healthwatch East Sussex

Pathways to Emergency Departments and Urgent Treatment Centre's

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Introduction

The number of attendances at Emergency Departments (ED) are often used as a barometer for overall performance of the NHS and social care system. This is because they may be affected by activity and pressures in other healthcare services, such as primary care, community-based care and social care services.

Data shows that nationally the number of people going to Emergency Departments has increased substantially in recent years, with 26.2 million attendances in 2023/24, compared with 21.6 million in 2011/12 (Source: Kings Fund 2024).

Locally, data for East Sussex Healthcare NHS Trust (ESHT) which operates Emergency Departments at Conquest and Eastbourne District General Hospitals, showed a 5.9% increase in people attending from 2023-24 to 2024-25 (Source: NHS England 2025).

This represents an increased average daily attendance across both Emergency Departments from 438 to 464 patients per day. High and increased volumes of attendance can lead to rising pressures on these services, overcrowding, and potentially poorer experience for patients.

Pathways to ED project

In mid-2024, ESHT and Healthwatch collaborated to co-design engagement activity to explore the journeys patients were taking before attending Emergency Departments in East Sussex.

Its aims were:

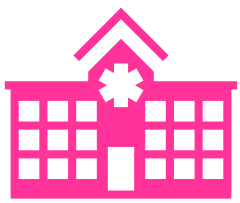
1. to identify any services people used before attending ED
2. to determine which services were signposting or referring to ED
3. to explore whether patients felt ED was the most appropriate service for their needs

What we did

ESHT operate two acute hospitals in East Sussex, Eastbourne District General Hospital (EDGH) and Conquest Hospital (CQ) in Hastings. Each site has co-located Emergency Departments (ED) and Urgent Treatment Centres (UTC).

In liaison with ESHT staff, we developed a core set of questions to guide engagement with patients in the ED/UTC waiting rooms at both hospital sites. These focused on our three project aims.

We did not ask clinical questions, nor capture any personal details, other than anonymised equalities information (where shared).



Our Healthwatch authorised representatives visited the waiting rooms and engaged with patients at both acute hospitals in two phases, in July/August 2024 and October/November 2024. to allow us to explore any differences based on the time of year.

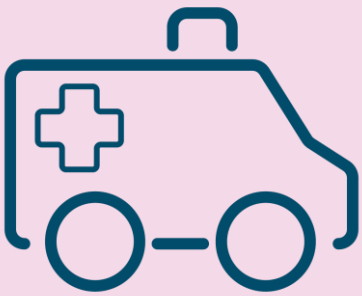
Engagement in each phase took place across a two-week block of time, and for two hours on each day, with the times varying across the days of the week.

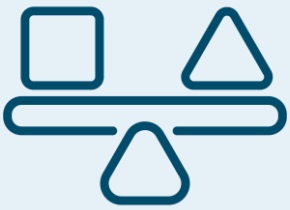
We asked people about services they had accessed or tried to access before attending, whether they had been directed to ED or chosen to attend, and if they felt ED/UTC was the most appropriate place for them to seek help.

We also captured contextual information such as how far they had travelled and whether they had used ED/UTC previously for the same issue recently.

Who we spoke to

We spoke to **358** people waiting for Emergency or Urgent Treatment Centre services at Eastbourne District General Hospital and Conquest Hospital.





