



Improving urgent and emergency care in Staffordshire and Stoke-on-Trent



Summary Report of Findings
November 2024





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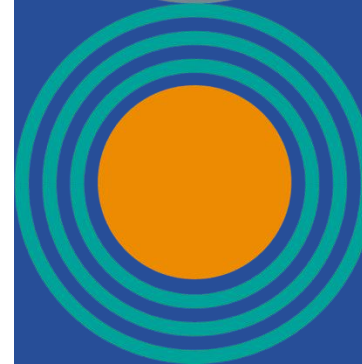
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Introduction and overview

Staffordshire and Stoke-on-Trent Integrated Care Board /
Staffordshire and Stoke-on-Trent Integrated Care System





Introduction and overview

Staffordshire and Stoke-on-Trent ICB has been reviewing **urgent and emergency care (UEC) services** to ensure they meet the needs of local patients.

We know UEC services face many challenges – including growing demand and staff shortages – and that people are not always sure about the most appropriate service to use. To tackle these challenges, the ICB has developed a strategy which aims to support people to look after their own health using a wide range of services that work together to provide good healthcare when people need it, reducing the need for avoidable emergency admissions.

The ICB carried out public engagement from 24 July to 13 October 2024 to:

- tell people about the local strategy for UEC services, explain all the services available and how the introduction of urgent treatment centres (UTCs) can benefit patients
- discuss proposals for areas where sites do not meet the criteria for a UTC, and to hold community conversations to understand the needs in their local area.

Through the engagement, we also gathered feedback to:

- explore the public's understanding of the difference between urgent and emergency healthcare
- understand which services people would use for urgent and/or emergency illnesses and injuries
- find out which urgent and emergency care services people use, don't use or were unaware of.

This report has been compiled by NHS Arden and Greater East Midlands Commissioning Support Unit (CSU) and NHS Midlands and Lancashire CSU on behalf of Staffordshire and Stoke-on-Trent Integrated Care Board.



Engagement survey overview

Question number	Section
Q1 to Q7	Tell us who you are and if you are registered with a GP practice in Staffordshire and Stoke-on-Trent
Q8 to Q87	Section 1: Your experience of using urgent and emergency care (GP/GP out-of-hours, NHS 111, ED, MIU, walk-in centre, ambulance / 999, optician, dentist, pharmacy)
Q88 to Q102	Section 2: Your understanding of urgent and emergency care services
Q103 to Q104	Section 3: What is most important for you when accessing urgent and emergency care services?
Q105	Other comments
Q106 to Q118	Demographic profiling

- When the survey closed on 13 October, there were 1,553 responses - 1,281 to the main engagement survey, and 272 to the easy read version.
- Not all respondents answered every question. The 'base' figure on each slide is the number of respondents answering that question. Consequently, the base changes from question to question.



How the engagement was promoted

Community groups

151 local organisations shared information and key messages with their communities



Printed promotional materials

Flyer and poster sent to 30 venues, emailed to 102 stakeholders



Social media

Total reach of **156,687**

Organic social media

41,140 Facebook impressions
23,193 X (formerly Twitter) impressions



Proactive media activity

41 media articles (online, print and broadcast) with a combined reach of 11,868,000



Engagement events: overview



10 locality meetings (8 daytime and 2 evening events) with a total of 151 attendees.

Two of the meetings were televised by BBC Midlands Today and covered by BBC Radio Stoke.



27 community groups visited, covering a wide range of demographics, including refugees and migrants, carers of people with learning disabilities and a PPG meeting.
Photo: SCEAP equine therapy group, Stoke



26 site visits to hospital receptions, waiting areas, outpatients' departments and MIUs across the county. Staff handed out information and engaged with patients.
Photo: Royal Stoke University Hospital



3 visits to retirement villages to talk to residents and record their experiences and feedback.
Photo: Pencric Retirement Village, Cannock

Engagement information resources

Staffordshire and Stoke-on-Trent Integrated Care System NHS
Improving urgent and emergency care
Have you needed urgent or emergency care for an illness or injury in the last few years?
Wherever you live in Staffordshire and Stoke-on-Trent, we'd like to hear about your experiences.
Complete our online survey by Sunday 6 October 2024
Gathering as many views as possible will help us to make sure we put the right services in place.
Come along to a meeting or drop-in session
Learn about all the options for urgent healthcare, including our new urgent treatment centres. There are meetings across Staffordshire and Stoke-on-Trent from late July to early October 2024.
To fill in the survey and for details of meetings, scan the QR code or go to: staffs.stoke.icb.nhs.uk/uec-get-involved
You can read about our work to improve local urgent and emergency care services on this webpage: staffs.stoke.icb.nhs.uk/uec

Find out about our new urgent treatment centres and how we're improving our services.
In an emergency, call 999 or go to our nearest urgent treatment centre.
Need help quickly, but not sure where to go? Think NHS 111. Go online, call 111 or use the NHS app. 111.nhs.uk

Leaflet, Z card and booklet

Staffordshire and Stoke-on-Trent Integrated Care System NHS
Our new urgent treatment centres and our work to improve urgent and emergency care services
July 2024

