

“There are far too many options...it is difficult to navigate where to go first”



Navigating urgent and emergency care services in Oxfordshire

June 2025

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Healthwatch Oxfordshire would like to thank everyone who participated in our surveys and those who talked to us in more detail about their experiences of navigating urgent and emergency healthcare services in Oxfordshire.

Executive summary

Background

This report summarises the results of a Healthwatch Oxfordshire study to listen to people's experiences of navigating urgent and emergency care (UEC) services in Oxfordshire.

We ran an online survey and a shortened face-to-face survey in public spaces and urgent care facilities in Oxfordshire, and did follow-up telephone interviews with five people. In all we heard from **322 people**.

Summary of results

Many people were able to navigate the urgent and emergency care system and were positive about the care they received. However, we heard that some people faced difficulties, resulting in poor experiences or delayed care. The complexity of the urgent care system made it challenging for some people to effectively navigate services. Confusion about the availability and range of services and the differences between them meant people were unsure how to identify the most appropriate provider for their care needs. This confusion could be exacerbated when people were under stress.

While most people knew about Accident & Emergency (A&E) services and the main sources of care for urgent conditions, few were aware of Urgent Care/Treatment Centres (UTCs) and First Aid Units (FAU). There was also some confusion about the names of facilities and the different services they provide.

In general, most people accessed urgent and emergency care through NHS 111 or their GP. In some cases, these services were the first contact for people experiencing serious and very serious symptoms, often because they had not recognised, or were unsure about their seriousness, or because they were reluctant to contact the emergency services. In contrast, people who called 999 or went to A&E mostly perceived their condition to be serious enough. However, other motivations included knowing the service would be open, advice from a health professional, and the service being close by. None of our survey participants reported contacting an Urgent Care Centre or First Aid Unit for care.

We saw that patients considered a wide range of factors when choosing which health care service to contact or visit first. The commonest reasons they gave were – how serious they perceived their symptoms, knowing the service or facility would be open, previous use of the same service, and knowing about the different care services available. This suggests that people’s knowledge of and experiences with health services also play a key role in how they navigate urgent and emergency care.

Although lack of access to GP appointments was an issue, it did not appear to be a central factor for choosing to use an urgent care service. Most people said that NHS 111 had provided urgent help although some people appeared to be given incorrect advice. Expanding access to primary care and improving the effectiveness of NHS 111 is likely to reduce some unnecessary use of urgent and emergency care services.

Most people said they had navigated care services without the need to search for information. Those who did, usually searched NHS webpages, followed by asking a health professional, and searching other internet sites. Feedback about the quality of information was positive overall: people generally found it easy to find and understand information, and that it was helpful in deciding what to do next. However, we heard that there was not enough clear, accessible and comprehensive information about the different urgent care services to help people decide which of them is the most appropriate for different care needs. Our own brief review of selected NHS Oxfordshire webpages found they contained useful information, but some were unclear and also less accessible to people whose first language is not English. Non-internet-based information remains important for those who cannot access the internet.

Lack of knowledge and confusion about the full range of urgent care services presents an important barrier, especially for those such as the elderly, people whose first language is not English, those with experience of different health systems in other countries, and those with complex social or health needs. Additional and accessible information and support is essential to be able to better understand and navigate the urgent and emergency care system.

Increasing people’s awareness of the availability and range of services provided at all urgent care facilities is likely to improve their ability to navigate the care system more effectively. Making information and names

of services clearer along with providing more widely available and accessible information is likely to reduce some unnecessary visits to A&E.

Recommendations

We make the following recommendations, which require coordination across the system to ensure an overview and consistency of offer across the pathway as follows:

Recommendations– for system partners to work together to:

1) Use learning to improve service design and delivery:

- Consider the findings in this report to better understand public perceptions of urgent and emergency care and use to identify how to better support patients to navigate multiple services in Oxfordshire.
- Use insights to inform improvement of urgent care pathways, supporting targets set by commissioners for annual delivery, future service commissioning and design, and to support development towards Neighbourhood Health within Oxfordshire, delivering seamless care closer to home.
- Reduce the need for some patients to directly seek help at urgent or emergency care services by continuing to improve access to primary care and mental health services.

2) Improve consistency of communication and information for patients on navigation and use of urgent care pathways:

- All health professionals signposting and referring patients (e.g. NHS 111, GPs, others) must ensure they have accurate and up-to-date information about emergency pathways in order to give the best advice.
- Both system and individual providers should coordinate to review all public facing information across urgent care pathways and services. Ensure both web and paper-based information is accurate, accessible, and consistent across all system partners to support patients to make choices to navigate correctly.
- Patients are unsure about the definitions and terms used – ‘urgent’ and ‘emergency’ – Information given must clearly help patients

make informed choices including for what and when they should access different levels of care and offers across UEC providers.

3) Work with communities and others to empower patients to make the right decisions at the right time:

- Engage directly with community and voluntary organisations, Community Champions, community health workers, faith groups, Patient Participation Groups (PPGs), social prescribers and others to support better understanding and spread information of urgent care offer, as well as greater understanding of the barriers faced.
- Work through these groups to develop accessible, tailored and culturally appropriate messaging to help reach seldom heard and diverse and multi-ethnic communities, and those facing inequalities in health.

4) Ensure that messaging on urgent and emergency care pathways is accessible and meets the needs of all communities:

- Develop informative content in a variety of formats (e.g. online videos, interactive maps, languages, infographics, posters, and leaflets).
- Continue to use social media platforms to post clear and concise messages about accessing urgent and emergency care services.
- Provide information for people who are not digitally enabled e.g. posters and leaflets to GP practices, pharmacies, public spaces such as libraries and community centres.
- Ensure all materials (digital and printed) are accessible to people with additional communication needs and in multiple locally-relevant languages.

This report will be shared with Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), Oxfordshire County Council (OCC), Oxfordshire Place Based Partnership, Oxford Health NHS

Foundation Trust (OH), Oxford University Hospitals NHS Trust (OUH), South Central Ambulance (SCAS), and Oxfordshire GP Network alliance.

1 Background

This report summarises the results of a survey-based study to hear from patients about their experiences of navigating NHS urgent and emergency care services in Oxfordshire. Urgent and Emergency Care (UEC) refers to a range of services for illnesses and injuries that need urgent or immediate attention.

The NHS Same Day Emergency Care (SDEC) service is a system that aims to quickly get patients the right emergency care in the right place without the need for admission to hospital. Patients are referred to the service, for example via GP, ambulance paramedic team, or NHS 111. Through rapid assessment, diagnosis, and treatment, the aim is for most patients to be seen, treated, and sent home the same day.¹

Pressure on NHS urgent and emergency care services in England has increased, especially since the COVID-19 pandemic. Waiting times in hospital emergency (A&E) departments are often long and are linked to increases in avoidable deaths.² To ease the pressure, the NHS has introduced a range of health care services for patients with urgent but non-emergency needs. They include NHS 111, GP out-of-hours, Urgent Care/Treatment Centres (UTCs), Minor Injuries Units (MIUs), and First Aid Units (FAUs). Patients and health care professionals must 'navigate' these multiple health services to ensure the right care at the right place as soon as possible. This involves assessing the person's health care need, being aware of the range and nuances of services that exist, identifying the most appropriate service for the patient's need, and being able to access it on

¹ <https://www.england.nhs.uk/urgent-emergency-care/same-day-emergency-care/access-to-same-day-emergency-care/>

² <https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf>

time.³ The NHS Ten Year Plan due to be published in summer 2025, will highlight some of the challenges to the NHS, and identify pathways to change, including shift of emphasis outlined in development of 'neighbourhood' health⁴. Ensuring patients can clearly understand and navigate care pathways as and when they need it is critical to addressing overall pressures.

There are many ways to access urgent and emergency care in Oxfordshire. Some are accessed directly, whilst others are by referral only from a health professional. They include:

- Emergency departments (A&E) at the John Radcliffe (JR) hospital and Horton general hospital (the JR also houses the Oxford Eye Hospital), (and Royal Berks Hospital in Reading).
- Emergency Multidisciplinary Units (EMUs)
- Urgent Care/ Treatment Centres (UTCs) (name often used interchangeably)
- Minor Injuries Units (MIUs) (by referral)
- First Aid Units (FAUs)
- NHS 111 (telephone and online)
- Local and out-of-hours GPs

³ Pope, C. et al. 'Navigating and making sense of urgent and emergency care processes and provision', *Health Expectations*. 2019; 22: 435–443. (available here: <https://onlinelibrary.wiley.com/doi/full/10.1111/hex.12866>)

⁴ [NHS England » Neighbourhood health guidelines 2025/26](#)



Information 'road map' at Abingdon Minor Injuries Unit (published with permission)

More information about Oxfordshire's individual urgent and emergency care services is provided in the **Appendix 1** at the end of the report.

2 What did we do?

Healthwatch Oxfordshire carried out a survey asking people in Oxfordshire about their knowledge and experiences of navigating urgent and emergency care. We ran the survey in two stages:

1. An online survey from January to February 2025.
2. A shortened 'outreach' survey in February to April 2025, face-to-face with people attending urgent and emergency health care services. This included at Abingdon and Witney MIUs and Bicester FAU, and in public and community settings such as an Asian Women's Group in Banbury, Rose Hill Larder, Barton Larder and on the streets in Banbury.
3. Additional conversations took place since the survey was closed at Oxfordshire's Eid Extravaganza in Blackbird Leys (April 6th).

We promoted the survey through the following channels:

- Healthwatch Oxfordshire news briefings
- Social media, including weekly posts on Facebook groups
- Emails to Patient Participation Groups (PPGs) and GP Practice Managers
- Posters sent to hospitals and GP surgeries
- Information sent to voluntary organisations, Oxford University Hospitals (OUH) NHS Trust to share with their members, South Central Ambulance Service (SCAS), and local councils
- Articles in Round and About magazine, parish and community newsletters

Besides the survey, Healthwatch Oxfordshire staff carried out short telephone interviews with five people to understand more about their experiences of navigating health care. Summaries of the conversations are included, removing any identifying information.

We also carried out a brief search of selected NHS and Oxford Health webpages to review available information about urgent and emergency health services in Oxfordshire.

3 Who did we hear from?

In all we heard from 322 people. This report includes the results of 302 questionnaires (209 in the online survey and 93 in the outreach survey) and five telephone interviews, as well as any additional insight from outreach since. Overall, of 302, 71% of all participants were women, 25% were men, one person was non-binary, and nine preferred not to say.

Table 1 below summarises participants by their age group.

Table 1. Survey participants by age group (258 responses)

Age group	Number	Percent
18-24	3	1%
25-49	79	31%
50-64	78	30%

65–79	66	26%
80 or over	25	10%
Prefer not to say	7	2%
Total	258	100%

While people from all age groups took part in both surveys, the online survey received more responses from people aged between 50–79 years or older while the face-to-face outreach survey reached more people aged 25–49.

Table 2 below summarises participants by their ethnicity.