52.0% identified as female

38.2% identified as male

0.2% identified as non-binary

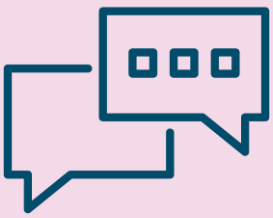
8.6% preferred not to say

9.2% were under 18 years old

48.3% were 18 to 64 years old

36.0% were over 65 years old

6.5% preferred not to say



74.8% identified as White British

9.7% identified as another white background

4.1% identified as another ethnic groups

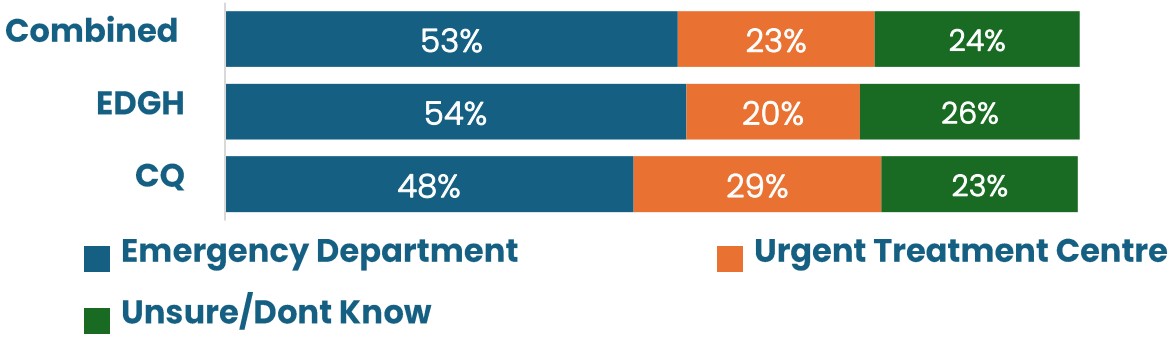
11.4% preferred not to say

Key Findings

ED vs UTC

Approximately **50%** of the people we spoke to told us they had come to the hospital to access Emergency Department services, **25%** for Urgent Treatment Centre services, and a further **25%** were unsure which service they were accessing.

Do you know if you are here for Emergency Department Treatment or the Urgent Treatment Centre?



Some people told us they were unsure what the difference between Emergency Department and Urgent Treatment Centre services was or why they had been allocated to one service rather than the other. Their co-location may increase people's confusion on the differences between them but ensured that following triage people were allocated to the right service.

"(I) didn't know there were two different services here"
"I was brought in by an ambulance, I'm not sure who (I'm) here to see"

These findings suggest some people are unaware of the differences between ED and UTC services, when they should use them, and potentially if there may be a more appropriate alternative service.

"It was an accident, so what would that come under?"

The proportion of people seeking to use ED and UTC services was similar across both activity phases and across both sites. Patients at EDGH indicated a slightly higher attendance to access the ED, and patients at CQ a slightly higher attendance to access the UTC.

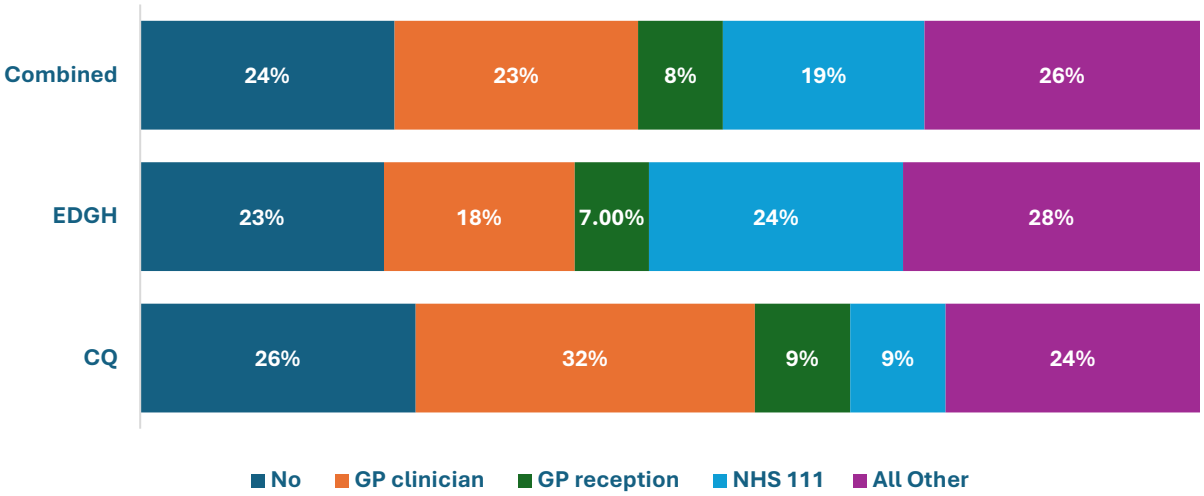
Based on what we heard, it isn't clear whether this trend reflects patient's awareness of the differences between the services, the nature of their clinical needs, or a combination of these factors.