Improving urgent and emergency care: get involved
Home » Improving urgent and emergency care » Improving urgent and emergency care: get involved
Thank you for taking part in our survey and/or attending our events. We want our urgent and emergency healthcare services to meet the needs of local people. This is so you get the best possible outcomes and have a better experience when using our services. We will now work through the feedback and update this page in due course.
Want to find out more?
Visit other pages on this website to learn more about [urgent treatment centres](#) and our work to improve our local [urgent and emergency care](#)
UECAS booklet online ac (pdf, 776 KB) (255 downloads)

Improving urgent and emergency care: FAQs
Home » Improving urgent and emergency care » Improving urgent and emergency care: FAQs
Involvement
Are there any meetings I can attend about urgent and emergency care?
Yes, there will be a range of meetings between August and early October.
• There will be formal meetings that you can book onto across the whole of Staffordshire and Stoke-on-Trent. We expect these to take place in September and October. We are adding the times and places to this webpage: <https://staffs.stoke.icb.nhs.uk/uec-get-involved>

Website content

Staffordshire and Stoke-on-Trent Integrated Care System NHS
Urgent treatment centres and our work to improve urgent and emergency care
Working together to make the most of local health services
July 2024

Information document / easy read

Staffordshire and Stoke-on-Trent Integrated Care System NHS
Urgent treatment centres and our work to improve urgent and emergency care
Working together to make the most of local health services
July 2024
Easy read



Posters and banners



Approach to analysis and reporting

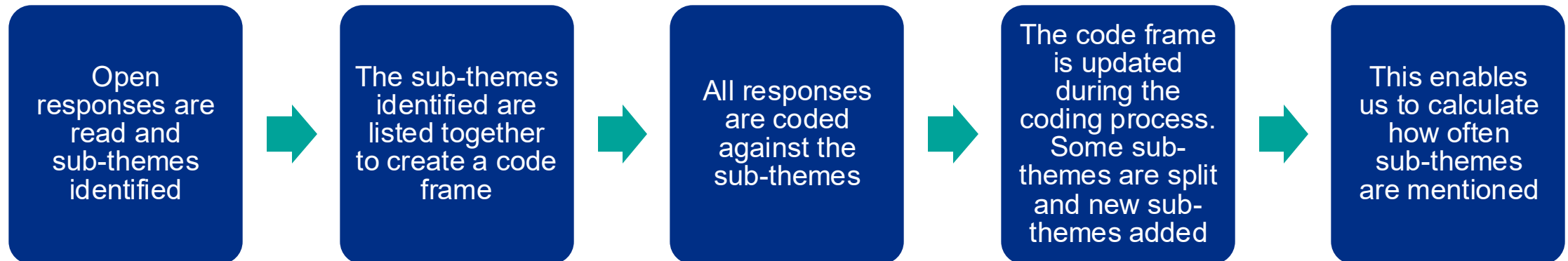


Approach to analysis

The survey used a combination of ‘**open text**’ questions (for respondents to make written comments) and ‘**closed**’ questions (where respondents selected a response from a list of possible answers).

- **Closed** question responses are tabulated and shown as counts and percentages.
- **Open text** question responses have been read, and a code frame of sub-themes developed. These sub-themes have been grouped in main themes.

Our coding process:



Base sizes, percentages and verbatim comments

This presentation presents a high-level summary of the feedback gathered during the engagement. More detailed data tables have been shared with Staffordshire and Stoke-on-Trent ICB for reference in subsequent discussions and decision making.

Base sizes:

- **Engagement survey:** the base size refers to the number of respondents answering each questions. However, not every respondent answered every question in the survey meaning the base size changes from question to question.
- **Community meetings and hospital drop-ins:** the base size refers to the number of facilitator feedback booklets containing feedback for each question. This booklet was used during these events to capture the feedback shared by participants.
- **Locality meetings:** the base refers to the number of table facilitator feedback booklets containing feedback for each question. Table facilitators recorded the feedback shared by the participants on their tables in these booklets

Percentages may not add up to 100% for two reasons:

- Due to rounding up or down
- Due to respondents selecting multiple answers to a multiple-choice question.

Verbatim feedback:

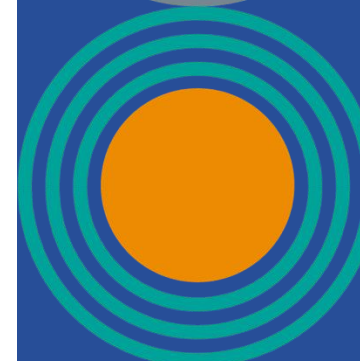
- In line with best practice, to ensure that verbatim comments (i.e. in the person's own words) remain anonymous, we have removed any information from the comments that would identify the respondent
- Feedback from events was collated by the event facilitators. In some examples, the feedback will be a direct quote from a participant. In others, the feedback will report what the participant said, rather than taking the form of a direct quotation.

WHO healthcare categories have been used to help organise health conditions and symptoms to make sure they are shared in a clear and consistent way.

Geographical and demographic profile of survey respondents and event participants

The following slides present a geographical and demographic profile of survey respondents and locality meeting participants.

The profiling includes data from both the standard and easy read versions of the survey.





