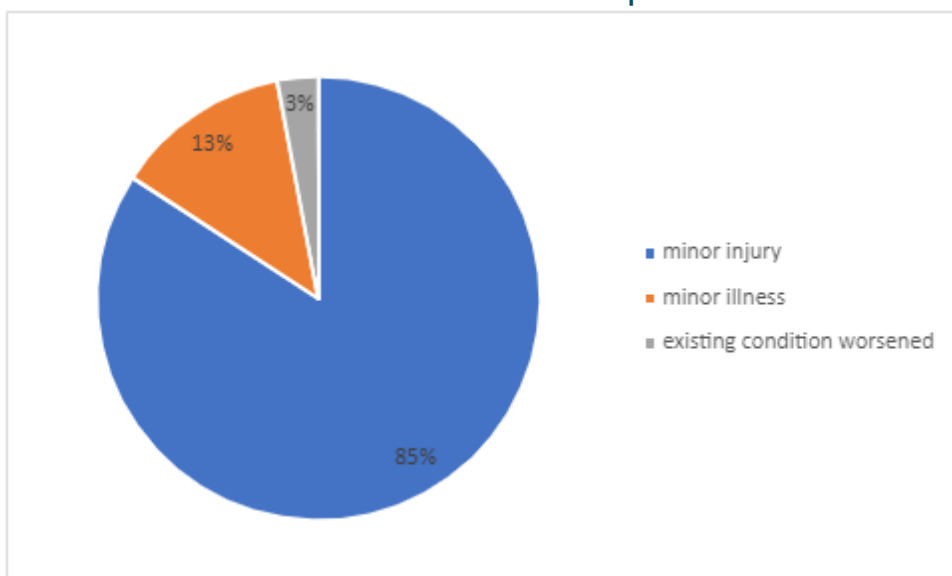
“Have the option for someone to see a female doctor or nurse practitioner. Or provide more training regarding gynaecological issues for male doctors/nurses. Need to ensure women feel they are being treated seriously.”

Feedback from Selby

At Selby, we spoke to 41 people across six hours on 18 and 28 June between 9am and 4pm.

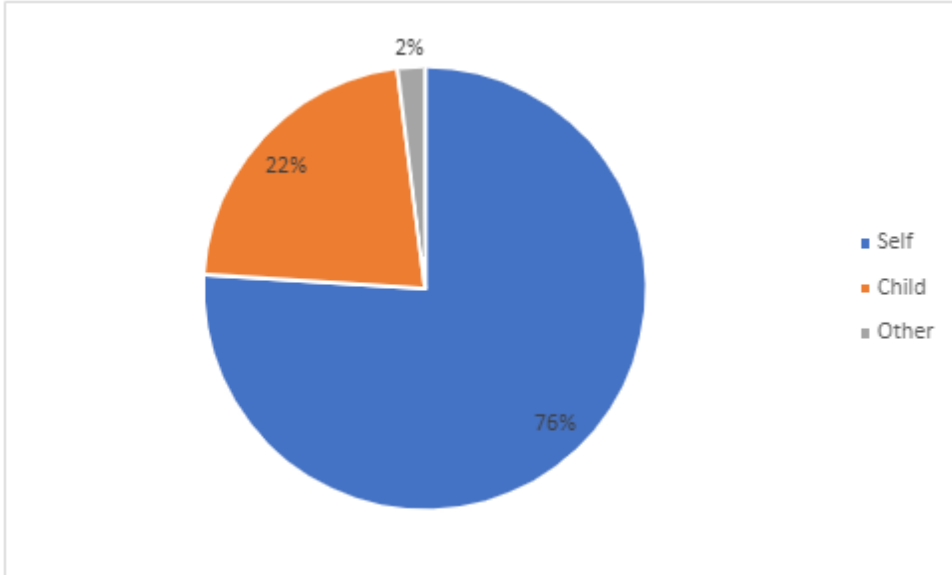
Why are they there?

We asked people why they had gone to the UTC. Like York, the majority were there due to an injury (85%). This is significantly higher than the number presenting with an injury in the April 2022 Selby Urgent Treatment Centre feedback when 59% of respondents were there with an injury.



Who are they there for?

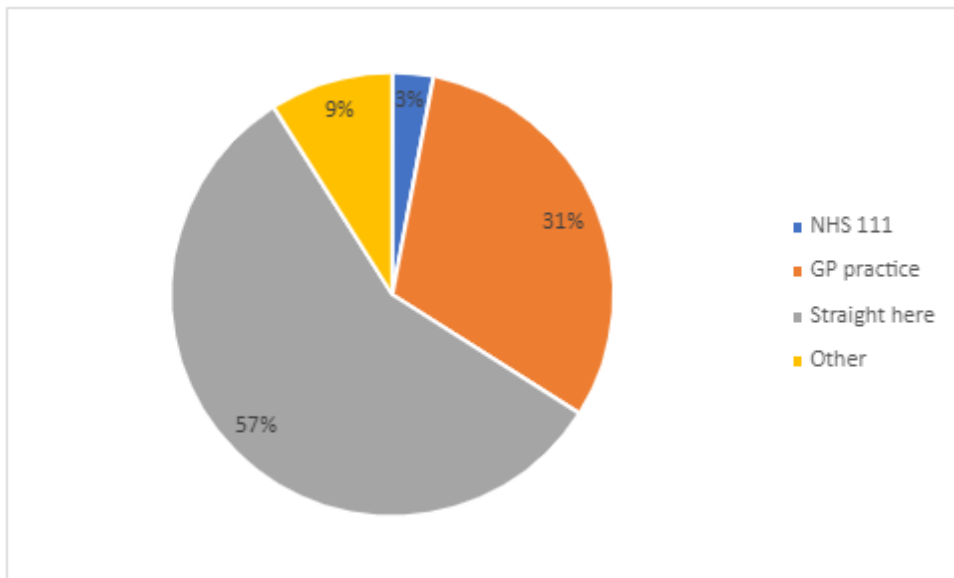
Once again, most people were there for themselves (76%). Just under a quarter (22%) were there with a child.