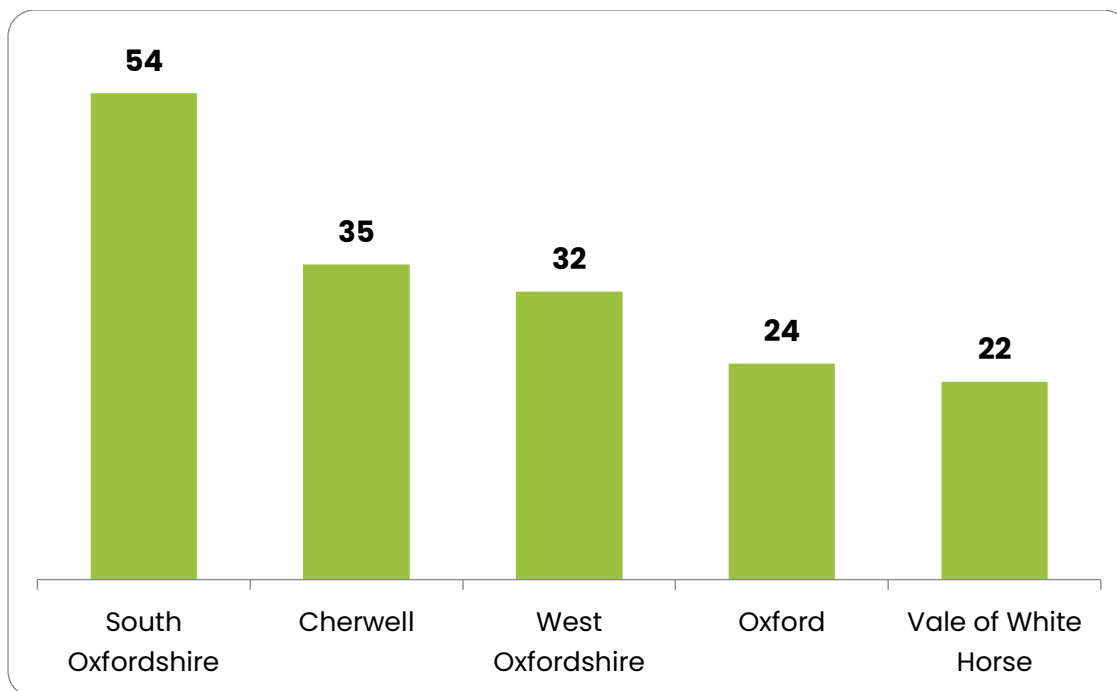
Table 2. Survey participants by ethnicity (257 responses)

Ethnicity	Number	Percent
White: British/English/Northern Irish/Scottish/Welsh	206	80%
Asian/Asian British: Pakistani	14	5%
White: Any other White background	11	4%
White: Irish	3	1%
Black/Black British: African	3	1%
Black/Black British: Caribbean	2	1%
Asian/Asian British: Chinese	1	<1%
Any other Asian/Asian British: Indian	1	<1%
Asian/Asian British background	1	<1%
Mixed/Multiple ethnic groups: Asian and white	1	<1%
Mixed/Multiple ethnic groups: Black African and White	1	<1%
Any other Mixed/Multiple ethnic groups	1	<1%
Prefer not to say	12	5%
Total	257	100%

Most people we surveyed said they were White British (80%). Fourteen identified as Asian British Pakistani (5%), and 11 (5%) identified as ‘other White background’. A small number of people of other ethnicities also participated, as shown in the table. The tables do not include data from follow on conversations, for example from those we spoke to at Eid Extravaganza.

Figure 1 below shows which Oxfordshire districts survey participants were from (online survey only).

Figure 1. Survey participants by district (167 responses)



Online survey participants came from across Oxfordshire's five districts, although more were from South Oxfordshire. Cherwell and West Oxfordshire were the next most common, followed by Oxford and Vale of White Horse.

The following sections below summarise the results of both surveys and telephone interviews.

4 What did we hear?

Which urgent and emergency services do people know?

The surveys asked people whether they knew about the different urgent and emergency care health services in Oxfordshire. In the online survey, participants could select one of the following options for each of the available service: (1) 'I know this service and what it's for', (2) 'I know this service but not what it's for', (3) 'I don't know this service', and (4) 'I'm not sure'. The results are shown **Figure 2** below.

Figure 2. Do you know the following health services (online survey)?

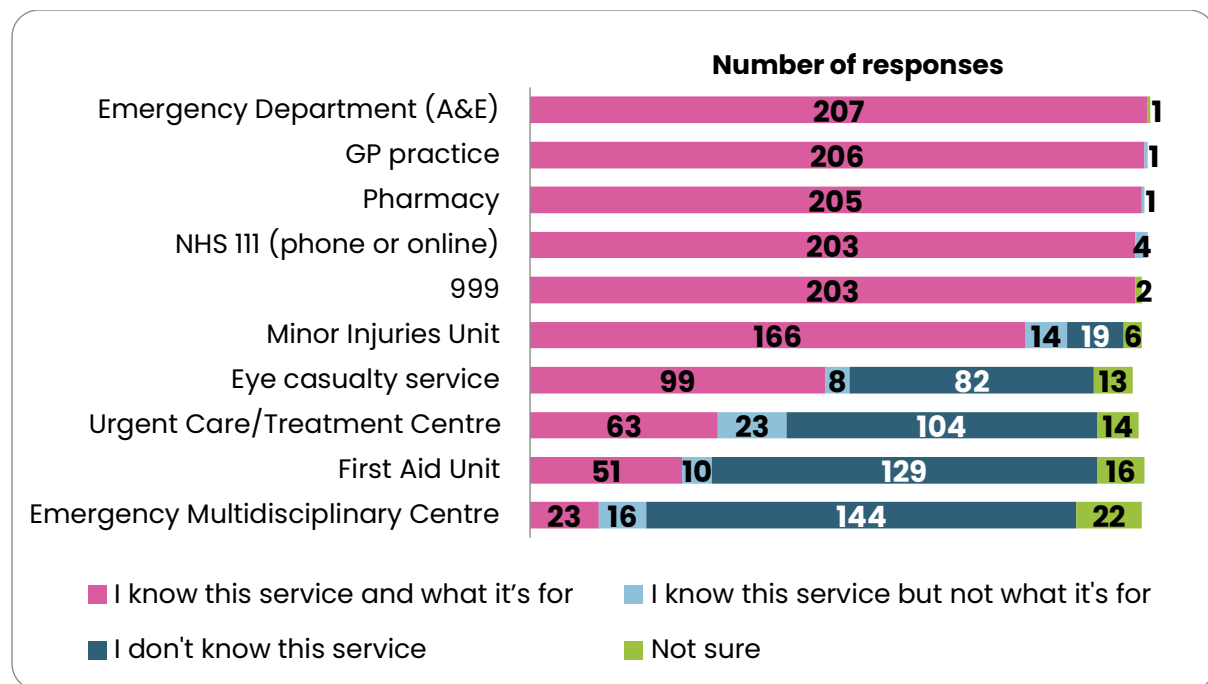


Figure 2 shows that almost everyone knew about hospital emergency departments (A&E), GP practices, pharmacies, NHS 111, and 999, and what services they provide. Most people (166, 81%) also said they knew about Minor Injuries Units, while almost half said they knew about the eye casualty service, although some seemed confused about where eye emergencies were treated. Fewer people knew about Urgent Care/Treatment Centres (63, 31%), First Aid Units (51, 25%), and very few had heard of Emergency Multidisciplinary Units (23, 11%).

Figure 3 below shows the results for the outreach survey. Here, people only gave two responses: whether they knew the service and what it was for.

Figure 3. Do you know the following health services (outreach survey)?

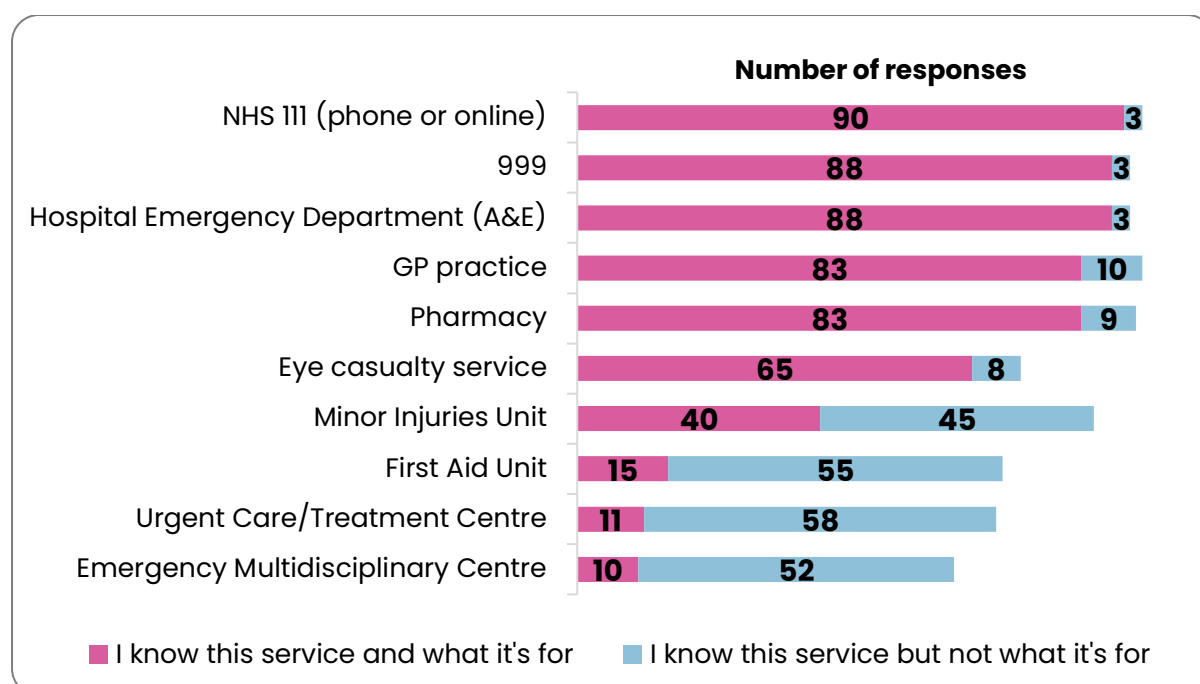


Figure 3 shows a similar pattern to **Figure 2**. Almost everyone in the outreach survey knew the main health care services, including Minor Injuries Units. More people in the outreach survey said they knew about the eye casualty service. Although most said they were aware of other urgent care facilities, few knew about what services they provide.

People told us about their understanding of the commonest types of urgent and emergency care service and the differences between them. There was a general understanding that 999 and A&E services should be used for “life-threatening, immediate emergencies” and “only if you are seriously injured or ill”. One person said:

“My understanding is that for everyday illnesses (cold, sore throat, earache etc) you would use a pharmacy. You would use a GP for more serious things that may need prescriptions or hospital referral. A&E is as it says – emergencies and accidents. 111 for advice before medical help. Others are dependent on what the urgent care is for.”
(Online survey)

Another person commented that other health urgent care services should be used for less serious conditions, “instead of everyone going to A&E.” However, one person said that A&E could be used “... when [you] need medical care before the minor injuries unit opens.”

GP practices were viewed as the main point of contact for routine health issues and ongoing conditions. However, many people experienced difficulties booking appointments and accessing GP care, meaning that they had to contact another service for help. Pharmacies were recognised as useful for minor illnesses like colds, infections, and other ailments, although there was some confusion about whether pharmacists provided 'urgent' care.