Demographic profile overview: survey and event participants combined

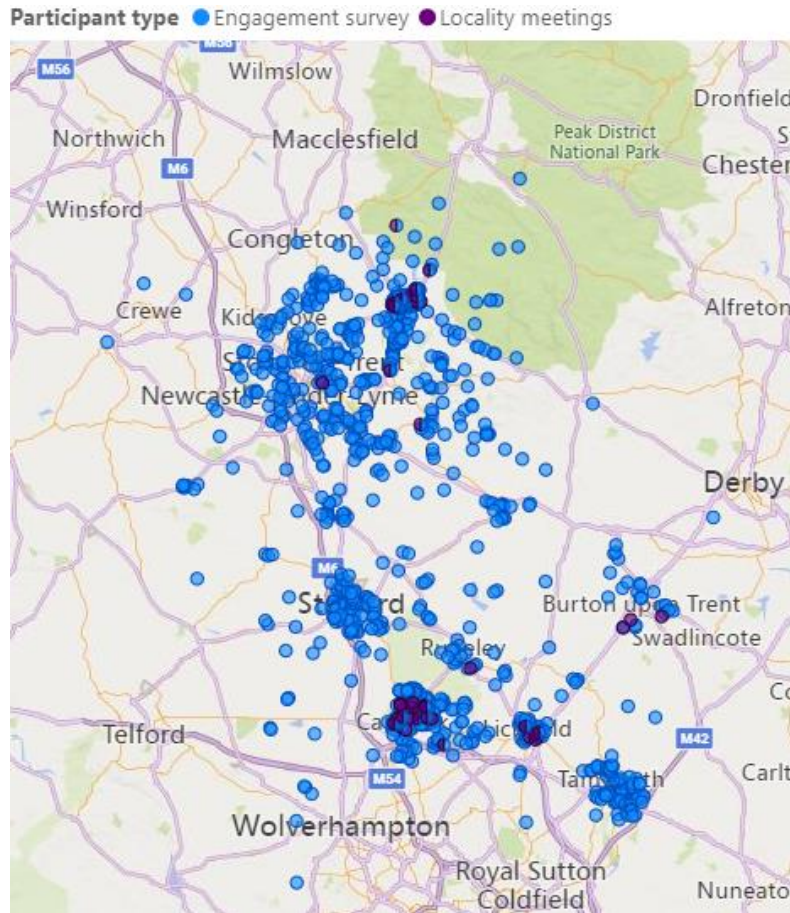
Ethnicity <ul style="list-style-type: none">• 1,518 (94%) White: British• 31 (2%) Other White ethnic backgrounds• 9 (1%) Mixed / multiple ethnic groups• 7 (0.4%) Asian ethnicity• 4 (0.2%) Black ethnicity	Age <ul style="list-style-type: none">• 223 (14%) Under 40• 638 (39%) 40 to 59 years• 725 (45%) 60 and over	Religion / belief <ul style="list-style-type: none">• 859 (54%) Christian• 638 (40%) No religion• 23 (1%) Other religions	Gender <ul style="list-style-type: none">• 1,215 (76%) Female• 347 (22%) Male	Orientation <ul style="list-style-type: none">• 1,394 (88%) Heterosexual• 38 (2%) Bisexual• 11 (1%) Gay• 9 (1%) Lesbian• 6 (0.4%) Asexual
Relationship status <ul style="list-style-type: none">• 983 (61%) Married• 201 (13%) Living with partner• 139 (9%) Single• 108 (7%) Divorced• 67 (4%) Widowed• 14 (1%) Civil partnership	Pregnancy and maternity <ul style="list-style-type: none">• 20 (1%) were pregnant, or they or their partner had given birth in the last six months	Disability <ul style="list-style-type: none">• 966 (60%) Not limited• 397 (25%) Limited a little• 235 (15%) Limited a lot	Carer <ul style="list-style-type: none">• 115 (7%) for those aged under 25• 32 (0.2%) for those aged 25 to 49• 284 (18%) for those aged 50 or over	Armed services <ul style="list-style-type: none">• 55 (3%) Veterans

Base: 1,584 – 1,610 (engagement survey respondents and event participants completing the event participant demographic profiling questionnaire)

To view a breakdown of survey respondent and event participant profiles in the Appendix [click here](#)



Geographical profiling



Local authority area	Total		Survey		Locality meeting	
	No.	%	No.	%	No.	%
Staffordshire Moorlands	642	39%	615	40%	27	36%
Cannock Chase	215	13%	189	12%	26	35%
Stafford	155	9%	155	10%	-	-
Stoke-on-Trent	111	7%	110	7%	1	1%
Tamworth	82	5%	82	5%	-	-
Lichfield	79	5%	74	5%	5	7%
Newcastle-under-Lyme	77	5%	77	5%	-	-
East Staffordshire	50	3%	47	3%	3	4%
South Staffordshire	34	2%	32	2%	2	3%
Out of area	16	1%	16	1%	-	-
Unable to profile postcode / no postcode to profile	176	11%	165	11%	11	15%
Base	1,637	-	1,562	-	75	-

Map created using 1,472 postcodes from the engagement survey and locality meeting participant demographic profiling questionnaire