Did they try any other options before going to the UTC?

The majority of respondents (57%) went straight to the UTC, 31% tried a GP first and only 1% tried NHS 111. This is very similar to the 2022 feedback where 57% also went straight to the UTC, 39% tried their GP first and 2% contacted NHS 111. This is different to the situation in York where the majority (40%) contacted NHS 111, 33% went straight to the UTC and 17% contacted their GP.

When asked if they would rather have gone somewhere else, those who said they would, would rather have been seen by their GP.



Comments included:

"Rang NHS 111 the night before (Sunday), they said they'd arrange for a GP to call back, but there were no appointments, so NHS 111 said to go to the UTC."

"Tried GP this morning. Left a message, but no appointments available."

"Came straight here, I've been before."

"I had chest pains and the paramedics came. They stabilised me and told me to go to my GP if I got worse. I rang the GP this morning (Monday) and they said the next appointment is a week on Wednesday, so I came here."

"I had an operation at Leeds and needed the stitches out. Went to the GP and there was no appointment for a week so told to come here. I went to the GP on Monday to get the dressing changed and they said to come back today, but phoned me to say to go to the UTC."

"I might have called the GP, but it takes three weeks to get an appointment. My first thought is the UTC, so I came here."

How long had people been waiting?

The majority of people we spoke to had been waiting for less than an hour (85%) and the remaining 15% were waiting between one and three hours. Most of the people we spoke to had just arrived.

Most people were aware of how long they would have to wait. Either there was a notice on reception or people had been given an idea of the waiting time.

Experiences so far

The feedback about people's experiences when they were spoken to was universally good. People were very happy with the waiting times and praised the staff and particularly the reception staff.

Comments included:

"Been triaged, seen a nurse, had an x-ray within two hours, I am happy."

"Very good. I was triaged quickly."

"Reception staff were lovely."

"Shortest wait so far. Staff are friendly and efficient."

Previous experiences

Those that had been to the UTC before had had a similar positive experience and the feedback reflected that. Comments included:

"Experience is generally very good. UTC is convenient and generally the waiting times are good. The longest wait was six hours."

"Been a couple of times and the service was quite quick, including x-rays."

"Really positive, can't fault the care."

"A long wait, but a good service."

“Come a few times, some good, some bad.”

Suggested improvements

Everyone was asked if there was anything that could have made their experience better. Many people said there wasn't. The suggestions for improvements are similar to those from York and included:

“Provide some drinking water.”

“More information about how long you have to wait.”

“Always have a doctor on site.”

“Reduce waiting times and prioritise people who are carers.”

“Have x-ray open longer.”

“Keep the café open longer.”

Reflections on the environment, including building, waiting area and car parking

The feedback about the environment was generally positive. People appreciated the free parking and found it easy to find a space. The comments about the waiting area were good, although some people found it confusing as there were people waiting for other things and it was not clear where people should sit. One person found the waiting area too loud.

UTC experience survey – Selby

We heard back from 11 people (27%) who we had spoken to at Selby UTC a few days after their experience at the UTC.

Three people had had to wait for less than an hour in total, seven had waited for between one and three hours and one person waited between three and six hours to be seen by a clinician. Everyone who responded felt they were seen in an appropriate time.

All the respondents felt they saw the right person and were full of praise for the clinicians. One person summed up all the comments, saying: "They were very quick and efficient and did all they could. I can't fault them."

Ratings

We asked people to rate their overall experience from one to 10 (10 being excellent). Of the 11 responses, five gave the overall experience a rating of 10, three people rated it nine and three people rated it eight.

We also asked people to rate the clinical staff they saw. Of the people who provided a rating, nine said 10 and one said seven. The one person who gave the rating of seven said they would have liked to have had an x-ray just to confirm the diagnosis.

What worked well and ideas for improvements

Feedback about what worked well mirrors comments above from conversations in the UTC. People said the staff were excellent and friendly and the experience was positive. One said: "I love Selby UTC. There should be more centres like this. I've brought my son twice and they have been great both times. They don't try to get rid of you or make it seem like you shouldn't be there."

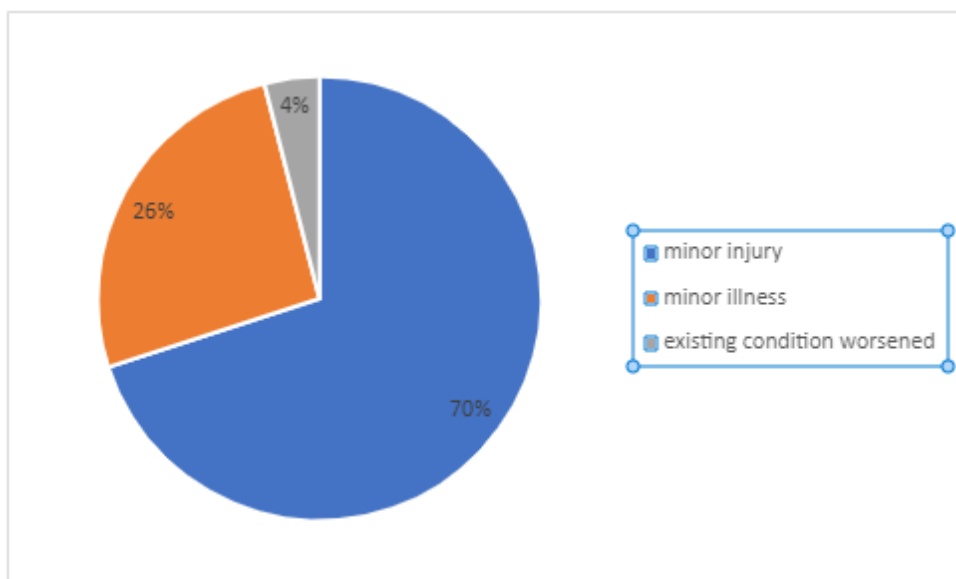
Comments about what could be improved reflect those above with people suggesting there is a water fountain, providing clearer information about waiting times, open the UTC for longer including more times when an x-ray is available, having clear information about what is available and when eg x-rays and doctors available and having clearer seating in the waiting area to ensure people know where to wait.