Most people described NHS 111 as a general health advice service to contact before going to a health facility. Some said they called it either when their GP was unavailable or during out of hours when their practice was closed:

"I phone 111 when the GP surgery is closed." (Online survey)

"I called the GP for guidance when they were open, and 111 when they weren't." (Online survey)

There were mixed views about whether NHS 111 was a service for both non-urgent and urgent conditions. Several said that people could use NHS 111 if they were unsure about how urgent a symptom or condition is:

"111 is there for advice for concerning or severe issues and you're unsure if it needs urgent attention or not." (Online survey)

Others viewed NHS 111 as a way of getting better access to other services such appointments with their GP or at a Minor Injuries Unit. One person commented that Minor Injuries Units were for:

*"... injuries like broken bones, a bad cut needing stitches",
"suspected fractures, sprains etc. and other undiagnosed ailments",
and "non-life-threatening injuries". (Online survey)*

However, we heard from others who were unsure about the services available at Minor Injuries Units, or which types of injury would be suitable for treatment:

"Minor injuries I know about, but not what is classed as a minor injury so I would not know when it is appropriate to attend." (Online survey)

During our research team visits, we heard that patients sometimes sought care at urgent care facilities but were unclear as to what they offered. These included attending a First Aid Unit expecting to have an X-ray or going to a Minor Injuries Unit with an illness, thinking that it is an emergency department.

Emergency Multidisciplinary Units are located within community hospital sites, and it is possible that only people who had been referred to one via a health care professional would know about them. However, we heard from a recently retired clinical consultant who had not heard of Emergency Multidisciplinary Units or the First Aid Units:

"I don't know where the first aid or emergency multi-disciplinary centres are, or how to access them. I'm a recently retired OUH consultant!" (Online survey)

Some people commented that they had not known about urgent care services in general, while others were unsure about the differences between them:

"I didn't think there were urgent care centres or emergency multidisciplinary centres in West Oxon/Oxford. No idea about first aid units – again, I didn't think there were any." (Online survey)

"Don't think we have all these in our area. Bit confused about the difference between Urgent Care and Minor Injuries." (Online survey)

We also heard from people who were confused about the names of different types of urgent care facility and the different services they provided, especially Urgent Care/Treatment Centres and Emergency Multidisciplinary Units:

"I know about the Minor Injuries Unit in the local hospital, and they do other things too, not sure whether that is what you call an urgent care/treatment centre or Emergency Multidisciplinary Centre." (Online survey)

"I am not sure about the first aid unit. I had assumed this would fall under minor injuries or A&E, depending on severity." (Online survey)

Which health care service did people choose first?

Both surveys asked about people's recent experiences of navigating urgent and emergency care. Almost half of those who answered the online survey (88 people, 43%) said they had needed urgent or emergency care within the past six months, 33 (17%) within the past month, and 13 (7%) within the past week or less. Most (125 people, 65%) said they had needed care for themselves, 45 (23%) for an adult family member, and 16 (8%) for a child (online survey only).

To understand more about how they navigated the care system, we asked which service they had used in relation to how serious they felt their health or medical need was. The results are shown in **Figure 4** below.

Figure 4. Which service did you contact first (online survey, 158 responses)?

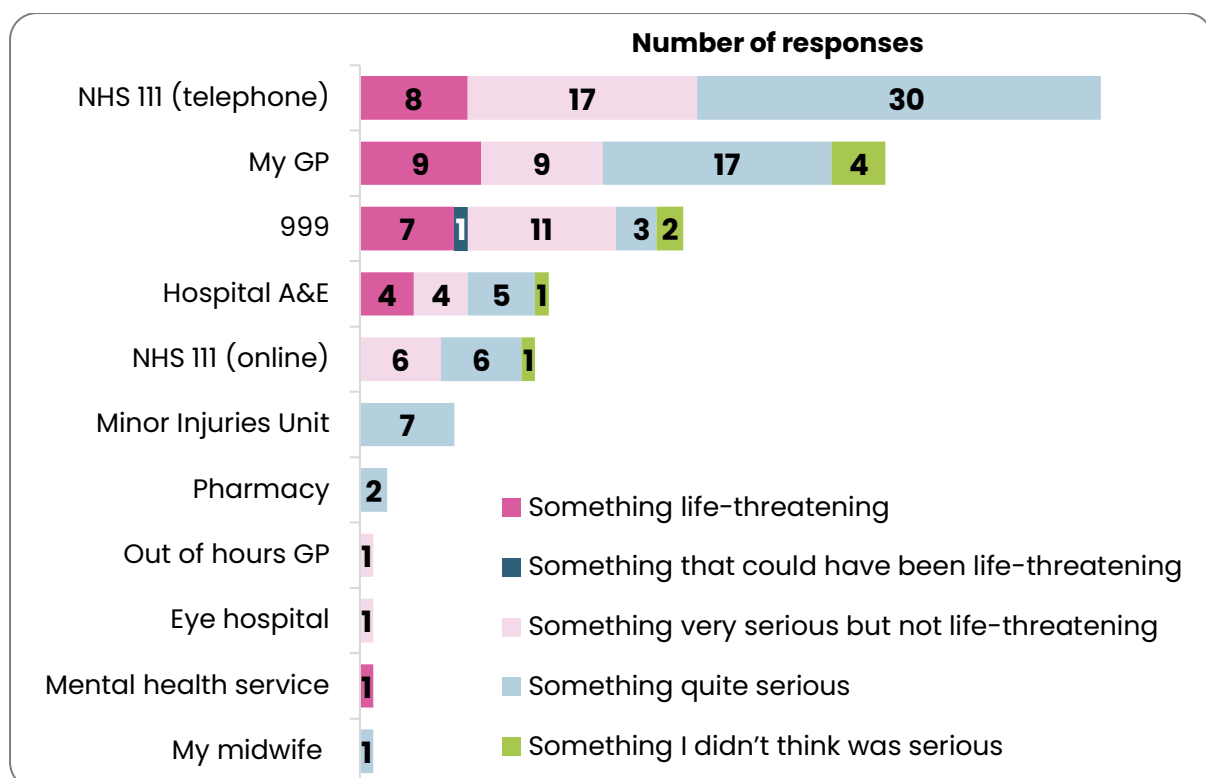


Figure 4 highlights the pathways people followed for different urgent and emergency care needs. The shaded sections in each bar represent the different levels of perceived need (more urgent towards the left, less urgent towards the right) for each type of service. Although patients might not always accurately assess the seriousness of their health condition, the figure gives an overview of how people acted according to their understanding of their care needs.

The bars at the top show that, overall, most patients entered the urgent and emergency care pathway through the NHS 111 telephone service or their GP practice. The various shaded sections for NHS 111 telephone service, GP practice, 999, and hospital A&E highlight show that people used them for all types of health or medical condition (i.e. from 'not serious' to 'life-threatening').

The figure also shows that while people who experienced something they perceived as 'life-threatening' called 999 (n=7) or went to A&E (n=4), others chose to contact their GP (n=9) or call NHS 111 (n=8). The shaded bars towards the right also show that some people contacted or visited an emergency service (999 or A&E) for less serious conditions.

Figure 5. Which service did you contact first (outreach survey, 65 responses)?

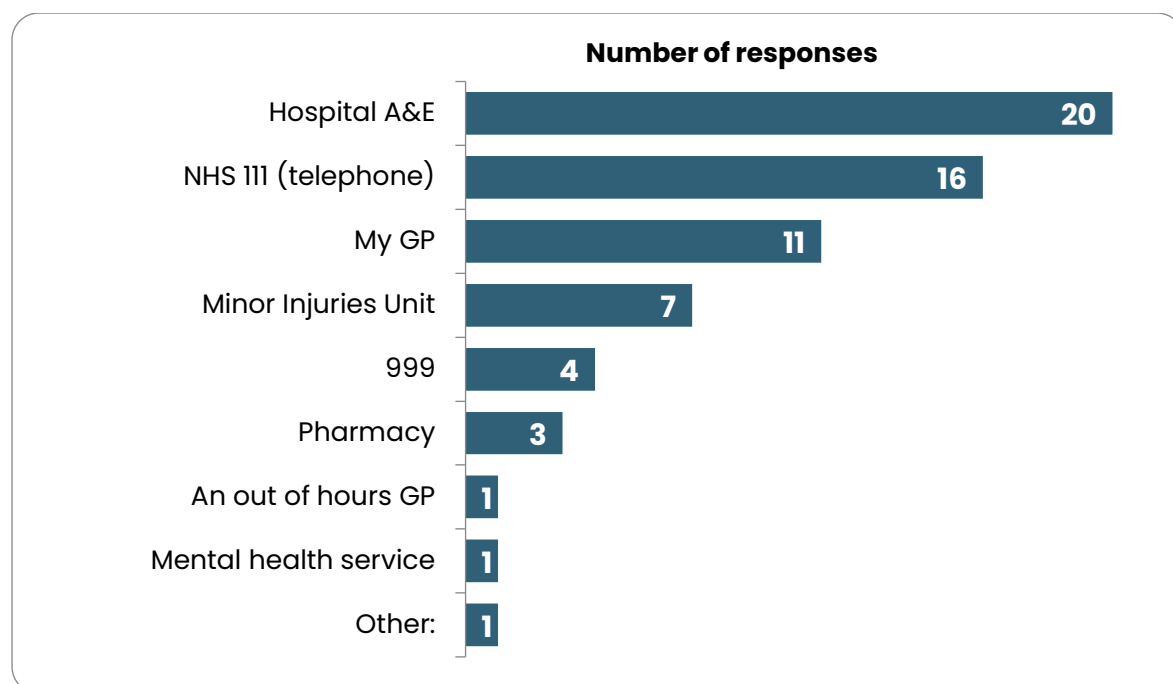


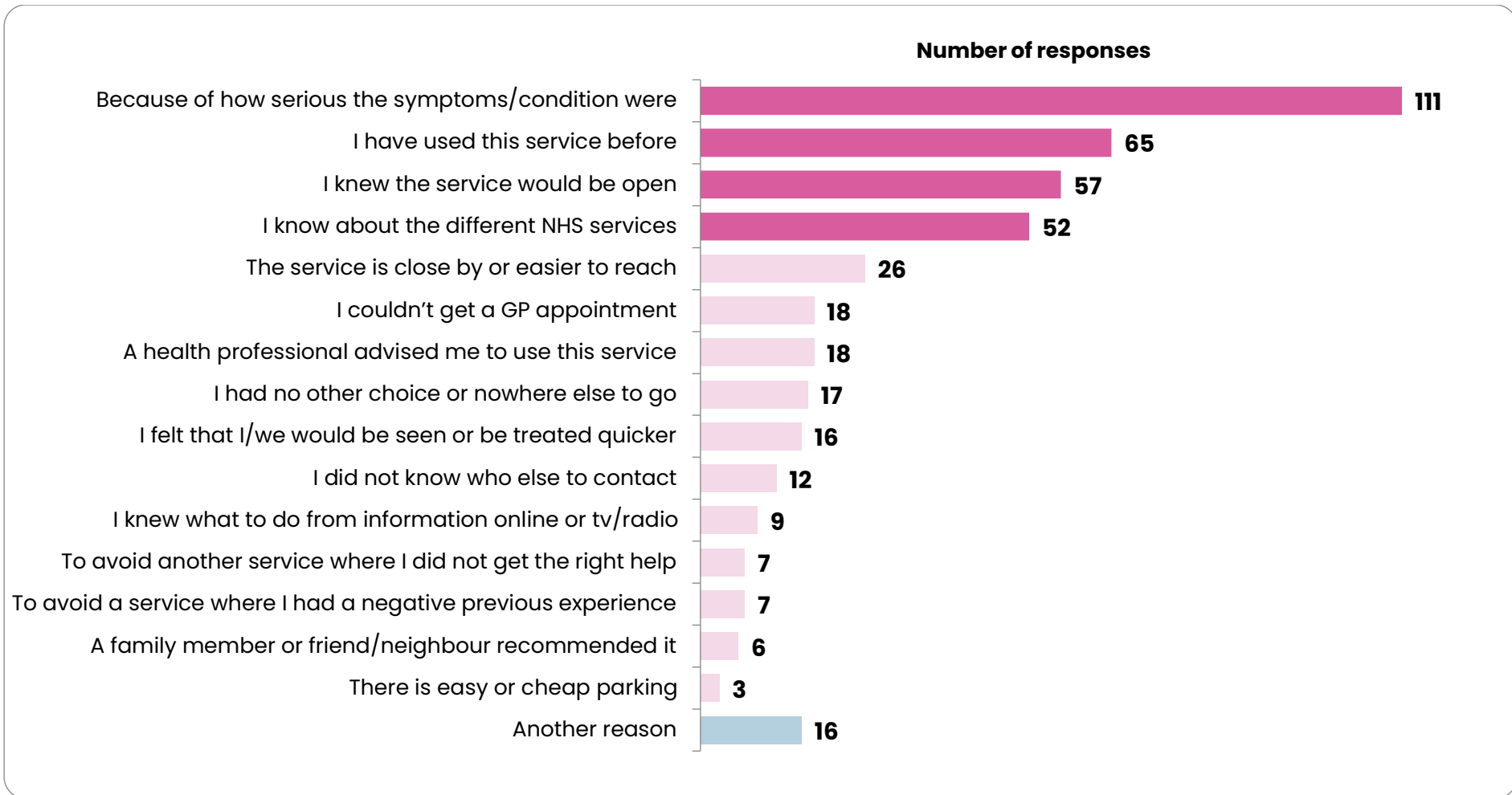
Figure 5 shows that most people in the outreach survey said they had used an Emergency Department first, although others also called NHS 111 or their GP. We noted that nobody in either survey said they had sought care at an Urgent Treatment Centre or First Aid Unit.