Geographical profiling: deprivation

Deprivation	Total		Survey		Locality meeting	
	No.	%	No.	%	No.	%
1 (most deprived)	26	2%	26	2%	-	0%
2	83	5%	79	5%	4	5%
3	132	8%	124	8%	8	11%
4	183	11%	173	11%	10	13%
5	119	7%	115	7%	4	5%
6	155	9%	152	10%	3	4%
7	166	10%	158	10%	8	11%
8	274	17%	265	17%	9	12%
9	227	14%	215	14%	12	16%
10 (least deprived)	96	6%	90	6%	6	8%
Unable to profile postcode / no postcode to profile	176	11%	165	11%	11	15%
<i>Base</i>	<i>1,637</i>	-	<i>1,562</i>	-	<i>75</i>	-

When considering the deprivation profile of all participants:

33%

Are from the most deprived areas (deciles 1 to 5)

56%

Are from the least deprived areas (deciles 6 to 10)

Derivation profiled using 1,472 postcodes from the engagement survey and locality meeting participant demographic profiling questionnaire



Users of UEC services

The general public and users of urgent and emergency care services engaged the most.

Survey respondent type	No.	%
An individual	1,545	99%
An organisation	17	1%
<i>Base</i>	<i>1,562</i>	<i>-</i>

Survey respondent type	No.	%
Patient or member of the public	1,429	93%
NHS employee	45	3%
Carer (either paid or unpaid)	56	4%
From a health-related group, charity or organisation	5	0.3%
From another public sector organisation	4	0.3%
From a non-health voluntary group, charity or organisation	2	0.1%
<i>Base</i>	<i>1,541</i>	<i>-</i>



Organisational responses

17 engagement survey responses were received on behalf of the following organisations. To view the themes raised by this group, see slide 56 below.

ASSIST (Staffordshire County Council)	Badger Healthcare Social Enterprise	Borderland Voices	Grangemoor Care Homes	Independent Support Ltd
Leek and District Foodbank	Leek Health Campaign Group	McMullen Pharmacy	ME International	Midlands Partnership University NHS Foundation Trust
Save Leek Hospital	Shabir Shah Foundation	Staffordshire County Council	The Meadows Special School	

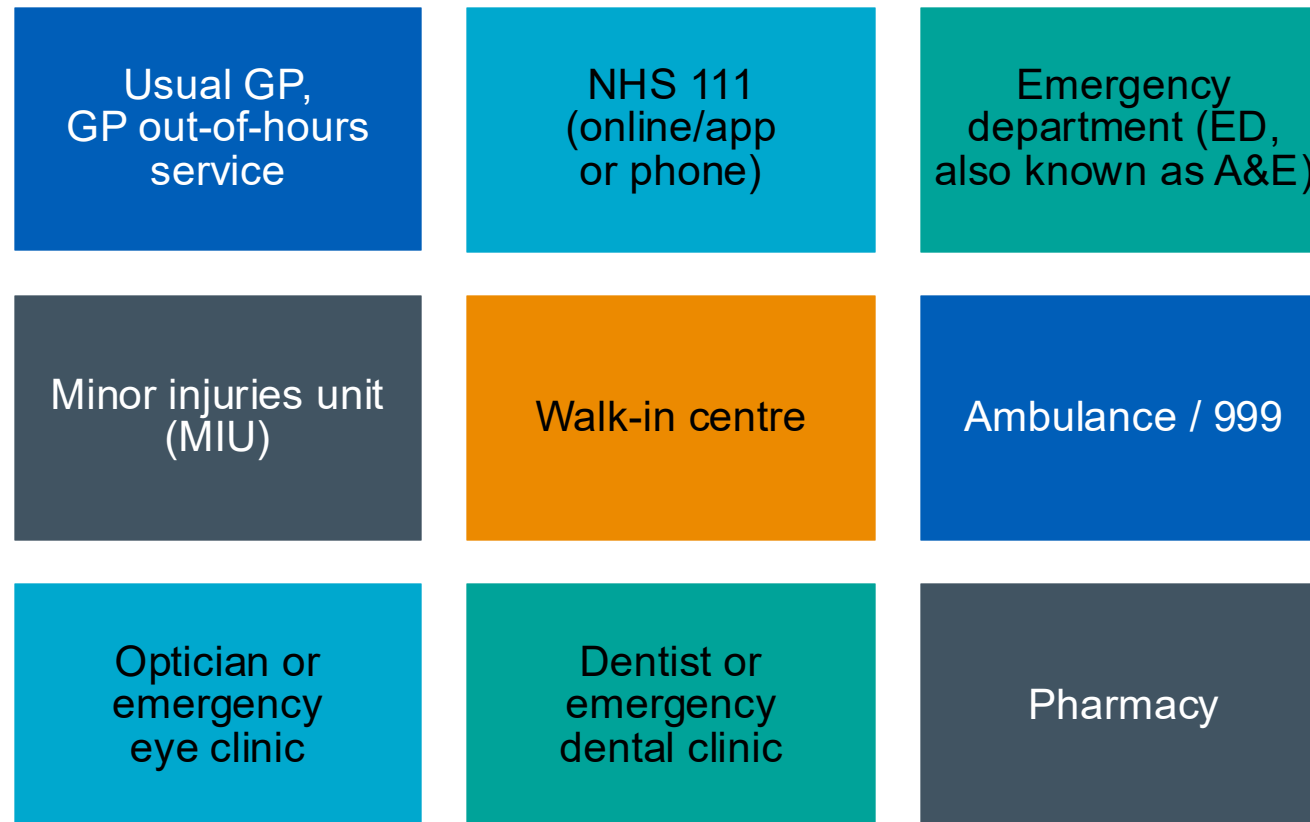
Findings: Patient experiences of using urgent and emergency care services





Patient experiences of using urgent and emergency care services

This section summarises participants' experiences of using the following UEC services:





Questions asked

To understand survey respondents' experiences of using UEC services, they were asked:

Tell us about when you have used each of these services for urgent or emergency care.