Pathways to ED/UTC attendance

Approximately **3 in 4** of the people we spoke to told us they had used one or more health services for support with the condition that brought them to ED/UTC before attending. Some people told us they had accessed as many as **3 services** before attending the ED/UTC.

" I phoned 111 two weeks ago and was told to go to a pharmacy for advice. I went back to the pharmacy today and was told to see a GP. I came to A&E because didn't think that it would be possible to get an appointment with GP."

Before coming today, did you use any other health service first for this condition?



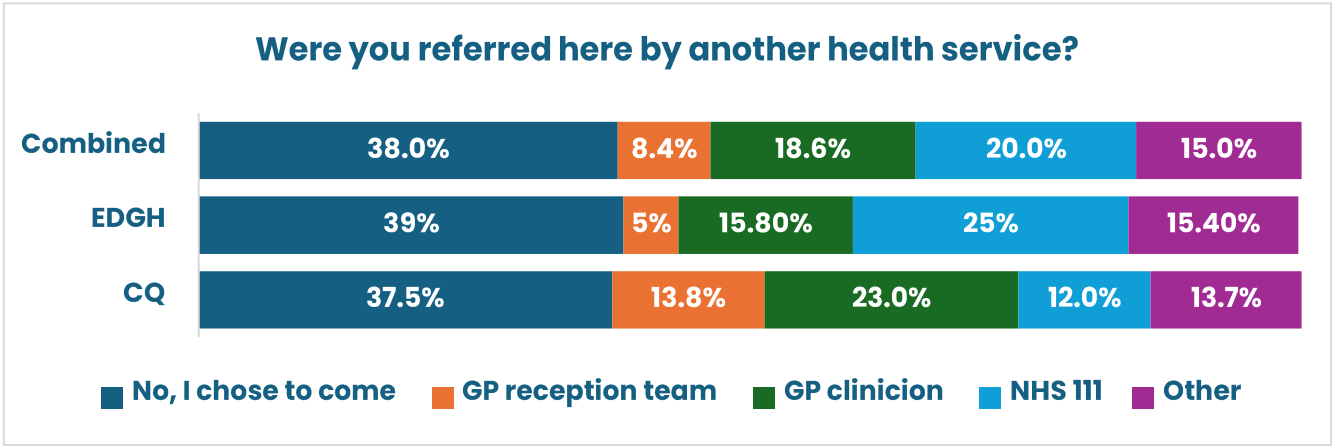
A range of services were accessed by people before attending ED/UTC.

- GPs, NHS 111 and GP practice reception teams made up 60% of all services used by patients prior to attending ED/UTC.
- Significantly more patients who had engaged with NHS 111 attended EDGH (24%) compared to CQ (9%).
- Significantly more patients told us they were referred by GP clinicians at Conquest (32%) compared to EDGH (18%).
- Other services engaged before attendance included unnamed services (16%), 999 (5%), pharmacies (2%), dentists (1%), minor injury units (1%) and N/A (1%).

Referral routes

38% of people told us they made their own decision to attend ED/UTC, without a referral or signposting from other health services.

The remaining people told us they were referred or signposted to ED/UTC by another health service. We heard this was most commonly by NHS 111, clinicians at GP practices, and by GP practice reception staff. Other services also signposted and referred patients.



49 different GP practices were identified by patients as referring or signposting them to ED/UTC. Referring GP practices were each named by between one and six patients suggesting no individual practices were referring disproportionate numbers of patients.

"I was assessed by the GP's paramedic who referred me onto A&E"

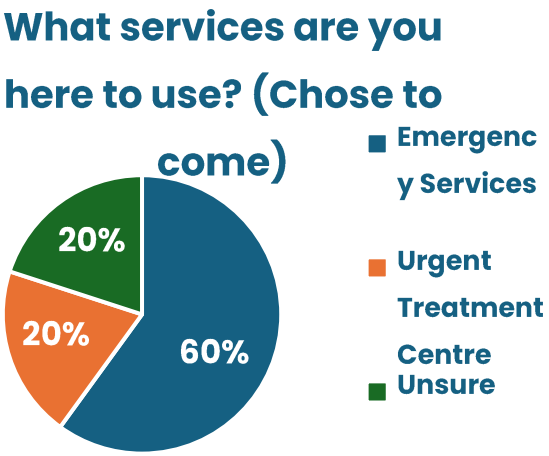
In most cases, GP practices in the Eastbourne area signposted or referred people to the EDGH, and practices in and around Hastings generally to CQ. In some cases, people told us they chose to attend an ED/UTC which was not their closest service.