These patterns of navigation suggest that while many people usually choose an appropriate service for the level of care they need, others do not. The following section explores the factors that influenced people's first choice of urgent and emergency care.

Why did people choose their first health care service?

Figure 6 on the next page summarises the reasons people gave for their choice of care provider in both surveys.

Figure 6. Why did you choose to contact or visit this service first (226 responses)?



Note: Survey participants could select more than one option for choosing a health care service

Figure 6 shows that people take into account a wide range of factors when choosing urgent or emergency care. It reflects the complexity of the care system and the process of making health care decisions. Unsurprisingly, the commonest reason was how serious people considered the symptoms they, or the person they cared for, were experiencing (111 out of 226 responses). This was supported by individual comments:

"I contact the GP, 111 or 999 depending on my assessment of severity." (Online survey)

"I was in a lot of pain and I urgently needed help." (Outreach survey)

"It wasn't so bad that we needed to take her straight to hospital." (Outreach survey)

The other most important reasons for choosing a specific service included previous experience (65 responses), knowing that it would be open (57 responses), and knowing about different NHS facilities and what services they provide (52 responses). These reasons highlight the role that people's knowledge and experiences of urgent and emergency services play in how they navigate care. Two people who attended a Minor Injuries Unit said:

"I think it has been fairly good. I have been here a couple of times before and they have always looked after me really well." (Outreach survey)

"It was between here or A&E and I thought A&E might be a little higher level than we needed - this felt like the right level of service for what he has. And it's local to us. If we'd gone to the JR it can take forever to get seen." (Outreach survey)

Comments by some people attending Minor Injuries Units suggested it was a better alternative to travel and long waits at a busy Emergency department:

"It's an hour and a half waiting time, but I'd rather sit here than trek up to the JR and sit waiting there for six hours." (Outreach survey)

"It was good getting immediate treatment... here I am this morning, already treated by an expert and ready to go home. No appointment was needed and they did a jolly superb job."
(Outreach survey)

Although people commonly reported problems accessing primary care, especially GP appointments, it did not appear to be a main reason to use emergency A&E care. We did however see this in practice when doing outreach at some of the local centres, where the urgent care facility was in walking distance of a GP, and patients told us waiting times for GP appointments were long.

As shown in **Figure 4** above, people who had experienced very serious or life-threatening conditions usually contacted 999, NHS 111, their GP, or went to a hospital emergency department. Almost all of those who turned to NHS 111 or their GP were advised to call 999 or were referred as a hospital emergency, suggesting that they had underestimated the severity of their symptoms.

Survey comments and interviews revealed some of the reasons for choosing their GP or NHS 111 rather than an emergency service. Among the main reasons was people's uncertainty about the seriousness of their symptoms or health condition, which made it difficult to know how urgent the care was. In these cases, people often contacted their GP or NHS 111 as a "first source of advice". For example:

"Because my symptoms were vague, but I was sure something was wrong, I went to the GP because this is what they are for, as I understand it. It turned out to be something serious... which I'd had for some weeks before seeking help..." (Online survey)

"We didn't know it was serious and could have been life threatening but husband had a mini-stroke - TIA. I said to ring 111. We should have rung 999 but didn't know. 111 said GP would ring within an hour. They didn't ring for hours. I rang them after hours and they said there was a note there and didn't really know what it was about but they would check with the doctor, and the doctor then got back to us quickly. Just needed to know that it could have been a sign of a major stroke and gone for 999 but we didn't know that." (Online survey)

The last quote suggests that people sometimes had to follow up with the service themselves to receive help or support. There was also a moral aspect to some people's care-seeking decisions, whereby they seemed reticent to 'bother the NHS' and contacting an emergency service unless it was 'absolutely necessary':

"I now realise that my husband's symptoms were possibly a stroke or TIA, though that was less obvious at the time, and so I should have called 999. Thankfully it was neither of those things, but I didn't want to call 999 unnecessarily and so went to 111." (Online survey)

Other people said they had called NHS 111 first when initial (milder) symptoms had appeared but had then needed to contact an emergency service when they became more serious:

"I contacted 111 first and later needed to contact the ambulance service on 999 as my partner's condition had deteriorated." (Online survey)

We also saw examples where people had contacted an emergency service even though they perceived the symptoms not to be life-threatening.

Examples included:

- A member of the public called an ambulance for someone who had fallen and broken their wrist. They were told that no ambulance was available, so a passerby drove them to A&E.
- A person with severe gallbladder pain went to A&E for pain relief knowing that it would be open.
- A mother whose child had a sprained ankle chose to go to A&E because it was nearer than the Minor Injuries Unit.

One person who, although reluctant to use emergency care, did so on the instructions of their GP:

"My cellulitis was diagnosed by a GP who advised me should it occur again to ring 999. I felt rather reluctant to call 999 but as my doctor advised it did so. It was not an emergency as such but had the potential of becoming one. 999 did not know exactly what I should do and a doctor called me, and after asking a few questions advised me

to go to A&E. It would have been better if I could have attended somewhere other than A&E.” (Online survey).

Most people gave more than one reason for their decision. While some people might choose emergency care for practical reasons, others may feel they have no alternative. We found that many people were unaware of the existence of the full range of urgent care facilities or the services provided. With better and more accessible, tailored information, it is possible that some might have opted for an urgent care service instead of emergency care.

Wider understanding of NHS Urgent Care pathways

We also heard some comments during our outreach indicating different perceptions as to pathways within health and emergency care services, as well as barriers to access. Some people we spoke to with experience of using health services in other countries, had different expectations of how the NHS worked. This perspective has also been highlighted by Oxford Community Champions, along with the need to remove barriers to access with provision of more consistent provision of interpreting and translation, clearer information, and addressing concerns for migrants on potential charging for care.

“I try to avoid the GP as much as I can [...] the NHS is not such as good system, look to the model in the Middle East, you can go to hospital and be seen in an hour, here, they need to make the whole system easier to use” (conversation at community event)

“For me the GP is good but it’s hard to get an appointment. I need to show them my problem (rather than talking on the phone). Sometimes they send me to another doctor who is not a woman. Or they said they only have urgent appointments so I wait for two weeks until it’s an emergency. It’s hard to know if something is urgent or not. I can’t wait two weeks – I need help now! They tell me to wait until the doctor calls me, then the doctor forgets to call me. But you can go to the JR any time.” (conversation at Refugee Resource)

Some people in the outreach survey whose first language is not English also said they found it difficult to understand and navigate the health care system, and felt they had less access to care:

"I cannot read or write English about access to the health service which is local to me." (Outreach survey)

"The NHS is failing people to access care especially when you cannot speak or read and write English." (Outreach survey)

One comment from someone who didn't use health services, told us that they might use A&E in place of GPs:

"I don't go to Doctors, I keep myself to myself...the only time I go to hospital is to have kids ... but if I was really ill, I would probably go to the A&E at JR" (conversation at community event)

What happened at people's first contact with the health care service?

To understand more about people's experiences of navigating through the urgent and emergency care system, we asked what happened at their first contact with the service. **Figure 7** below summarises the responses from the online survey.

Figure 7. What happened when you used this service (168 responses)?