How many times have you used this service for urgent or emergency care in the last two years?

Thinking about the last time you used this service, who did you use it for?

Please tell us where you went to use the service.

Please explain why you decided to visit this service.

Please tell us which service directed or referred you to this service.

Thinking about when you used the service, tell us the symptoms you or the patient had, or if you knew the condition (illness or problem) you/they needed help for.

How would you rate the service you received?

Please explain your experience in more detail. Tell us what went well, what did not go well, and why.

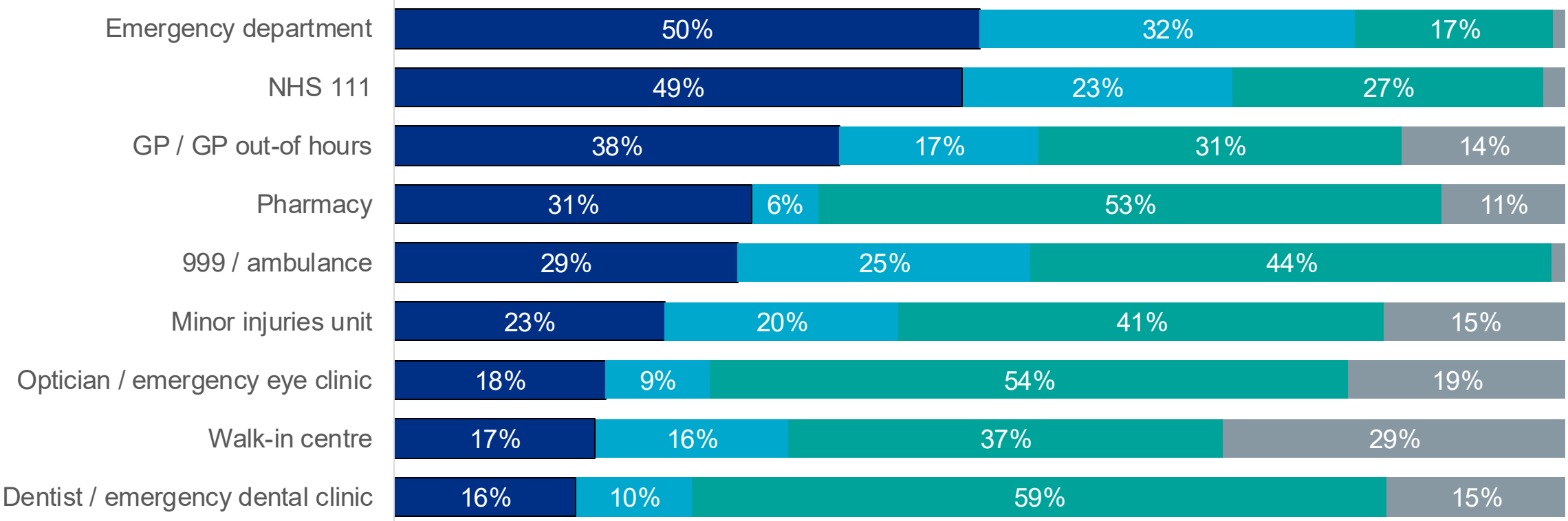
We would like to understand why you may not have used this service for urgent or emergency care.

Please explain why you have not used this service.



Services used for urgent and emergency care needs

Emergency department (A&E), NHS 111 and GP / GP out-of-hours are the services participants have used most to access urgent or emergency care.



■ Used this for UEC in the past two years
 ■ Used this service for UEC, but more than two years ago
 ■ Know about this service but not used for UEC
 ■ Don't know about this service

Thinking about the following services, tell us about when you have used them for urgent or emergency care. *Base: 1,214 – 1,385 (engagement survey responses)*



Summary: Usual GP / GP out-of-hours



- Of the respondents, 532 / 42% stated they had used **this service in the last two years**, while 356 / 28% said they were **aware of the service but had not used it**.
- 170 / 34% used it **once**, however, many respondents said they had used it multiple times in this period. Additionally, most respondents stated they used the service for **themselves** (321 / 61%), while 201 / 38% stated they used it for a **family member**.
- The most frequently attended location to access this service was respondents' **own GP surgery** (239 / 47%).
- 292 / 57% decided to use this service because they thought it was **the best place to go**, while 207 / 40% were **advised by another NHS service**. Of those redirected from other services, most were **referred by NHS 111** (129 / 66%).
- The most frequent symptoms exhibited were **pain in various parts of the body** (57 / 12%), **chest infections** (36 / 18%), and **breathing difficulties / respiratory issues** (33 / 7%).
- The service elements most respondents rated as excellent or good were the **quality of care from medical staff** (461 / 89%), how **easy it was to access the building** (436 / 84%) and the **outcome of the visit** (428 / 83%).
- When asked to explain the reasons for their rating, the most frequently mentioned themes were the **care provided was good** (76 / 21%), **referral to another service was made** (68 / 18%), and the **experience was good** (54 / 15%).
- Most of those stating they knew about the service but had not used it said they **didn't have a need to use it** (209 / 59%). Additionally, 69 / 19% stated they **did not think this service was the right place to go for any urgent or emergency care**.