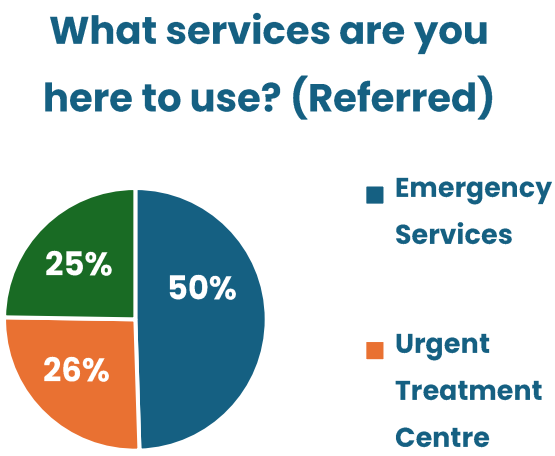
- A higher proportion of attendees at CQ (23%) told us they had been signposted or referred by a GP clinician than at the EDGH (15%).
- EDGH had a higher proportion of patients (25%) who told us they were referred or signposted by NHS 111 than CQ (12%).

Unfortunately, specific drivers for these trends are not clear from our engagement, but may reflect clinical needs, the day and time when support was sought, and the awareness and preferences of the individual's concerned.

Approximately half of the ED/UTC visits we undertook were at weekends or in the evenings when services, such as GP's and pharmacies, are usually closed. The data we gathered does not provide clarity on when patients were more likely to be referred by certain services, but we can assume more people may be referred by NHS 111, out-of-hours and at the weekend.

People who chose to attend ED/UTC were more likely to seek to use or be directed to the emergency department **(60%),** compared to those who were signposted or referred in by other services **(50%).**





A difference between those choosing to attend ED/UTC versus those referred or signposted related to their age.

People choosing to attend ED/UTC were most aged between 24 and 49 (29.1%), whereas people being referred by other services were most aged between 65 to 79 (30%).

Whilst we did not capture clinical information, it may be that those in older age groups are more likely to be referred due to an increased likelihood of pre-existing or long-term medical conditions than those in young age groups.

Our participants most identified as female and White British so it is unsurprising these characteristics are most common amongst both those choosing to attend and those referred/signposted to ED/UTC.

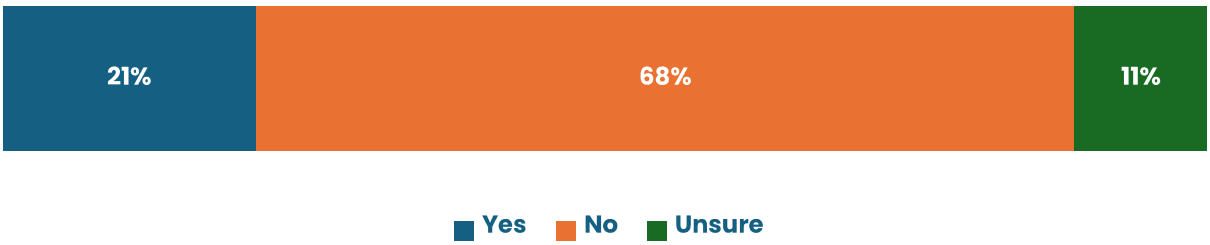
Most common characteristics	People who chose to attend	People who were referred	All
Age	25 – 49 years (29.1%)	65 – 79 years (30%)	25 – 49 years (26.4%)
Gender	Female (77%)	Female (59.5%)	Female (57.6%)
Ethnicity	White British (78.2)	White British (83%)	White British (81.2%)

Choosing the right service

68% of people told us they felt that they were in the right place for the treatment they needed, a further **21%** felt that they could have been treated elsewhere, and **11%** were unsure.