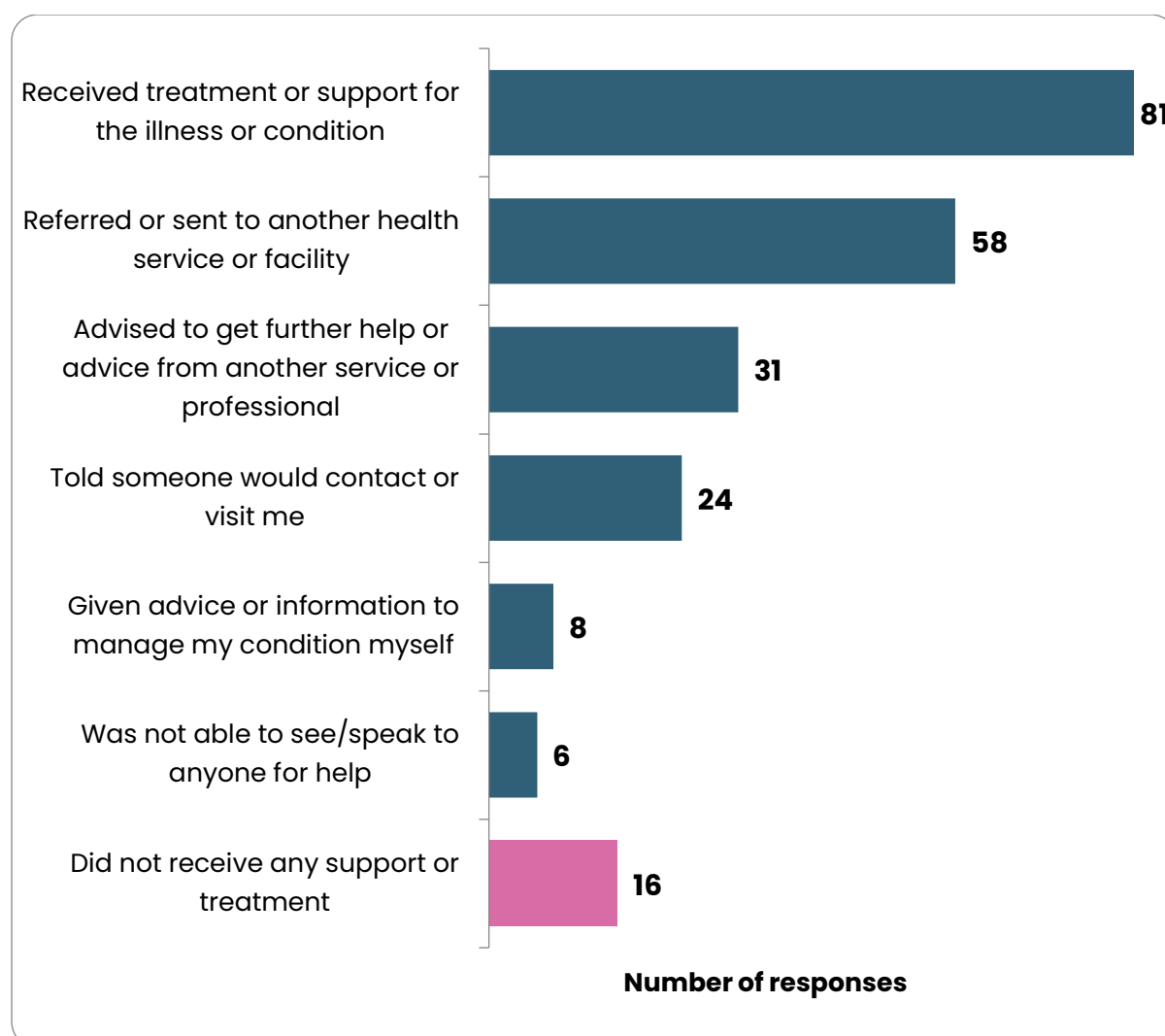
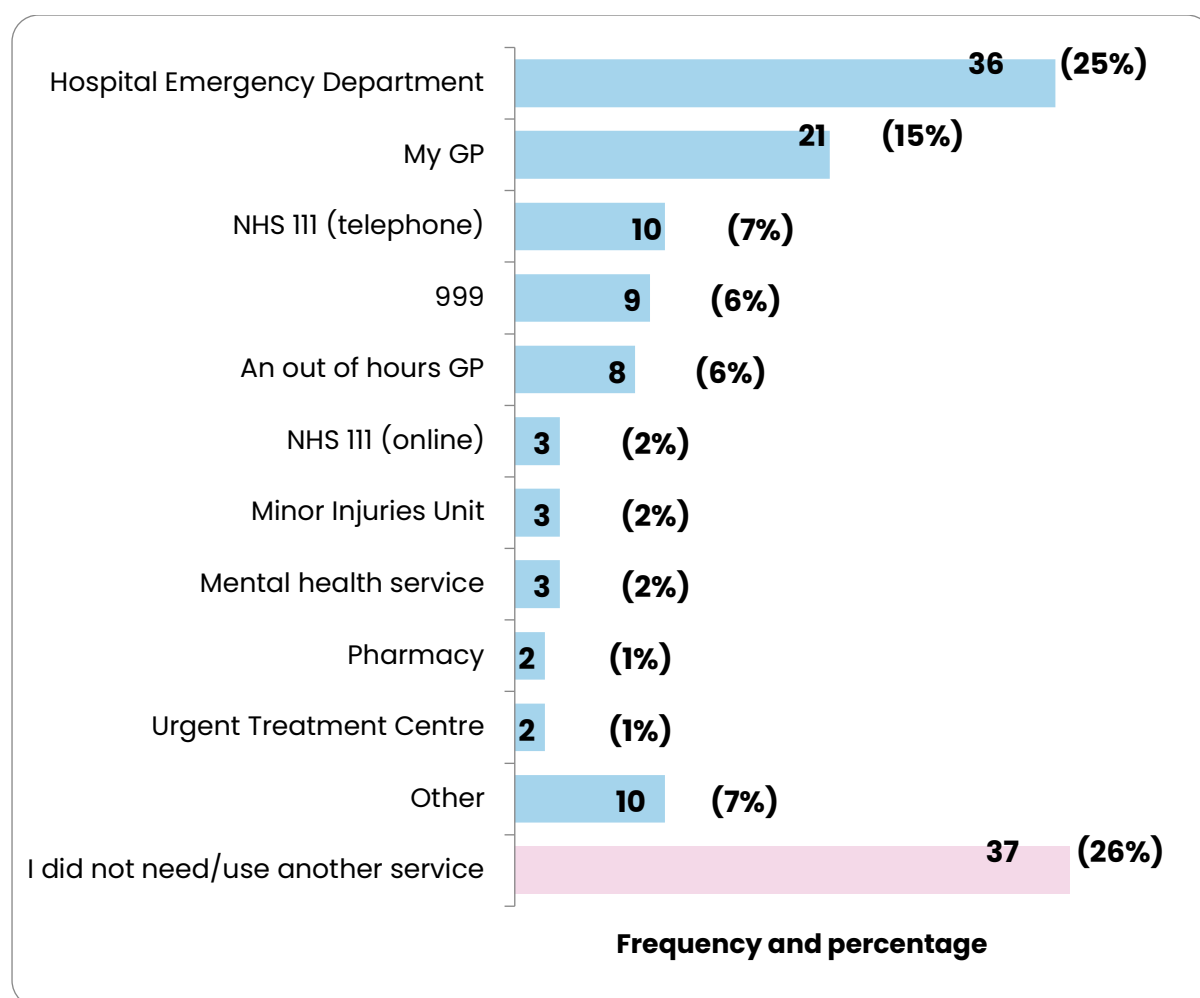


Figure 7 shows that most people received treatment or support from their first contact service (81 responses). This was also reflected in the outreach survey. Note that ‘support’ sometimes meant that NHS 111 had called an ambulance or made an appointment with another service. A further 58 people were referred or sent to another health service and 31 were advised to seek further help or advice. Some people commented that while they had initially contacted their GP practice with mild symptoms, the delay in getting an appointment meant that their symptoms had become more severe and needed more urgent or emergency care.

The online survey asked those people who were referred or had used another service what they did next (see **Figure 8** below).

Figure 8. What further help or treatment did you seek (144 responses)?



The bar at the bottom of **Figure 8** shows that 37 people (26%) did not need or use another health service, suggesting that they received adequate help or treatment from the first care service. Of those who did seek further help, 36 people (25%) went to a hospital emergency department (A&E) and 6% called 999. Many of these were referred or sent by the NHS 111 advisor, suggesting that their health condition was more serious than they thought or that they had wanted to avoid using an emergency service. The next commonest provider was a GP (15%), who were mostly contacted for follow-up or further advice.

We heard many examples where people had received a prompt response from the first service they had contacted. We heard positive feedback from people who had experienced a good response from NHS 111 such as getting through to an advisor straight away, being asked “clear and precise questions”, receiving helpful advice, and the rapid arrival of paramedics. One person said:

"It was incredible. Paramedics arrived in less than 4 minutes (the station is based very close to where I live). In fact, they arrived before I'd rung off from 111. They advised that we should go to A&E, but took the decision that he was recovering sufficiently to not go."
(Online survey)

Another person who called NHS 111 about their daughter's serious burn and was sent to A&E commented:

"Really easy and helpful, they were quick to help my daughter."
(Online survey)

A few others reported experiencing an efficient pathway through multiple services. For example, one person commented:

"Acute diverticulitis, rang 111, saw GP, sent to JR for scan...It worked perfectly and I was seen promptly." (Online survey)

Some people left similarly positive feedback about responses from their GP practice, which had helped them resolve an urgent health problem. One person who contacted their GP for end-of-life support for an elderly parent said:

"Excellent. GP rang me within 20 minutes and was at the house within 90 minutes of my initial call...GP activated Hospice at Home care...Cannot fault the care and support received from both GP and Hospice at Home team." (Online survey)

Examples like these, where people had positive experiences of navigating the care system contrasted with others where health system issues, such as ambulance response, had delayed access to urgent care. One person who called 999 said:

"We were told an ambulance was coming, but it never did...If it had been a stroke, all possibility of quick treatment would have been missed as the ambulance was going to be 45 minutes but had not come in 1.5 hours. In the end I managed to get the person to hospital in a car..." (Online survey)

Other people commented that they had been given unhelpful or inaccurate advice about where to go, from NHS 111:

"I called NHS 111 as I had a stoma blockage for 2 days. I called at 3.15pm, they got back to me at 10.15pm. Advised to call the GP the next day – wrong advice, it's not something a GP can deal with. The GP the next day advised calling the stoma nurse. This poor advice resulted in my kidneys suffering badly and have now been told to never leave it more than 12 hours...Thankfully the hospital treatment was amazing." (Online survey)

"I called 111. They told us to go to A&E and then to out of hours [GP]. They should have told us to go to out of hours in the first place." (Outreach survey)

We also heard that some NHS 111 advisors may have lacked precise, comprehensive, or up-to-date information about the services provided at some urgent care facilities. For example, one person called NHS 111 after a fall as *"I felt I would get good advice on what other service I might need"*:

"NHS 111 took a lot of info but then seemed unaware of the services offered at the most local hospital minor injuries units (X-ray). They suggested going to the JR but I wasn't sure it was worth a long journey and long wait – so I asked about local X-ray service. They didn't seem to know much about it (husband found info elsewhere), but...they actually got me an appointment for that morning at the local minor injuries unit, which had an X-ray unit. When I arrived they saw me but wouldn't X-ray because they 'only did extremities'!" (Online survey)

"I know that 111 is a great service but sometimes they refer to the wrong place – sometimes I know this is due to the patients – which can mean we end up getting called out to people we shouldn't." (Outreach survey with health professional)

More information about this example can be found in **Story 3** in **Appendix 2** below. Our research team also heard from health professionals that NHS 111 sometimes inappropriately referred patients to Minor Injuries Units.

Some of the delays that patients experienced when navigating care were likely the result of excessive demand on the health care system and the need to prioritise more seriously ill patients. However, as suggested in **Section 4.3** above, people's experiences navigating care influence their perceptions of access and choice of service, which they are likely to use in future care navigation decisions.

The complexity of the urgent care system made it challenging for some people to effectively navigate services. This may be especially so when patients and carers are stressed and have to make decisions under pressure. Confusion about the availability and range of services and the differences between them meant they were unsure how to identify the most appropriate provider for their care needs:

"[There are] Far too many options to decide in an urgent situation where to head for, thus wasting time when probably not processing information particularly well due to the stress of the situation, illness/fear." (Online survey)

"There are far too many options currently. It is difficult to navigate where to go first. For example, recently I had a severe issue with one of my eyes. Formerly we would ring our GP and get advice there, now, where do we go? GP, pharmacy, optician or minor injuries - although this wasn't an injury. So valuable time is wasted, stress caused in trying to find the correct route to get urgent help." (Online survey)

A possible consequence was that patients might bypass a suitable care service provider and go directly to an emergency service.