[Click to view more detailed feedback in the Appendix](#)



111

Summary: NHS 111

- Of the respondents, 627 / 48% stated they had used **this service in the last two years**, while 321 / 25% said they were **aware of the service but had not used it**.
- 263 / 43% respondents had used NHS 111 **once**, while 180 / 30% had used it **twice** in this period. Similar proportions said they had used the service for **themselves** (306 / 49%) and for **a family member** (309 / 50%).
- 438 / 71% decided to use NHS 111 because they thought it was **the best place to go**, while 107 / 17% stated they were **advised by another NHS service**. Of those redirected from other services, most were **referred by their GP surgery** (41 / 42%), followed by NHS 111 (this could be but was not specified, a re-referral, advert, or via app / website) (36 / 37%).
- The most frequent symptoms reported were **pain in various parts of the body** (85 / 15%), elevated temperature / fever / rigor / chills / low body temperature (50 / 9%), and **breathing difficulties / respiratory issues** (47 / 8%).
- The service elements most respondents rated as excellent or good were the **quality of care from medical staff** (419 / 68%), **how good the overall service was from administration staff when answering queries** (410 / 67%), and **how good the booking service was from administration staff** (403 / 66%).
- When asked to explain the reasons for their rating, the most frequently mentioned themes were positive, e.g. **NHS 111 advised patient to contact another service / arranged referral to another service** (133 / 29%), **NHS 111 provides a quick / good / efficient service** (86 / 19%), however, some stated **long waits for a call back / no call back received from the service** (77 / 17%).
- Most of those stating they knew about the service but had not used it said they **didn't have a need to use it** (214 / 68%). Additionally, 52 / 16% stated they **did not think this service was the right place to go for any urgent or emergency care**.

[Click to view more detailed feedback in the Appendix](#)



Summary: Emergency department (ED / A&E)



- Of the respondents, 693 / 51% stated they had used **this service in the last two years**, while 215 / 16% said they were **aware of the service but had not used it**.
- 313 / 48% used it **once**, while 197 / 30% had used it **twice** in this period. Most stated they had used the service for **themselves** (366 / 54%), while 311 / 46% said they used it for **a family member**.
- Of the respondents, the most frequently attended location to access this service was **Royal Stoke University Hospital** (187 / 28%).
- 344 / 52% decided to use this service because they were **advised by another NHS service**, while 269 / 40% thought it was **the best place to go**. Of those redirected from other services, most were **referred by NHS 111** (153 / 47%), followed by **GP surgery** (110 / 34%).
- The most frequent symptoms exhibited by respondents were **pain in various parts of the body** (75 / 12%), **breathing difficulties / respiratory issues** (68 / 11%) and **broken / fractured bones** (59 / 9%).
- The service elements most respondents rated as excellent or good were **how easy it was to access the building** (589 / 96%), **quality of care from medical staff** (581 / 95%) and the **outcome of the visit** (565 / 92%).
- When asked to explain the reasons for their rating, the most frequently mentioned themes were **the staff were friendly and helpful** (136 / 29%), **the experience was good** (136 / 29%) and the **service was efficient** (109 / 23%).
- Most of those stating they knew about the service but had not used it said they **didn't have a need to use it** (207 / 68%). Additionally, 40 / 13% stated it's **not near where they live**.

[Click to view more detailed feedback in the Appendix](#)



Summary: Minor injuries unit



- Of the respondents, 637 / 46% stated they had used **this service in the last two years**, while 310 / 22% said they were **aware of the service but had not used it**.
- 229 / 39% used it **once**, while 169 / 29% had used it **twice** in this period. Most respondents stated they had used the service for **themselves** (336 / 54%), while 271 / 43% said they used it for **a family member**.
- Of the respondents, the most frequently attended location to access this service was **Leek Moorlands Hospital** (336 / 57%).
- 456 / 74% decided to use this service because they thought it was **the best place to go**, while 324 / 53% said it was **near where they live**. Of those redirected from other services, most were **referred by their GP** (62 / 65%), followed by **NHS 111** (23 / 24%).
- The most frequent symptoms exhibited by respondents were **injuries to various parts of the body** (102 / 18%), **broken / fractured bones** (85 / 15%) and **cuts / traumatic injuries** (69 / 12%).
- The service elements most respondents rated as excellent or good were **how easy it was to access the building** (589 / 96%), **quality of care from medical staff** (581 / 95%) and the **outcome of the visit** (565 / 92%).
- When asked to explain the reasons for their rating, the most frequently mentioned themes were **the staff were friendly and helpful** (136 / 29%), **the experience was good** (136 / 29%) and the **service was efficient** (109 / 23%).
- Most of those stating they knew about the service but had not used it said they **didn't have a need to use it** (207 / 68%). Additionally, 40 / 13% stated it was **not near where they live**.