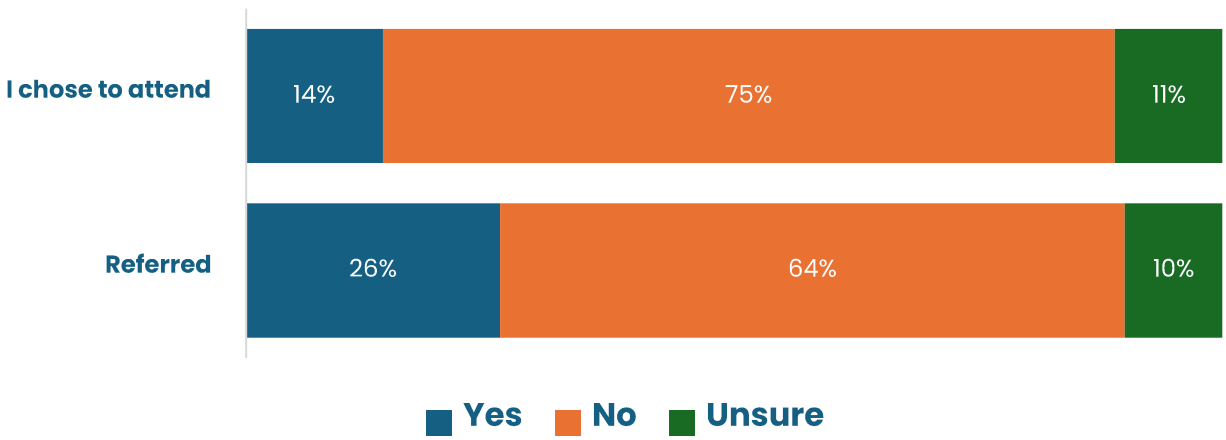
"This is the right place"

Do you feel you could have been treated elsewhere?



People who told us they chose to attend ED/UTC more often told us they felt they were in the right place for treatment in comparison to those who were referred by another health service.

Do you feel you could have been treated elsewhere?



Of the 21% patients who felt they could have been treated elsewhere, approximately half told us they felt their issue may have been resolved at a GP practice, but were either unable to get an appointment, felt they would be unable to get a timely appointment or had tried and been directed from the practice to ED/UTC. No one told us that they felt they could have been treated at a service other than a at a GP practice.

"I would have seen the GP, but you can never get an appointment."

What patients said

Service preference:

Some patients expressed preferences for certain services or locations which they felt delivered a good service, and this influenced their decisions to attend a ED/UTC and which one they attended.

- Greater confidence in tests and additional services that may need to be accessed so preferred coming here rather than waiting for scheduled GP appointment.
- Positive experience so far, I prefer Conquest to EDGH
- (I) live equidistant to other hospitals but choose Conquest as a preference.
- I usually go to Lewes UTC - quick and good
- I prefer Eastbourne to the Conquest.

Wait Times:

Patients told us ED/UTC triage was generally quick and efficient, but wait times after triage were very long, with the longest wait time recorded as over 10 hours. Patients find waiting times are frustrating, especially when updates on changes in waits are not communicated.

- Triage was quick, but nothing since then.
- I was triaged in less than an hour, but I've been waiting 6 hours since.
- The wait is concerning, the system is the problem.
- Where is the doctor? I've been waiting over 3 hours.
- This morning it said a 9 hour wait.
- Waited 10 hours now, triage was quick, but nothing since, wait time keeps climbing.

What patients said

Interactions with staff:

Most patients we spoke to praised staff and told us they were generally happy with the care they received, highlighting staff empathy and professionalism.

The main issue highlighted in comments was a lack of communication while patients waited to be seen, with limited updates and limited checks to see if patients circumstances or condition had changed.

- All staff have been excellent so far.
- Staff have been very kind and professional.
- I'm grateful for the NHS.
- Theres a lack of communication, I'm worried.
- The doctor was brilliant.
- They (hospital staff) are doing their best.