We heard that more vulnerable people often found the care system difficult to navigate and less accessible. These included the elderly or those with limited independence or mobility:

"Advised by NHS 111 to find my own way to A&E as waiting time for an ambulance could be 8 hours. I live alone, am 74, no transport and felt quite unwell. I had to wait for a family member to travel from another county to take me as I was too unwell to get a taxi. I was admitted from A&E to a ward and stayed for 10 days. I felt that

if I had been unable to get someone to take me, I could have died at home alone.” (Online survey)

“I was able to help my mother to access the care and help she needed. For the elderly, getting help when they are ill is very difficult if they do not have any family.” (Outreach survey)

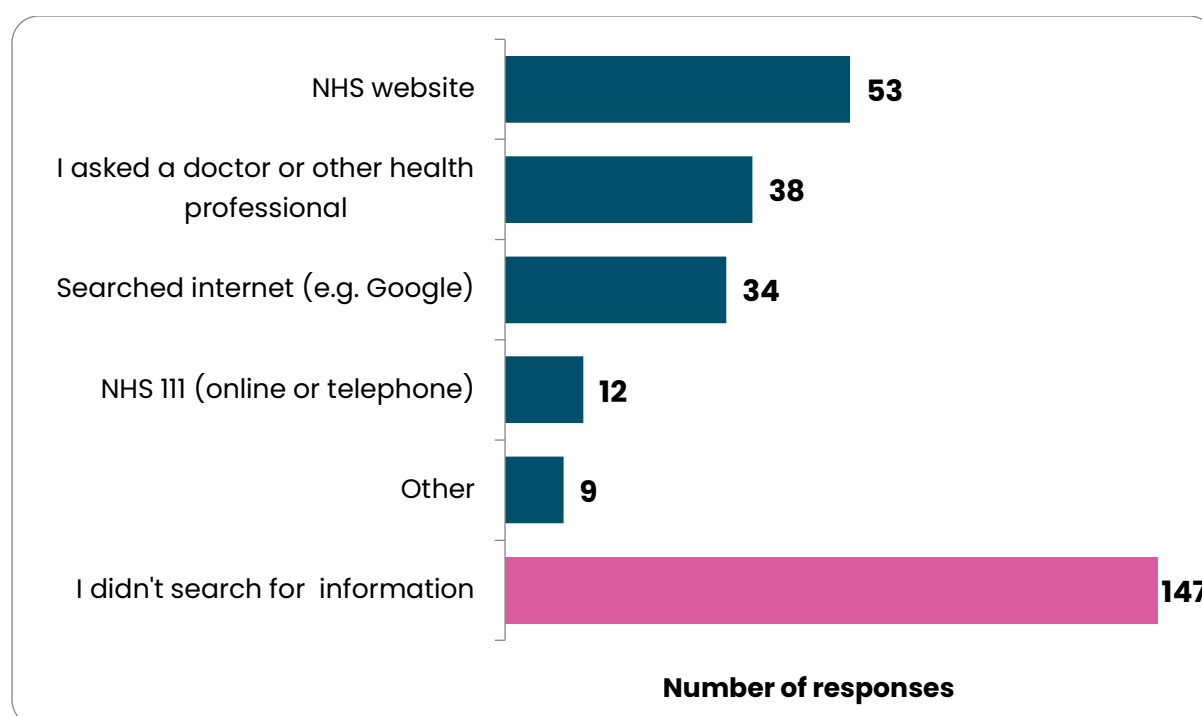
People with complex physical or mental health needs could also experience difficulties navigating the system if health care services are overburdened or not well integrated. Deciding whether mental health problems were urgent or an emergency might be problematic but when people felt they did not get adequate support, they could escalate into a crisis.

“Services play ping pong with mental health patients. You wait a few hours for a call from Safe Haven, who advise that you call 111. It takes 4 hours for 111 option 2 to call you back to speak to a mental health practitioner, who signposts you to the crisis team. Crisis team end up calling an ambulance as they’re too busy to sit on the phone and talk with you for 30 minutes. Ambulance takes you to A&E, you sit for 8 hours trying to speak to EDPS, who say they’re not sure why you’re there and recommend going home to call Safe Haven. By that point it’s been 24 hours of reaching out for help, and you’re understandably more distressed than when you started...” (Online survey)

Where did people seek information and how did they rate it?

Information about symptoms and available health services can help people make informed decision about where to seek help. **Figure 9** below shows the sources of information people in both surveys said they accessed for help or advice with an urgent or emergency care need.

Figure 9. Where did you search for information for help or advice (209 responses)?



Note: survey participants could select more than one option for this question.

As the figure shows, 147 people said they had “not searched for information” before seeking care. Most of them said that they had already known what to do, either because of the seriousness of symptoms, because they had experienced a similar situation before, or that they knew which service they needed to contact. Example comments included:

“I knew the situation was life threatening so called 999 immediately.” (Online survey)

“Having [had] a few breaks in the past, I knew who to contact.” (Online survey)

“Already knew 111 could help.” (Online survey)

Of the people who did search for information, most used only one source. The commonest sources were NHS webpages (53 responses), speaking to a GP or other health professional (38 responses), or other internet sites (34 responses). Twelve people said they contacted NHS 111 (telephone or online) for information.

We heard that some people searched for help online when they could not get through to their GP practice. Also, people who were unsure about their

condition or how serious it was often sought information about symptoms and which service they should contact for help:

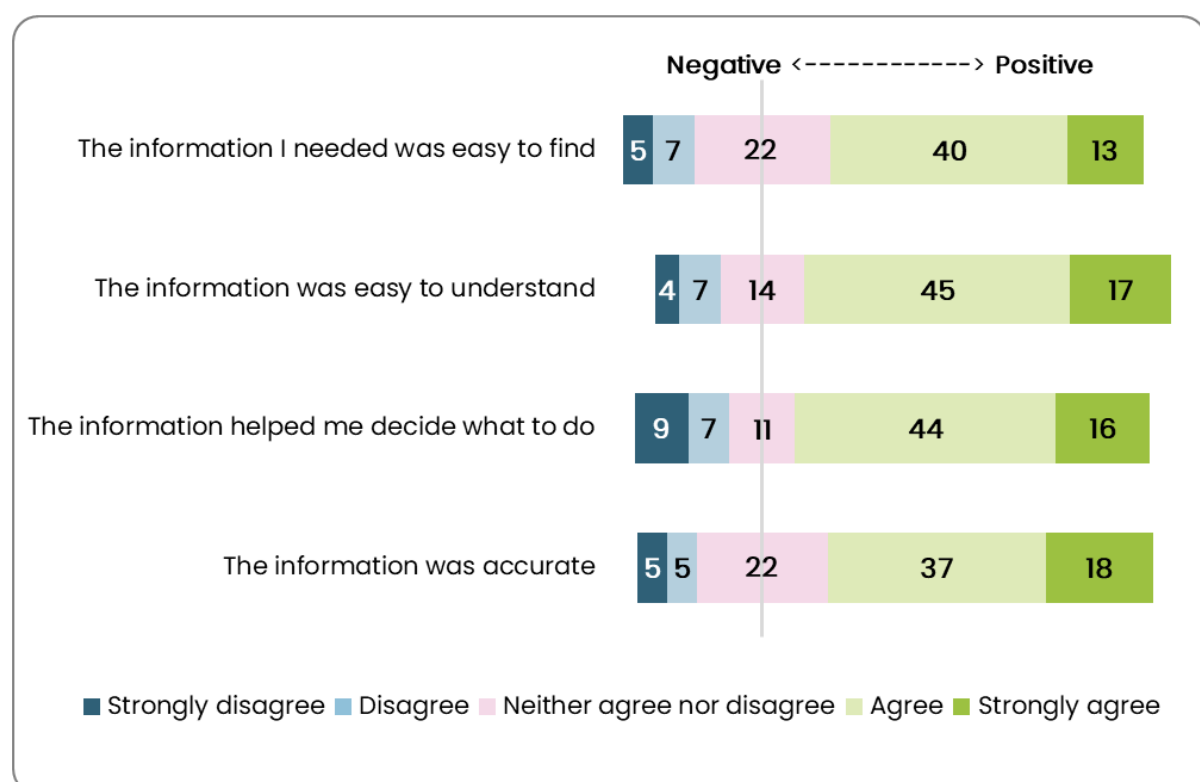
"Symptoms weren't definitive so I used the 111 website." (Online survey)

"I Googled a symptom and it told me I should see the GP asap...I had no idea I had something so serious wrong with me." (Online survey)

"[I searched information] To understand whether it was more appropriate to call 999 or 111." (Online survey)

The examples above show that people usually turned to internet sources to understand more about their symptoms and how serious their condition might be, and used this information to help them decide what they should do next. However, those without digital access, would not have access to this information, and may face greater challenges. A follow-up question in the online survey asked people to rate four statements about the information they searched for: how easy it was to find; how easy it was to understand; whether it helped them decide what to do next, and, how accurate it was. **Figure 10** below summarises the results.

Figure 10. How would you rate the quality of information (87 responses)?



In the figure above, the grey vertical line divides the negative opinions (towards the left) and the positive opinions (towards the right). It shows that most people who searched for information rated it positively for all four statements of quality. The outreach survey and additional comments also suggested that people found it generally easy to find and understand information and used it to decide which service to contact for help. However, some said they found it difficult to find clear information about services and the most appropriate one for specific conditions:

"More information could be given on which service to contact, when, and what procedures each service is likely to go through with you. Some information is given on the back of surgery booklets but not enough, only contact phone numbers. Possibly information on best times to ring services and what to expect during busy periods."
(Online survey)

"After an eye abrasion, I needed my eye checked but it wasn't easy to find who to see. Eventually I found out from a local pharmacy that an eye injury service is available in Witney as part of NHS."
(Online survey)

One person experiencing challenging living conditions who sought help for complex social and mental health difficulties also said:

"I researched to find as much information as possible about what would happen so I could plan and make it accessible to myself...My experience of getting information on health services and what to do, such as on the NHS website, is that I find it confusing due to a lack of clarity in communication." (Online survey)

We also asked people whether they were able to access information in certain formats (e.g. large print) or languages. Twenty responded, of whom only ten said that it was available in a format they needed. Few people gave further feedback, although one person commented:

"Easy read info never available or suitable step by step autistic information in video format." (Online survey)

Rapid review of website information on urgent and emergency care in Oxfordshire.

To understand the consistency and accessibility of information available to patients, we carried out a search of information on NHS webpages for urgent and emergency care in Oxfordshire.⁵ Generally, these provided a wide range of patient information and advice. The Oxford Health website, 'Out of Hours Services in Oxfordshire' (http://www.oxfordhealth.nhs.uk/service_description/out-of-hours-services-oxfordshire/) gives a simple but comprehensive list of clickable links to essential services. It was easy to navigate and find information about different emergency conditions and who to contact for help. However, Oxford Health leaflet <https://www.oxfordhealth.nhs.uk/wp-content/uploads/2011/03/OH-036.20a-MIUs-and-FAUs.pdf> isn't clear in its differentiation between the two services.

However, a 'Google' search for 'emergency help in Oxfordshire' produced an Oxford Health webpage that appears to provide contact information for general health emergencies but is actually aimed at people seeking mental health support (www.oxfordhealth.nhs.uk/support-advice/what-to-do-in-an-emergency/).

Some NHS UK websites on urgent care services in Oxfordshire contained some useful information (e.g. www.nhs.uk/services/clinic/oxfordshire-urgent-care-service/RNUGX/departments-and-services). An Oxford University Hospitals Trust website titled, 'IS IT AN EMERGENCY?' (<https://www.ouh.nhs.uk/patient-guide/emergency/>) includes links to websites for urgent and emergency care services, a list of five symptoms needing emergency health care need, advice on how to deal with a suspected stroke, and alternatives to A&E. The website provides access to a 'Listen and translate' feature, which worked on a Microsoft Edge or Chrome browser but did not seem to work on Firefox. A linked 'patient information guide' (<https://www.ouh.nhs.uk/patient-guide/>) contained information for people with additional needs. None of the other webpages we reviewed appeared to be available in other languages.

⁵ Note that this was a limited review of online sources and does not take into account other locally-available sources of information local such as printed leaflets, posters in GP practices etc.

Some information on specific services seemed confusing. For example, while the Oxford Health 'Out of 'Hours' website has contact numbers for the for the Oxfordshire and Buckinghamshire Mental Health Helpline, the contact details for Oxfordshire patients in the 'In an emergency' website are much less clear.

We found an NHS UK website with the title 'Oxfordshire Urgent Care Service with an address in Cowley (<https://www.nhs.uk/services/clinic/oxfordshire-urgent-care-service/RNUGX>). However, we were unable to find more information about this service. Another NHS UK website says that Townlands Memorial Hospital has an Urgent Care Centre <https://www.nhs.uk/services/hospital/townlands-memorial-hospital-oxford-health-nhs-foundation-trust/RNUFF/departments/SRV0178/urgent-care-centre>). However, the Oxford Health webpage says it is a Minor Injuries Unit, and leaflets provided by Oxford Health on MIU and FAUs do not clearly differentiate between the support offered by the two services: <https://www.oxfordhealth.nhs.uk/wp-content/uploads/2011/03/OH-036.20a-MIUs-and-FAUs.pdf>

We also noted the opening hours of the Townlands facility are slightly different to Abingdon and Witney MIUs, and the X-ray opening hours were different across all three. Also, contact details and opening hours are given for the Bicester First Aid Unit but not for Chipping Norton (see https://www.oxfordhealth.nhs.uk/service_description/minor-injuries-units/).