[Click to view more detailed feedback in the Appendix](#)



Summary: Walk-in centre



- Of the respondents, 250 / 20% stated they had used **this service in the last two years**, while 441 / 35% said they were **aware of the service but had not used it**.
- 133 / 60% had used it **once**, while 50 / 23% had used it **twice** in this period. Most respondents said they used the service for **themselves** (130 / 56%), while 98 / 42% stated they used it for **a family member**.
- Of the respondents, the most frequently attended location to access this service was **Haywood Hospital** (108 / 52%).
- 313 / 69% decided to use this service because they thought it was **the best place to go**, while 194 / 43% stated it was **near where they live**. Of those redirected from other services, most were **referred by their GP** (38 / 44%), followed by **NHS 111** (31 / 36%).
- The most frequent symptoms exhibited by respondents were **pain** (24 / 13%), **broken / fractured bones or dislocations** (22 / 12%) and **infections** (20 / 11%).
- The service elements most respondents rated as excellent or good were **how easy it was to access the building** (199 / 90%), **how good the bookings service was from administration staff** (186 / 84%) and the **quality of care from medical staff** (179 / 81%).
- When asked to explain the reasons for their rating, the most frequently mentioned themes were the **efficient service** (32 / 33%), and **staff were friendly and helpful** (29 / 21%). **However, some stated the waiting time was poor** (25 / 18%).
- Most of those stating they knew about the service but had not used it said they **didn't have a need to use it** (231 / 58%). Additionally, 119 / 30% stated it was **not near where they live**.

[Click to view more detailed feedback in the Appendix](#)



Summary: 999 / ambulance



- Of the respondents, 328 / 26% stated they had used **this service in the last two years**.
- 166 / 56% used it **once**, while 77 / 26% had used it **twice** in this period. Most respondents stated they **used the service for a family member** (183 / 59%).
- 156 / 51% respondents decided to use this service because they thought it was **the best place to go**, while 116 / 38% stated they were advised to use it **by another NHS service**. Of those redirected from other services, most were **referred by NHS 111** (73 / 66%), followed by **their GP** (28 / 25%).
- The most frequent symptoms exhibited by respondents were **breathing difficulties / respiratory issues** (49 / 17%), **falls** (34 / 12%), and **pain** (32 / 11%).
- The service elements most respondents rated as excellent or good were the **quality of care received from the medical staff** (241 / 78%), **the outcome of the visit** (212 / 69%) and the **how good the overall service was from administration staff** (194 / 63%).
- When asked to explain the reasons for their rating, the most frequently mentioned theme was respondents stating the **care received was good** (58 / 25%). However, some said there was **a long wait for the ambulance** (46 / 20%) and **waiting times were long in A&E** (35 / 15%).
- Most of those stating they knew about the service but had not used it said they **didn't have a need to use it** (444 / 85%).

[Click to view more detailed feedback in the Appendix](#)



Summary: Optician or emergency eye clinic



- Of the respondents, 211 / 17% stated they had used **this service in the last two years**.
- 135 / 74% had used it **once**, while 33 / 18% had used it **twice** in this period. Most respondents stated they **used the service for themselves** (147 / 76%).
- The most frequently attended locations for respondents to access this service were **opticians in the community** – such as Specsavers, Vision Express, Tesco Opticians (71 / 39%).
- 87 / 48% decided to use this service because they thought it was **the best place to go**, while 70 / 38% stated they were advised to go there **by another NHS service**. Of those redirected from other services, most were **referred by their GP surgery** (20 / 31%), followed by **their local optician** (19 / 29%).
- The most frequent symptoms exhibited by respondents were **changes in vision** (47 / 30%), **eye pain** (13 / 8%), an **injury to eye/eyelid** (13 / 8%), and a **routine eye examination** (13 / 8%).
- The service elements most respondents rated as excellent or good were the **quality of care received from the medical staff** (167 / 90%), **the service received from administration staff when booking appointments** (164 / 88%), and the **outcome of the visit** (157 / 84%).
- When asked to explain the reasons for their rating, the most frequently mentioned themes were respondents stating they had **a positive experience** (31 / 25%), respondents being **seen in a timely manner** (18 / 15%), and **having a thorough examination** (13 / 11%).
- Most of those stating they knew about the service but had not used it said they **didn't have a need to use it** (580 / 91%).

[Click to view more detailed feedback in the Appendix](#)



Summary: Dentist or emergency dental clinic



- Of the respondents, 200 / 17% stated they had used **this service in the last two years**.
- 106 / 64% used it **once**, while 30 / 18% had used it **twice** in this period. Most respondents stated they **used the service for themselves** (149 / 86%).
- The most frequently attended locations for respondents to access this service were **St Edward Street Dental Practice**, Leek (13 / 8%), and **Park Dental**, Leek (13 / 8%).
- Most respondents used this service because they thought it was **the best place to go** (116 / 68%). Additionally, the most frequent symptoms exhibited by respondents were **pain** (49 / 37%), and a **broken tooth** (28 / 21%).
- Of those redirected from other services, most were **referred by NHS 111** (17 / 63%), followed by **respondents' own dentist or another emergency dentist** (9 / 33%).
- The service elements most respondents rated as excellent or good were **access to the building** (144 / 87%), **the service received from administration staff when booking appointments** (146 / 86%), and the **quality of care from medical staff** (146 / 86%).
- When asked to explain the reasons for their rating, the most frequently mentioned themes were respondents stating they had **a positive experience** (36 / 38%), being **seen in a timely manner** (26 / 28%), and an **appropriate treatment being given** (24 / 26%).
- Most of those stating they knew about the service but had not used it said they **didn't have a need to use it** (628 / 93%).