Feedback from Malton

At Malton, we spoke to 28 people between 10am and 4pm across nine hours on 23 and 27 June and 11 July.

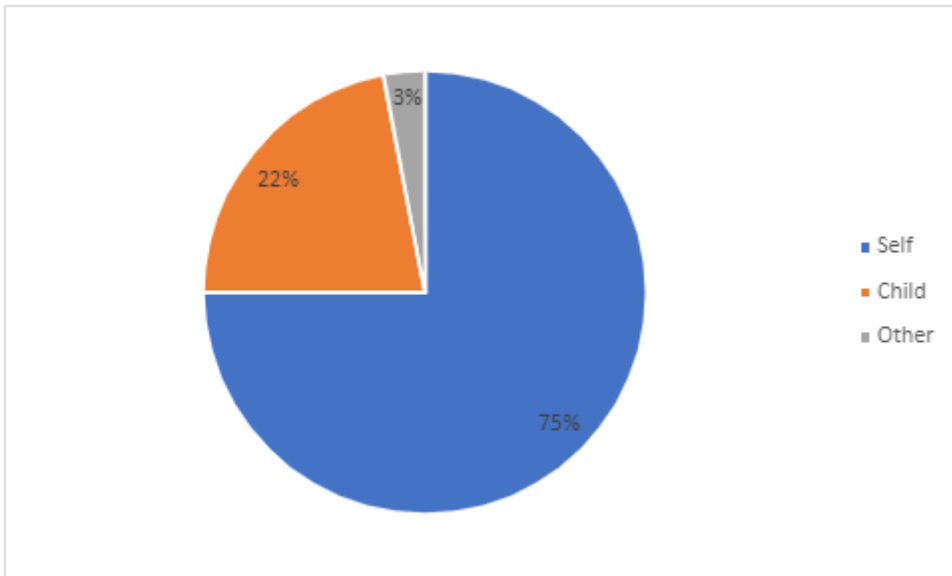
Why are they there?

As with other UTCs, the majority of people (70%) were there as the result of an injury. Just over a quarter (26%) were there for an illness.



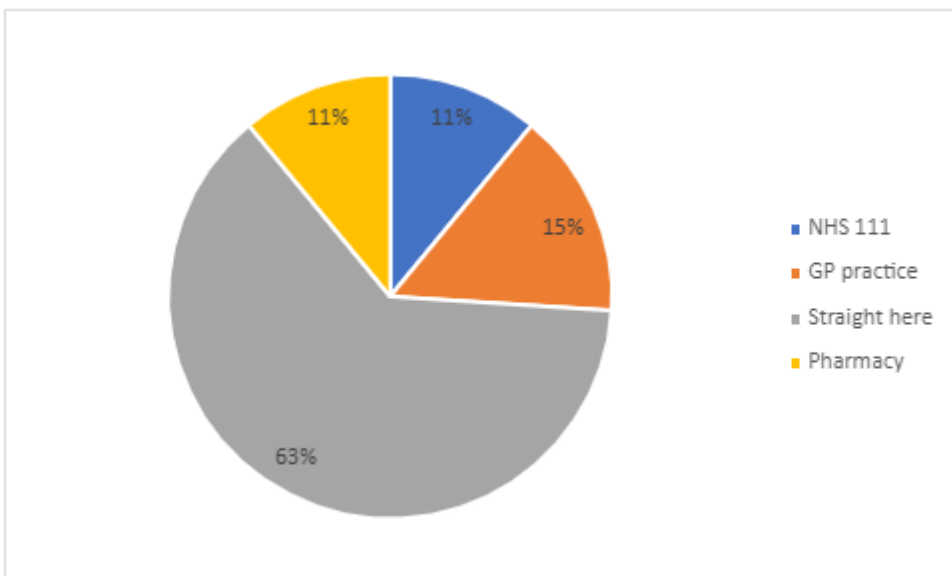
Who are they there for?

The majority of people were there for themselves (75%), 22% were there with a child and 3% with someone else.



Did they try any other options before going to the UTC?

Like Selby, the majority of respondents (63%) went straight to the UTC, with 15% trying a GP first. Equal numbers (11%) tried NHS 111 or a pharmacy.



Most people felt they were in the right place, but some would have preferred to see a GP.

Comments included:

“I Googled the symptoms and came straight here.”

“I made an appointment with a GP but it’s not until Monday evening (Friday today) but it is more urgent. I tried NHS 111 but couldn’t get through.”

“Cream given three days ago hasn’t worked for an insect bite. Pharmacist suggested going to the UTC.”

“Tried to call NHS 111 but the phone signal was too bad. Googled where to go as I don’t live locally.”

“Went to the GP, but the nurse sent me here.”

“Prefer to be seen by a GP, but GP wasn’t available in time.”

“Happy to be here, it’s probably the quickest option.”

How long had people been waiting?

All but one person had been waiting for less than an hour. One person had been waiting for between one and three hours. Most people had been given an idea of the time they were likely to wait.

Experiences so far

The feedback about people’s experiences when they were spoken to was generally good. People were happy with the waiting times, but there were some concerns about the reception area being unmanned and when x-rays were available. One person felt that there needed to be a more private area for reception

Comments included:

“Fine, but reception was unmanned for a while.”

“Assessed within five minutes, had an x-ray and now waiting for results.”