What would make it easier to navigate urgent and emergency care?

People suggested ways to improve the navigation of urgent and emergency care. They focused on better access to primary care, shorter waiting times for ambulances and at A&E, and wider dissemination of information and communication about the full range of services:

"Further work needed to advertise the roles of the various urgent/emergency services so it is further understood by the general public." (Online survey)

"NHS need to let people know of the changes they are making to urgent and emergency care - some people just do not know where to go." (Outreach survey)

"More information could be given on which service to contact when and what procedures each service is likely to go through with you. Some information is given on back of surgery booklet but not enough, only contact phone numbers. Possibly information on best times to ring services and what to expect during busy periods."
(Online survey)

Some people said there needed to be more information about specific health providers and the services they offer:

"I also think it could be better advertised or clearer what urgent treatment centres can do." (Online survey)

"Promoting Pharmacy First so people know what they do. Having posters in mosques and community groups." (Outreach survey)

Another suggestion was the need for more illness and injury prevention and support for patients in the community or their home, helping them avoid the need for hospital care:

"We need more resources for people to get care and treatment outside of hospital to be discharged into correct living situations with help and support available. More social care available for people." (Online survey)

5 Conclusions

This survey looked at people's experiences of navigating urgent and emergency care services in Oxfordshire. We heard from 322 people, including 302 through two surveys and five interviews. The findings highlighted both positive experiences and barriers to effective care navigation.

The urgent and emergency care system is complex, with multiple providers and facilities providing a range of services that differ from service to service. Most people know about the most commonly used services (A&E, 999, NHS 111, GP practices and pharmacies) and how to access them for advice and care. However, there is a gap in knowledge and awareness of

other urgent care services available and some misperception about when to use them. This makes it more difficult for some people to access the right care at the right time.

While information is available online, it can be confusing and is not as available to people who do not access the internet, or need information in different formats. Some patients found the care system complicated, with several possible options, making it difficult to decide where to go in certain situations. This lack of clarity often results in wasted time and added stress for patients and carers, particularly when they are in pain or experiencing severe symptoms. There is a need for more publicly available information, communication and clear guidance on how to identify urgent and emergency care needs and the best place to go for help. Patients need clearer guidance on what each service offers and when to use them. Signposting across services could be improved to direct patients to the correct service.

6 Recommendations

We propose a series of recommendations based on what we have heard. They focus on improving communication and messaging around urgent and emergency care services and helping patients access the most appropriate type of care.

Recommendations– for system partners to work together to:

1) Use learning to improve service design and delivery:

- Consider the findings in this report to better understand public perceptions of urgent and emergency care and use this to identify how to better support patients to navigate multiple services in Oxfordshire.
- Use insights to inform improvement of urgent care pathways, supporting delivery of targets set by commissioners for annual delivery, future service commissioning and design, and to support development towards Neighbourhood Health within Oxfordshire, delivering seamless care closer to home.

- Reduce the need for some patients to directly seek help at urgent or emergency care services by continuing to improve access to primary care and mental health services.

2) Improve consistency of communication and information for patients on navigation and use of urgent care pathways:

- All professionals signposting and referring patients (e.g. NHS 111, GPs, others) must ensure they have accurate and up-to-date information about emergency pathways in order to give the best advice to the patient
- Both system and individual providers should coordinate to review all public facing information across urgent care pathways and services. Ensure both web and paper-based information is accurate, accessible, and consistent across all system partners to support patients to make choices to navigate correctly.
- Patients are unsure about the definitions and terms used – ‘urgent’ and ‘emergency’ – Information given must clearly help patients make informed choices including for what and when they should access different levels of care and offers across UEC providers.

3) Work with communities and others to empower patients to make the right decisions at the right time.

- Engage directly with community and voluntary organisations, Community Champions, community health workers, faith groups, Patient Participation Groups (PPGs), social prescribers and others to support better understanding and spread information of urgent care offer, as well as greater understanding of the barriers faced
- Work through these groups to develop accessible, tailored and culturally appropriate messaging to help reach seldom heard and diverse and multi-ethnic communities, and those facing inequalities in health.

4) Ensure that messaging on urgent and emergency care pathways is accessible and meets the needs of all communities:

- Develop comprehensive information about all the urgent care services in Oxfordshire, including opening hours, treatment options, X ray machine on site etc....
- Simplifying the system for service users by renaming MIU/FAU's/UCTC's to a generic name with a list of services available at each site, with hours of operation etc.
- Develop and distribute informative content in a variety of formats (e.g. online videos, interactive maps, languages, infographics, posters, and leaflets).
- Continue to use social media platforms to post clear and concise messages about accessing urgent and emergency care services.
- Provide information for people who are not digitally enabled e.g. posters and leaflets to GP practices, pharmacies, public spaces such as libraries and community centres.
- Ensure all materials (digital and printed) are accessible to people with additional communication needs and in multiple locally-relevant languages.

Appendix 1. Urgent and emergency care services in Oxfordshire

Emergency Departments (A&E)

www.oxfordhealth.nhs.uk/service_description/out-of-hours-services-oxfordshire/

- John Radcliffe Hospital
- Horton General Hospital

Hospital emergency departments (A&E) are open 24 hours a day, every day of the year. **They should only be used for serious injuries and life-threatening emergencies.**

(Some in the South of the county may also access Royal Berks Hospital <https://www.royalberkshire.nhs.uk/services-and-departments/emergency-department>)

Oxford Eye Hospital

www.ouh.nhs.uk/eye-hospital/

The Oxford Eye Hospital is based at the John Radcliffe Hospital, with a centre at the Horton General Hospital and outpatient clinics. **This is not a walk-in emergency service – access is through their specialised telephone triage number (01865 234567 option 1 followed by option 1) during normal hours or via NHS 111 or an out-of-hours GP practice at other times.**

Minor Injuries Units (MIUs) and First Aid Units (FIUs)

www.oxfordhealth.nhs.uk/service_description/minor-injuries-units/

Minor Injuries Units (MIUs)

- Abingdon Community Hospital
- Townlands Hospital, Henley-on-Thames
- Witney Community Hospital

First Aid Units (FAUs)

- Bicester Community Hospital
- Chipping Norton Health Centre

Minor Injuries Units can treat non-serious injuries such as sprains and strains, suspected broken bones, infected wounds, and minor burns and scalds. They cannot treat serious conditions such as chest pain, breathing difficulties, and major injuries. While MIUs have X-ray facilities, FAUs do not. The units are run by specialist emergency practitioners but neither have a resident doctor.

Although patients can attend MIUs during opening hours without an appointment, those attending a FAU should call NHS 111 or one of the units for an appointment.

A downloadable brochure with more information and contact details can be found here: www.oxfordhealth.nhs.uk/wp-content/uploads/2011/03/OH-036.20a-MIUs-and-FAUs.pdf

Emergency Multidisciplinary Units (EMUs)

www.oxfordhealth.nhs.uk/service_description/emergency-multidisciplinary-unit/

Access to EMUs is only possible following a referral from a GP or other healthcare professional. Services include medical, nursing, and therapist assessments and treatments for some acute care needs (not suspected heart attacks, strokes, head injuries or those who may require surgical).

The medical teams include elderly care doctors and general practitioners. There are also registered nurses, paramedics, health care assistants, physiotherapists, occupational therapists and social workers.

There are two EMUs in Oxfordshire, at:

- Abingdon Community Hospital
- Witney Community Hospital

The units are open seven days a week from 8am till 8pm Monday to Friday and 10am to 4pm Saturday and Sunday.

Urgent Care Centres (UCCs)

There are 2 UCCs in Oxfordshire at present, linked to the hospital sites:

- Horton General Hospital, Banbury
- John Radcliffe, OUH, Oxford

They were set up to provide support to the A&E department at the Horton, as well as local GP practices and ILL. **These services are not available for patients to access directly.**

Note: These UCCs are different to the nationally defined Urgent Treatment Centres (UTCs) that often comprise walk-in centres, out-of-hours GP services and minor injury/illness services that patients can directly access.

Rapid Assessment Care Unit (RACU)

- Townlands Hospital

Patients need a referral from a healthcare professional.

Mental Health services www.oxfordhealth.nhs.uk/service_description/out-of-hours-services-oxfordshire/

- Oxfordshire and Buckinghamshire Mental Health Helpline

People can telephone the Oxfordshire and Buckinghamshire Mental Health Helpline for help with a mental health problem. **These numbers replace ILL for mental health advice in Oxfordshire and Buckinghamshire:**

- For adults and older adults call 01865 904 997
- For children and young people call 01865 904 998
- Oxford Safe Haven

Oxfordshire Safe Haven is a non-clinical service open every day offering listening support for people who are experiencing mental health crisis. The referral line is open 365 days a year from 11.30am to 9.30pm. People must call first to book an appointment for the same day.

BOB ICB website also provides some information about urgent care provided by Hospital at Home services: <https://staywell-bob.nhs.uk/hospital-at-home/>

Appendix 2. Case stories

The following anonymised case 'stories' are summaries of interviews with survey participants who agreed to tell us more about their experiences of navigating urgent and emergency care services in Oxfordshire.

Case 1.

I called 111 as I had taken an overdose and although I'd been sick, I wasn't sure if I still needed to have some treatment. I didn't contact my GP because the amount of time you spend waiting on the phone just to get through to ask to go on to the list is normally about 20 minutes and then you have to wait for the doctors to call you back and I didn't know how long I would wait. So, I thought the best thing I could do is to ring 111.

I spoke to 111, and they said I'd still need to go to A&E. I live on my own and have no transport, they arranged an ambulance to come and take me. I waited 4 1/2 hours for the ambulance, and they took me to the A&E department.

They put me on a drip to reverse the effects of the drugs I'd taken but there were no cubicles, so they treated me on a trolley in the middle of A&E and I was there overnight.

I spoke to the psychiatric liaison nurse, and she arranged for me to have an appointment at the hub the next day in Oxford and to meet the crisis team there.

The nurses and doctors were brilliant, but A&E just isn't big enough and then once I was discharged I got a taxi home.

Case 2.

I have a stoma bag, and it had blocked on the Saturday morning, I was hoping it would clear itself and did everything I could to help it to clear.

It hadn't cleared by Sunday afternoon and I called 111, I had used them before for my husband and they got everything sorted for him. It was 3pm on the Sunday when I called them, and I explained that my stoma

bag had been blocked since Saturday morning. They said someone would call me back.

On Sunday evening at 10.30pm someone from 111 called me and said I could either wait until Monday morning and call my GP surgery or I could go to A&E at the JR. I stupidly decided to wait and call my GP on the Monday morning.

On the Monday morning, I called my GP, and they told me to call my stoma nurse, which I did. I was told to go straight away to the Emergency Unit.

When I got to the unit, they sorted out my stoma and told me off, the consultant said I shouldn't have waited more than 12 hours before seeking help. They told me in future to ring them if it happens again.

I have my stoma nurse, but they only work Mon – Fri and I don't really have a way of getting help apart from going to A&E.

If it happens again I'll call the emergency unit, I am cross with myself as I knew I needed to get help sooner but was hoping it would clear.