Lack of confidence:

Some patients told us they didn't feel confident in their ability to get an appointment with their GP, even if they tried, with some expressing greater confidence in getting timely treatment in ED/UTC compared to other primary care services.

- I don't have confidence in the GP or 111 – I struggle to get an appointment when calling at 8am.
- I came to A&E because I didn't think that it would be possible to get an appointment with my GP.
- I'm more confident in the tests and services (at the hospital) so preferred coming here rather than waiting for my scheduled GP appointment..
- (I) felt it wouldn't be possible to get a GP appointment
- Based on previous, negative experience with GP, I felt they couldn't help and wanted to be seen quickly.

Conclusions:

Most people we engaged had used (or sought to use) another health service in response to their condition before attending ED/UTC. This suggests many take reasonable steps to avoid using urgent and emergency services unnecessarily.

However, whilst nearly three-quarters of ED/UTC attendees we spoke to felt they were in the right place for their medical needs, one-in-five felt they could have been treated elsewhere. They were generally attending ED/UTC as alternative services were closed, because other services sent them (most commonly NHS 111 and GP practices), or they experienced challenges getting appointments at other services in a timely way.

We heard about repeated barriers getting a GP appointment or poor experiences of NHS 111 may make people more inclined to attend ED/UTC directly without seeking support from another healthcare service, as they knew they'd get seen and due to previous positive ED/UTC experiences.

Whilst we didn't identify any individual services disproportionately referring people to ED/UTC, the numbers attending after contact with NHS 111 and GPs are high. It is concerning nearly one-in-ten patients had contacted GP practices but not engaged with a clinician before attending ED/UTC.

Patients choosing to attend ED/UTC in the face of barriers to using alternatives or inappropriate referrals from other services may add to the pressures on ED/UTC. ESHT, the ICB and others may wish to consider reviewing the clinical appropriateness of ED/UTC attendance and inter-service referrals to explore this further.

As in previous engagement, we continued to hear many people are unclear on the differences between ED and UTC services. Working to clarify the differences between ED and UTC may further support patient understanding and enable them to navigate services more efficiently.

Similarly, raising awareness of alternatives to ED/UTC amongst all patients, but especially those aged under 50 (who most commonly choose to attend ED/UTC), and common referrers (GP practices and NHS 111), may help reduce ED/UTC attendance. Examples may include the Emergency Dental Service, Sussex Dental Helpline, Pharmacy First and out-of-hours pharmacy.

Recommendations:

We have developed recommendations that respond to our key findings. These focus on achievable actions from system and local partners.

Recommendations for East Sussex Healthcare NHS Trust

1. Exploration of changes to maximise patient awareness of which services they are accessing. This may include ensuring patients are informed of which service they have been allocated to when signing in.

2. Consider retrospective scoping/review of ED/UTC cases to explore the proportion of ED/UTC attendees whose treatment may have been possible at other healthcare services. This data could help to create a better picture of what services patients may not know about, or how to access, and can be used to create targeted messaging so that the public are more aware of how to find the right help for their need.

3. Exploration of mechanisms to keep patients in Emergency Departments and Urgent Treatment Centres regularly updated on wait times.

Recommendations for NHS Sussex

4. Sustain and develop the Sussex-wide 'Help Us Help You' campaign to help the public and patients understand how and when to appropriately use urgent and emergency care services and what other alternatives (such as pharmacy first, minor injury units and the urgent dental stabilization service), are available to them.

5. Engagement with ESHT to explore messaging to local primary care services to raise awareness of the pressures placed on ED/UTC through additional referrals.

6. Engagement with Primary Care Networks to explore the consistency of triage training and processes used within East Sussex GP practices. This may include ensuring that all practice staff are made aware of the different services and pathways a patient can access to get help from the most appropriate service.

Recommendations:

Recommendations for Healthwatch East Sussex

7. Monitor feedback on access to urgent and emergency care services to support understanding of people's decision-making and experiences of using these services.

8. Share this report and continue to share other feedback and experiences related to urgent and emergency care provision with local stakeholders.

9. Share insight and reports on urgent and emergency care provision with Healthwatch England to support national intelligence on this theme.

10. Consider undertaking future work in ESHT EDs and UTCs to develop further insight into why patients choose these services.