“The receptionist asked lots of questions and wasn’t very private. I felt like a burden when she asked me who ‘told me to come here’.”

“Came yesterday thinking I had broken my shoulder, but the x-ray at Malton had closed. I was sent to York A&E and found that A&E x-ray was no

longer taking new patients due to a waiting time of eight hours. So returned to Malton today (Tuesday)."

"Can't fault it. Very impressed."

Previous experiences

Almost everyone who had been to the UTC before had had a positive experience. The only negative comment was about availability of x-ray and GPs at the weekend. Comments included:

"Always been good and quick compared to A&E."

"Very good. Helpful and friendly staff."

"X-ray and doctor not available at the weekend."

"Been sent by the GP for an x-ray in the past. It's an excellent service."

"It's always been very good. I would hate it if it closed. I have been in the middle of the night after ringing 111 and it's always been good."

"Very, very good. Prefer to come here than have to drive to York or Scarborough."

Suggested improvements

Everyone was asked if there was anything that could have made their experience better. The suggestions for improvements mostly focused on either reducing or being clear about the limitations of facilities; either have x-rays and GPs available more or be clear when they are available, and others suggested the service should be available 24/7. Other suggestions echoed those from York about booked appointments, better connected health records and more information about where to go if you are not sure what you need. Comments included:

"Knowing whether they can cope with the issue in advance eg x-rays."

“Change the GP telling you to come here for stuff they could be doing themselves.”

“Would like to be able to book an appointment at the UTC on the following day, but couldn’t get through to NHS 111. UTC receptionist couldn’t advise how busy the UTC would be on the next day (two and a half hour wait that day). Need an alternative way to book if you can’t get through to NHS 111.”

“Have x-ray open at the weekend.”

“Wouldn’t be without the service. But it could be 24 hours.”

“Better communication about when x-ray is available and better communication and information more generally. Would also be better if primary and secondary care IT records are linked.”

“Better information – I worry if you are supposed to come or if you’re just wasting people’s time.”

Reflections on the environment, including building, waiting area and car parking

The feedback about the environment was generally positive. People appreciated the free parking and most people found it easy to find a space. The comments about the waiting area were good with its cleanliness praised.

UTC experience survey – Malton

Nine people (33%) who we had spoken to at Malton UTC updated us about their experience a few days after we had spoken to them.

Five people had had to wait for less than an hour in total (one person had only waited for five minutes), three had waited for between one and three

hours and one person waited between three and six hours to be seen by a clinician. Everyone who responded felt they were seen in an appropriate time.

All but one of the respondents felt they saw the right person and were full of praise for the clinicians. However, one person saw a nurse practitioner who couldn't help and told them they needed to see a GP and one was not available at the UTC.

The positive comments are summed up by one person: "Yes, they were excellent. They sent me for an x-ray straight away as the x-ray was shutting at 4.30pm and this was 4.25pm. The nurse then said to come back after the x-ray. There was no break and I was given advice on what to do."

Ratings

We asked people to rate their overall experience from one to 10 (10 being excellent). Of the eight responses, five gave the overall experience a rating of 10, one person each rated the experience a nine, seven and six.

We also asked people to rate the clinical staff they saw. Of the people who provided a rating, five said 10 and one each said nine, eight, seven and five.

What worked well and ideas for improvements

Feedback about what worked well demonstrates a service that is appreciated by those who use it: "The pressures on the NHS at present meant my experience was beyond my expectations, so right now I'm satisfied with having this amazing facility available."

Comments about what could be improved reflect people's experiences and included having a way to attract attention if the receptionist isn't there, ensuring that facilities are appropriately staffed and all facilities are open when the UTC is open.

Comments included:

“Attention bell/button at reception.”

“Make sure there is at least one GP available. Be clear on information on the website etc and on arrival at the UTC who is available and if a GP isn't available where else people can go to see someone.”

“Radiography department open until UTC closes.”

Feedback from Scarborough

Carrying out conversations at Scarborough UTC was challenging. The waiting area for the UTC and A&E were in the same area, which made it difficult to identify who was waiting for what. Many of the people who were waiting for the UTC thought they were there for A&E.

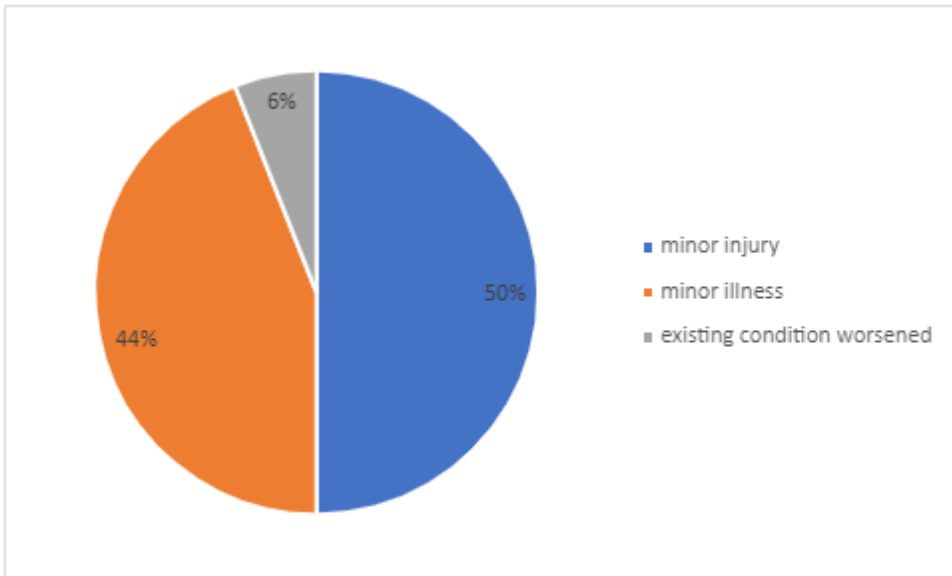
A suggested approach that the reception staff gave people waiting for the UTC a card to identify them was used sporadically which made it difficult for staff and volunteers to identify people who were there for the UTC.