Case 3.

I had tripped and fallen over in a field. It really hurt, but after a couple of minutes, you know, after I got over the shock, I was able to get up, walk around and so on. Obviously, I had a bit of discomfort, and I thought, "I wonder if I've bruised some ribs or something," but I didn't feel I needed any medical attention. And then about 3 or 4 days later, I was doing some very gentle cleaning with my right arm, and I suddenly felt something move from the side into the middle and I thought, "Ooh, that doesn't feel right, it feels like there's something loose that shouldn't be."

So it was at that point that I rang 111 and I gave the lady I spoke to all this background. I called 111 because I wasn't really quite sure what was going on. It didn't seem like a life-threatening thing, so I wasn't going to ring 999. I thought by the time I get a doctor's appointment they're probably just going to send me for an X-ray anyway, so I thought the best thing is to call 111. Knowing or suspecting strongly as I did, that Abingdon had an X-ray unit, I thought, well, I'll ring 111, see what she thinks. If she also agrees it's not *urgent*, she can maybe give me an opinion about what to do next. I thought that even at the trauma unit rather than general A&E,

something like I had was probably not going to be life threatening. You're probably going to wait for hours and hours just to get an X-ray to probably be told to go home and take painkillers. So why not just go to the local hospital since they seem to have X-ray and if the triage suggests that you need to go to the major hospital, fine, you accept that. But if you don't, you can just get the advice from them and go home.

While I was on the phone to 111, they were obviously going down their tree of decision or whatever. And they said, "Oh, well, I think you probably ought to go and get X-rayed." I can't remember if she said at the John Radcliffe specifically, but that was the implication. I said to her, "Oh, that's odd because I am pretty sure there's an X-ray department at the [name removed] Community Hospital, which is only about 8 miles away." And she said, "Oh, I can't see anything," and she was obviously trying to find it. Meanwhile, my husband was 'Googling' in the background and he said, "Yeah, they do have an X-ray. They've got a minor injuries department with an X ray." And she said, "Oh, I don't have that information here," which I thought was a bit odd. I said "OK, well, look, I think I'll just go to [name removed] because that's nearer and if by any chance they say, "Well, you really need to go to the JR for this", then fine, I'll go to the JR. But I don't want to go there unnecessarily." So what the 111 lady did say was, well, if you want to go to [name removed] Minor Injuries, I can make an appointment for you.

She made an appointment and I think it was the next day. I don't think it was the same day, but it was quite soon. So we turned up at the minor injuries unit and obviously it was very busy. I had to wait a little while after my appointment time, but I eventually got called in by a specialist nurse. I had spoken at some length to 111 about why I was calling, and when I finally got in to see the nurse at [name removed], she then started to take all this history all over again and I said, "Didn't 111 tell you all this?" And she said, "Oh yes, they've given us some information, but I want to hear it from you." So I told her again and I said, I do wonder whether one of my ribs has broken now or shifted or something, so I thought maybe I could get an X-ray if you think that's needed. She immediately said, "Oh we don't X-ray ribs here." I said, "What do you mean? You said you have got an X-ray Department? Because the 111 lady didn't seem to know that you had." She said, "Oh, yes, we do. But we only X-ray extremities; we don't X-ray ribs."

I was a bit cross for two reasons. The Ill person didn't seem to know that [name removed] even had an X-ray department. Now, it may be that it didn't come up in her decision tree because there was a possibility of broken ribs and so it didn't mention X-rays at [name removed] because the system knew that they didn't do them for ribs. But it appeared to me as a patient that she didn't know that they had an X-ray Department. She certainly didn't have the information to give me which was, if this is a broken rib, they won't X-ray torsos, you will have to, I'm afraid, go up to the JR, which is a complete pain, but there's no point going to [name removed], they won't do an X ray. So if I'd have that information, OK, I didn't have a choice, but at least I would have known why there was no point in going to [name removed].

In the event the nurse gave me a very thorough going over and obviously pressed the rib with her hand and she said to be honest, I think if you had really broken your ribs, you'd be yelling. It was very uncomfortable and I couldn't lie on my right side. But she said I think if you had really broken them, you'd be leaping off the bed, it'd be so painful. She showed me the skeleton and explained what might have happened – "The joining of the rib bones to the cartilage may have snapped. So you may have one or two ribs kind of floating. But that's not really going to do any harm. You just need to take painkillers and rest up. Obviously, contact your doctor if anything gets worse."

Had I been in a lot more pain, had she thought that my ribs were broken, I think she would have said, I think you need to go to the JR. I was happy to take her clinical judgement on that one, and it did in the end save me a journey up to the JR, but it was just slightly annoying that I spent all that time on Ill and she hadn't been able to give me accurate information. As it happened, it turned out OK because I went to [name removed] and I didn't need to go to the JR. But had I actually broken something or the nurse at Abingdon had thought I'd broken something, I would have had to go to [name removed] and go to the JR. So in the end it worked out alright, but it might not have done.

Case 4.

In November, I turned around, slipped and lost my balance and fell down eight concrete stairs outside my house and ended up on the pavement.

Luckily, a nurse and her daughter were walking by at the time they came and saw to me, and as a result of that I had a fairly nasty abrasion on my lower leg and foot. And I'm in walking distance of the [name removed] medical centre. I walked up there, and they informed me that they were doing COVID vaccinations and had no bandwidth to do anything else, so suggested I go to the Minor Injuries Unit which I did despite being in pain with this foot driving, which is not what you want to do, and I live by myself, I have no other option other than myself.

Somebody had said to me that the [name removed] MIU gets very busy and said that the [name removed] one is much less busy. I would have preferred if the doctor said look, we can't support you today, you've got a choice of [name removed] or [name removed] and you can call up and make an appointment. No one mentioned that. I went to [name removed] and I sat there and I was still not being very happy in a hospital environment, post-Covid. I'm very fortunate in that I do not believe I've ever had it. And I want to keep it that way. I didn't really like sitting in a Minor Injuries Unit waiting area and no one mentioned, "did you know you can make an appointment?" or "make an appointment before you go." But I did see a very efficient nurse who put a dressing on it and said, "You need to get this changed in three days, and you have to do that at your doctor. We do not replace dressings."

I thought OK, so went back to the doctor and said I'd like to make appoint for three days' time. Of course, they said no, we don't have anybody on. Because, sadly, [name removed] Medical Centre no longer has people on regular days. If you don't hit them on a day that they have a nurse or somebody, you're out of luck. So I thought, well, what do I do? At some point I was on the Internet and I saw that you should be able to make an appointment.

I called back to the triage or whatever it's called, and I got an ex-A&E nurse who was answering those calls. I don't think it was 111, it was just a number I got off of searching the Internet. We talked for a moment, and she said, "Well, yes, you can make an appointment." But I explained to her that I couldn't get an appointment with my local surgery. They just wouldn't even give me an alternative. I tried other things. I tried going to [name removed] to see if they would see me. They said "No, you're not a patient of ours." And to me I really question that – in the next village, less than 8 miles away, if they had bandwidth – that they would not see to me, is really poor use of resources. You know to think that I have all these

villages around me...whatever. And if one of them had availability, within the same primary care network, why couldn't they treat me? I would say this was close to an emergency because I was supposed to get the dressing changed and I had no way to do it. The other thing I thought was interesting was now that pharmacies are providing more services. I went to my pharmacy to see if they could. Well, they explained to me they can't actually touch you. They can prescribe, but they can't touch you. Whereas in Australia, pharmacies can change a dressing.

After hearing my tale of woe and my attempts to try and do other things, the nurse I spoke to said, "What I'm going to do is put down that you have a dressing concern." And that would then make me eligible to see the minor injury again in an appointment. Who very efficiently saw to me, checked my dressing, said it was doing well, said to go get that one changed again. And at which point I was able for the following week to make an appointment with [name removed] and I saw the Nurse who said "What?! Look, if ever anything like this happens, just ask to speak to me." So, she felt that she could have fit me in to change my dressing, even though the people that are supposed to be helping in the front desk said there was no way, and didn't even offer suggestions. I was on my own. I happen to have a car, but driving the car was very uncomfortable. My foot was in a lot of pain, and you know, to a certain extent when you're in pain, it's not very safe for you or the people on the road to be driving.

My suggestion is that it should be clearer and posted in the surgery that Minor Injuries takes appointments. It would be good to say which ones are busy. If [name removed] is known to be busy on a Saturday, with kids playing football and [name removed] isn't as busy, it would be really good to display that.

My other experience was with the eye casualty service. I had a scratch or abrasion on my eye, and my eye was tearing so badly that I didn't feel comfortable driving anywhere. I tried to look for things and saw a reference to a minor eye injury. I knew enough to stay away from my local surgery in terms of getting an appointment. I took myself to [name removed] and went into Boots and said, "I've scratched my eye, is it possible to get it looked at?" I wasn't really familiar that the NHS had sort of outsourced minor eye injury to certified ophthalmologists, opticians. The person who saw me when I walked into the Boots said, "So is it hurting right now?" I said, "Not really." And she said, "Oh, well, if it gets worse, call us." She didn't say, "Let's have a look at it. Let's make you an

appointment.” None of that, just sort of got rid of me. Maybe they thought that was a nice thing to do.

The following week was deadly cold, I didn't go anywhere. I walked up to my local pharmacy. My normal pharmacist wasn't there and there was a locum, who when I said, “I scratched my eye, could you have a look?” made this funny face that people make when they're afraid of eyeballs. She was the one who told me about the minor eye injury, “be sure you make an appointment”, etcetera.

So finally, by the time I went back to Boots, it was close to a week from when I had scratched my eye. And I did make an appointment. They saw me the next day. And the technician who saw me said, “If you'd come in sooner, we would have given you eye drops for the day and gel for the night to keep your eyelid from scraping off the healing that your eye is doing.” She kind of chastised me because I hadn't come in sooner, but with my eye tearing so bad that I couldn't really see out of that eye, I really didn't feel safe to drive.

I really felt that the way it would have worked better was when you go into Boots and you say you've got a minor eye injury, they're trained to say, “Let's make you an appointment.” That would have saved me a week and maybe would have given me care sooner.

Case 5.

My teenage son came off his bike and broke his arm – it was snapped in half. He was doing amazingly but I was very shocked. It was very obviously broken – everyone who saw it pulled a face. We went to [name removed] MIU. We knew it had an X-ray department. It's closer to us than the JR and we thought it would be quicker than going to the JR, though unfortunately we were very wrong. We weren't thinking that clearly and I had visions of not being able to park at the JR.

When we got to [name removed], the receptionist was very unhelpful and difficult. She kept saying, “You've got to fill out a form.” I know that everybody has to fill out a form, but I thought my son's arm was urgent. I really thought she would just take one look at it and get a nurse. She was abrupt and rude with me – I expected a bit more empathy. We were kept waiting for 20 minutes. There was a man with a toddler waiting too. When

he was called up he asked if my son could go ahead of him, but the nurse just carried on with him. After that, my husband pounced on the next nurse who came in. We were taken into a side room and told they couldn't help because the X-ray had stopped operating half an hour before. This was on a Sunday afternoon.

If the receptionist had had a reasonable conversation with us, we could have been at the JR by then. A tiny bit of flexibility and empathy would have really helped – if she had told us the X-ray was closed as soon as we arrived.

So we had to put my son back in the car and drive as fast as we could, with him trying to make sure his arm didn't move too much and wincing every time it did. The receptionist at the JR was exactly what you would expect – she took one look, took our details very quickly, and told us we needed paediatrics. When I looked blank she came out from behind her computer and walked us there.