One volunteer found it particularly difficult on 11 July saying: “When I arrived it was mayhem with many emergency ambulances outside and three police riot vans. There were no cards and nobody was aware of them...”

Due to the above issues, we were only able to speak to 18 people on the four occasions we attended (21 and 26 June and 11 and 13 July).

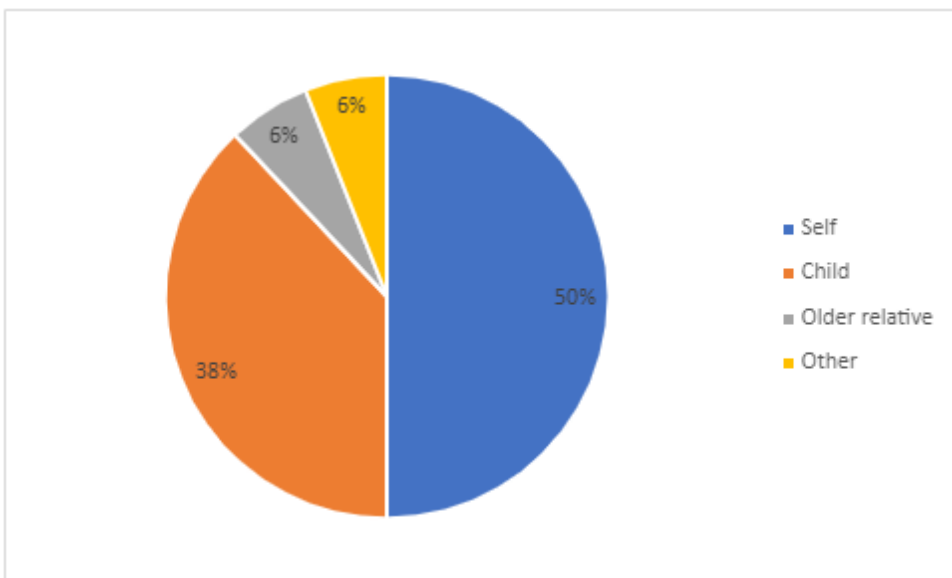
Why are they there?

Unlike other UTCs, there was more of a balance of why people were at the UTC. Half (50%) were there for an injury, just under half (44%) for an illness and 6% for an existing condition that had got worse.



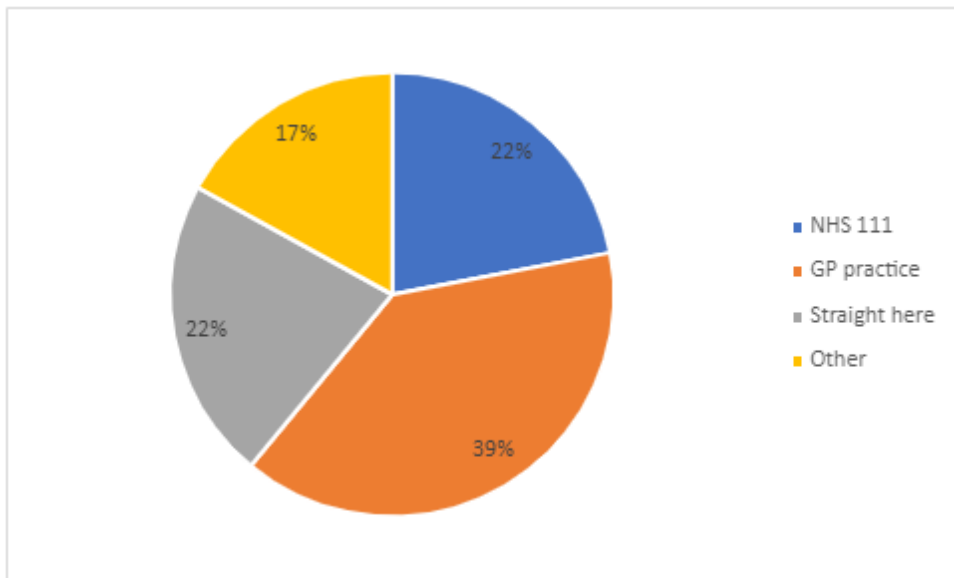
Who are they there for?

Half of the respondents were for themselves (50%), 38% were there with a child and 6% either with an older relative or 6% with someone else.



Did they try any other options before going to the UTC?

Unlike the other UTCs, there was more of a mix of options people tried before going to the UTC. More people tried their GP practice (39%), the same number (22%) either went straight to the UTC or were directed there by NHS 111. The remaining 17% tried other options including advice from an optician, a school suggestion and the UTC saying to return.



Most people who responded said they would have preferred to see a GP, but those who tried were directed to the UTC.

Comments included:

"The GP pharmacy said to ring 111 who said to come here. The doctor wasn't interested at all."

"I thought about trying the GP, but I knew they would send me here."

"I rang NHS 111 on Friday and spoke to a doctor. The pain got worse over the weekend. I tried a GP today (Monday), but could not get an appointment so tried NHS 111 again and they said to come here."

"Had been in touch with the GP two weeks ago and am waiting for a phone appointment, but felt much worse today."

"Tried local GP, but because I am from out of the area (on holiday) they can't write a prescription, so sent here."

"NHS 111 said they'd send an ambulance, but it didn't come. Tried the GP but they said they couldn't treat me."

How long had people been waiting?

Everyone spoken to had been waiting for less than an hour. One person said they had waited for more than six hours on a Saturday in late June.

Experiences so far

The feedback about people's experiences when they were spoken to was good. People had been triaged quickly and the staff were helpful.

Comments included:

"Everyone is really good and helpful."

"Been triaged so far and very good. All do a good job."

"Triage quickly. Positive experience so far. Pleased to have this service."

Previous experiences

People described more mixed experiences when they had been to the UTC previously. However, most responses were still positive. Comments included:

"Been here several times and always found it to be a positive experience."

"I have been before with appendicitis and had to wait for four hours to get pain relief."

"It can be good and bad. The staff are nice generally, but some are dismissive because I am a young mother. They once sent a community nurse out when I couldn't come in."

"Previous visit was a lot quicker and quieter."

Suggested improvements

We asked if there was anything Scarborough Hospital could do to help improve the experience. The majority of respondents said that there was nothing to improve. Those suggestions for improvements focused on waiting times and ensuring there is more privacy at the reception desk. One person also suggested having facilities to charge a mobile phone.

Comments included:

“Everything has been brilliant.”

“Deal with the long waiting times, but I recognise the service is understaffed.”

“More privacy at the reception desk where you are describing your symptoms.”

“It would be good to have some places to charge mobile phones – the sockets in the children’s waiting room are too high.”

Reflections on the environment, including building, waiting area and car parking

The feedback about the environment was mixed. Car parking was a particular issue for many people, particularly the distance from the car park to the UTC and others felt the waiting area could be more comfortable.

“Car park is too far away from the UTC. I have just left my car outside as we wouldn’t be able to get from the car park ourselves.”

“Need more seats – there were people standing when I was there.”

“Parking is shocking. I work at the hospital and it is always bad.”

“Could do with a lick of paint.”

“The car park is not accessible. The bays outside the main entrance are always taken.”

“Good to have a separate children’s waiting area.”

“Seating area is not particularly comfortable for people with back pain.”

“Having water available would be good and more bins as people are leaving rubbish on the floor.”

“Parking concessions appreciated.”

UTC experience survey – Scarborough

Five people (28%) who we spoke to at Scarborough UTC responded to tell us about their experience a few days after we had spoken to them at the UTC.

One person had had to wait for less than an hour in total and four had waited for between one and three hours. Everyone felt they were seen in an appropriate time. However, one person said they had had to return on another day when they had waited for five to six hours.

All the respondents felt they saw the right person. However, two people felt the clinical staff weren’t thorough enough. This meant one person returned the next day with her child as their condition hadn’t improved and another felt fobbed off as they were just told to read some leaflets online after diagnosis.

Ratings

We asked people to rate their overall experience from one to 10 (10 being excellent). Of the four responses, two gave the overall experience a rating of 10 and two gave it a nine.

We also asked people to rate the clinical staff they saw. Of the four people who provided a rating, three said 10 and one said seven.

What worked well and ideas for improvements

Only two people commented on what worked well. One was pleased with the short wait and confirmation of what they thought. The other felt well supported by NHS 111.

Comments about what could be improved focused on improving triage to ensure people were in the right place and prioritisation was happening where needed. One other comment reflected that the UTC and A&E are in the same place and the UTC therefore felt very busy and was often crowded.

Comments included:

“Better triage so that only people who need urgent care are here – so need to tell people to go to GPs or pharmacies if that is more appropriate.”

“Have the Urgent Treatment centre in a different part of the hospital.”

“Better prioritisation. I was there with my two-year-old. He was premature and has a lot of complex health needs including a weakened immune system. We had to wait in a busy waiting room for five to six hours on one which does not seem appropriate.”

Recommendations

For urgent care

General recommendations

- Share praise with staff to make sure they know people appreciate and value the service they are providing.
- Develop systems to provide better information about waiting times and where someone is in the queue. This could include a text/buzzer system to alert people when their turn is approaching.
- There needs to be a system whereby people on holiday or at home from university can still access GP services, including medication prescribing, rather than having to rely on the UTCs.
- Set up better cooperation and communication between UTCs. Someone seen at one UTC and redirected to York or Scarborough UTC should be confident that information has been shared and that they will be prioritised on arrival at the next UTC and not made to start the process again.
- Improve sharing of healthcare records and data so clinicians are fully informed and don't have to rely on patients to know their full medical history, allergic reactions etc.
- Explore the approach to triage to see if there is a way it could be done to redirect people who do not need urgent care; to direct people straight to x-ray if that is needed and to ensure appropriate prioritisation including for older people, very young children, carers and people with comorbidities.
- Explore digital alternatives, including video appointments, for people with a minor illness.
- Address barriers for women, and particularly young women, attending urgent care so they feel their issues are taken seriously.
- Make sure all facilities are autism informed and autism friendly and staff have autism awareness training.

- If not available, provide waiting areas specifically for children.
- Provide distractions for people while waiting, e.g. televisions, books or magazines etc. Provide mobile phone charging facilities.
- Provide water fountains or similar in all waiting areas.
- Make sure there is always a source of food and drink available, including when shops and cafés are closed.
- When refurbishing waiting areas, investigate options for having colour coded seating or clear waiting areas for different services where there is more than one service catered for by one waiting area.

Communication specific recommendations:

- Make sure information about the facilities available at each UTC and when they are available is widely publicised for people to access in advance and on arrival at the UTC.
- Continue to share information about the options for people who have an urgent health issue. This should be promoted through GP practices, part of on hold messages for GP practices and NHS 111, available at pharmacies as well as online. Make sure similar information is shared with healthcare professionals and particularly where people who have long-term conditions might need specialist care out of hours so there is clarity on where someone should go.
- GP practices should provide clearer information about what they are able to help with in terms of urgent care and how quickly someone might get an urgent appointment. There should be more communication between the UTC providers and GPs to make sure GPs are providing appropriate urgent care and not just sending people to UTCs as a default position.

Site specific recommendations: York

- Carry out an audit of signage, involving service users, to make sure it is clear how to get to the UTC/A&E.

- Provide clear information about where people need to go to book in and that they are confident they are on the waiting list for urgent treatment.
- Work with NHS 111 to make sure both services are clear on what is available via York UTC and the opening times of different services. Make sure there is clarity on whether NHS 111 should book appointments at York UTC and that if this is appropriate, there is a consistent approach.
- Review the triage system to make sure everyone is asked if they need pain killers and about any underlying health conditions that could impact on their treatment/prioritisation.
- Investigate an approach to parking charges to ensure people waiting for urgent care have a limited cost to pay no matter how long they have to wait. Ensure car parking is available close to the UTC/A&E and includes dedicated parent and child parking.

Site specific recommendations: other UTCs

- Malton – make sure there is a way to attract a receptionist (buzzer/bell) if no-one is at the desk.
- Malton, Scarborough and Selby – make sure there is a way to offer more privacy at reception or an option for a more private space for people to explain their symptoms if needed.
- Scarborough – explore options for more blue badge car parking close to A&E/UTC.

For future research and engagement

- Make sure all appropriate staff are aware and supportive of the engagement plan and outline before the project commences.
- Where possible, do not carry out engagement during times when services are in flux due to building works. The responses, while very rich, often provide feedback on a situation that will change in the short term and thus is not as useful as it might be.

- Make sure there is sufficient time in the project to gain sufficient feedback from all sites.

Conclusion

The majority of the feedback we gathered shows that the Urgent Treatment Centres are valued resources in their local communities. People are very grateful to be able to access same day urgent healthcare and there was almost universal praise for the quality, kindness and skill of clinical and reception staff.

There is significant frustration that people are unable to see a GP in a timely manner for an urgent issue. The issue of access to GP appointments was addressed in a Healthwatch York 2021 snapshot report². This report noted the increased demand on GP practices and increased number of appointments being fulfilled. It also highlighted people's frustration in getting an urgent appointment with a GP. Our 2023 research shows that this frustration is leading a significant number of people to go to the UTCs as they believe there is no other option for them to see someone on the same day. In total 19% of those we spoke to at the four UTCs had contacted a GP before going to the UTC. This varied between sites with 15% of those at Malton contacting their GP first, 17% at York, 31% at Selby and 39% at Scarborough. Others said they no longer bother to contact their GP practice as they 'know' the response will either be no appointment for at least three weeks or being told to go to the UTC.

People are aware of the pressures on the NHS and accept that if they need urgent care on the same day, they will have to sit and wait. Generally, people are happy to wait to see someone who can help them. From our feedback this happened on almost all occasions and most people were very happy with the care they received.

However, once waiting times reached more than three hours, people's patience was tested and frustrations were more common.

² <https://www.healthwatchyork.co.uk/wp-content/uploads/2022/05/20211110-York-GP-Snapshot-Report-V2.pdf>

While the feedback about urgent care, including NHS 111, pharmacies and UTCs, is positive, there were a number of suggestions about how to improve people's experiences in the future, particularly around knowing how long people would have to wait or where they are in the queue.

Feedback about the service in York was more mixed, but this reflects both a bigger hospital and the fact that we were able to go to the UTC at York on more occasions including evenings and weekends when waiting times were longer.

Previous research, outlined above, found that the urgent care system is confused and difficult to navigate. The data collected in this project does not suggest the same conclusion. However, this could be as much of the feedback we received was from people at the UTCs, people who had successfully navigated the system. We did find that more people used NHS 111 for initial advice than in comparable previous studies. In total 31% of those we spoke to at the four UTCs had contacted NHS 111 first (40% of those at York UTC) as well as 33% of survey respondents. This compares favourably to 20% of respondents from the 2019: Survey of patients attending the Emergency Department at York Teaching Hospital NHS Foundation Trust (Vale of York CCG) and 2% of respondents to the 2022 Selby Urgent Treatment Centre Feedback report who contacted NHS 111 before going to a UTC. This could indicate that people are more aware of the different options for urgent care.

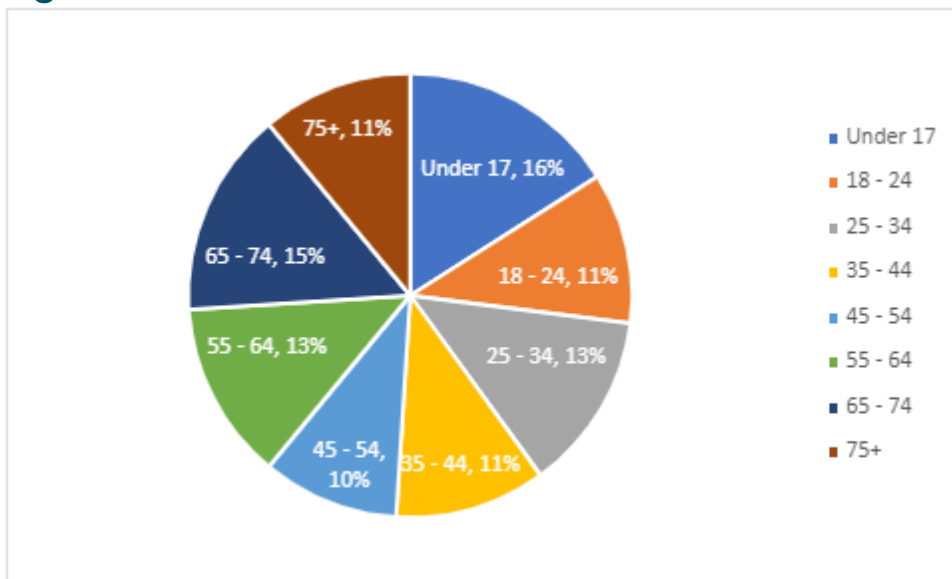
In the current situation, the UTCs and NHS 111 are vital to provide advice and care for people with urgent health needs. There is still work to do to raise awareness of the role that pharmacies can play in urgent care. The plans for pharmacies to be able to prescribe some medications could significantly help if this is promoted effectively.

Appendix:

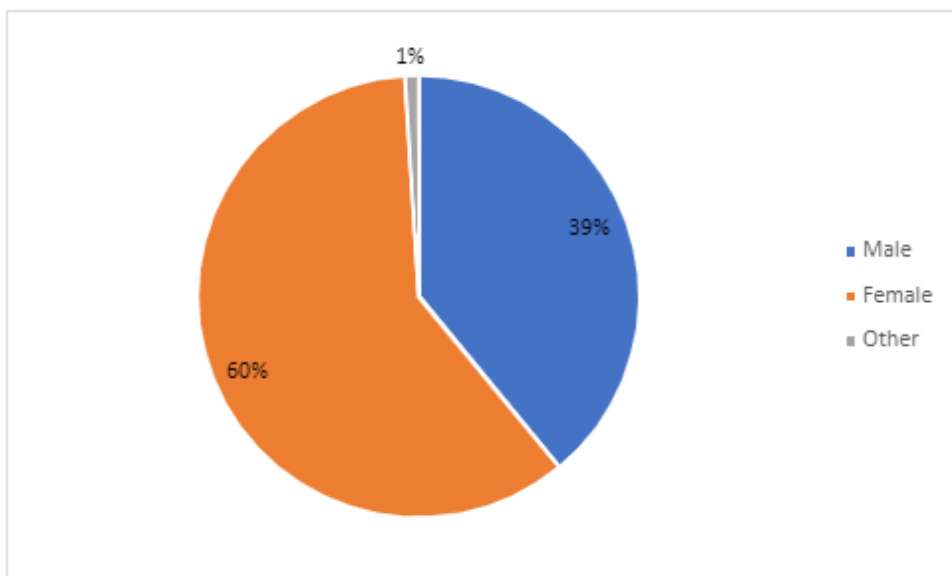
Demographic Information

At the end of the survey and UTC conversations there was an optional section in which we asked people to tell us about themselves. We have collated the information gathered to tell us who responded:

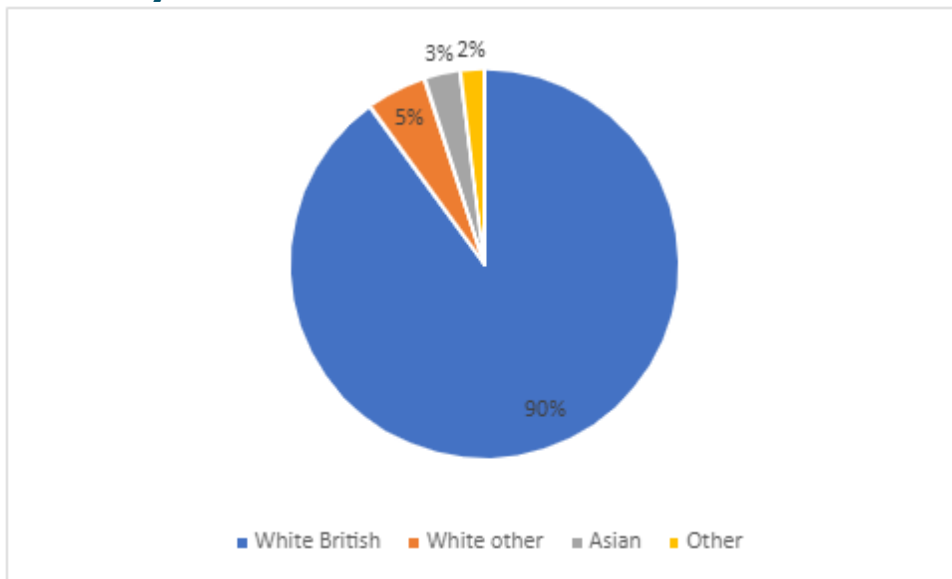
Age



Gender

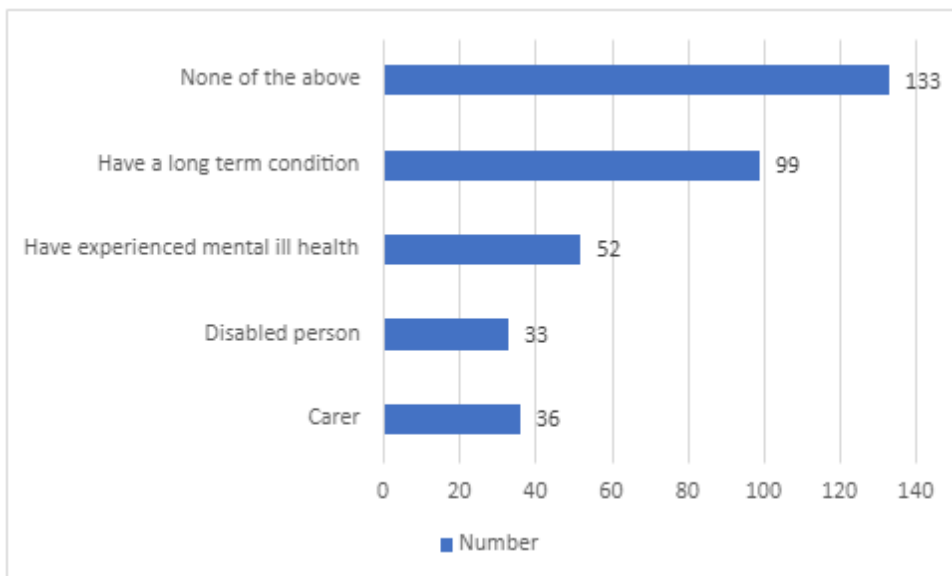


Ethnicity



The other category includes mixed ethnicity, African and Latin American.

Do you consider yourself to be; a carer, a disabled person, a person with experience of mental ill-health, a person with a long-term health condition, none of the above or other?





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