[Click to view more detailed feedback in the Appendix](#)



Summary: Pharmacy



- Of the respondents, 444 / 36% stated they had used **this service in the last two years**.
- 165 / 43% had used it **once**, while 88 / 23% had used it **twice** in this period. Most respondents said they **used the service for themselves** (265 / 67%), while some used it for a **family member** (129 / 32%).
- When asked where respondents accessed this service, most stated **a community pharmacy** (215 / 59%).
- Most respondents decided to use this service because they thought it was **the best place to go** (259 / 67%). Additionally, the most frequent symptoms exhibited by respondents were **urinary tract infections** (39 / 13%), **skin conditions** (37 / 12%), and an **allergic reaction** (22 / 7%).
- Of those redirected from other services, most were **referred by their GP surgery** (32 / 57%), followed by **NHS 111** (15 / 27%).
- The service elements most respondents rated as excellent or good were **access to the building** (345 / 90%), **travelling to the location** (332 / 86%), and the **outcome of the visit** (299 / 77%).
- When asked to explain the reasons for their rating, the most frequently mentioned themes were respondents stating they had a **positive experience** (39 / 19%), **staff were reassuring, helpful and friendly** (36 / 18%) and services were provided in **a timely manner** (34 / 17%).
- Most of those stating they knew about the service but had not used it said they **didn't have a need to use it** (398 / 71%).

[Click to view more detailed feedback in the Appendix](#)



Experience of using UEC services: verbatims

GP / out-of-hours

"I am very lucky each time I have attended, have had excellent care and appropriate referrals. On more than one occasion likely to have saved my life." (Male, 45-49, Newcastle-under-Lyme)

"Only able to book appointment on the day by phone, long delays waiting for reception. EMIS ebooking interface with NHS app not activated." (Male, 35-39, Newcastle-under-Lyme)

ED / A&E

"Triaged from A&E to EnPC unit. Seen within 15 minutes, all staff were really helpful, Senior Practitioner Nurse very knowledgeable, excellent advice and given medication, discharged within an hour, fantastic service" (Female, 60-64, Newcastle-under-Lyme)

"Waiting times were ridiculous. I was reluctant to go to A&E because I know what it can be like. Total wait time was 5hrs, nobody updates you as to how long it will be." (Female, 35-39, Tamworth)

NHS 111

"The call handler was clear, patient and helpful. The nurse who called back was equally helpful and speedy and I was quickly referred to ED" (Female, 55-59, Lichfield)

"The staff do not tailor the calls, the wait time is horrific, i was told to wait up to 12 hours for a call back by that point my daughter was in hospital receiving life saving medication. They told me ot was just a vommiting bug when it was sepsis" (Female, 40-44, Stafford)

Minor injuries unit

"Professionally run, excellent service, caring and efficient team and good explanation of prognosis- treatment discussed and prescribed" (Female, 55-59, Staffordshire Moorlands)

"The wait to be seen was too long and too far. It would have been quicker and easier if I could have gone to Cannock" (Female, 65-69, Cannock Chase)

Optician / emergency eye clinic

"All went well. No waiting, easy to travel and park. Very professional staff and up to date equipment." (Female, 65-69, Staffordshire Moorlands)

"Journey tricky with poor sight meant expensive taxi each way and every follow up appt with dilated pupils" (Female, 65-69, Cannock Chase)



Experience of using UEC services: verbatims

Walkin-in centre

“On both occasions I can honestly say I was blown away by the treatment. There is a lot of negativity surrounding healthcare currently, so to receive care in a timely manner AND to be given leaflets with how to care for myself at home was really unexpected. I knew I would receive the treatment I needed there and didn't expect that to be poor, but I did somewhat expect long waiting times and certainly didn't expect any additional information on how to look after myself at home. Typically I'm one to ask questions anyway, but the staff made sure I was so well informed that I didn't need to ask anything!” (Female, 25-29, Stoke-on-Trent)

“Wait time was 4 and a half hours, all to be told to see my own GP and take paracetamol. Waste of time.” (Female, 35-39, Stoke-on-Trent)

Dentist / emergency dental clinic

“The receptionist very quickly booked me in when I told her my problem. So, I didn't have to wait long to be seen. The dentist repaired my tooth and advised me not to eat anything too hard on it. I was happy with the service I received.” (Female, 60-64, Staffordshire Moorlands)

“Difficult to get to, as don't drive. Had to get friend to drive due to anxiety with public transport” (Female, 50-54, Staffordshire Moorlands)

999 / ambulance

“Paramedics were incredible. I was frightened and they were very reassuring while recommending they took me back into hospital. Came very quickly.” (Female, 50-54, Lichfield)

“The difficulty was the time the ambulance took to arrive at our home (on the east side of Leek) and the time it then took to go to the A&E at UHNM. At the time, there were many patients in A&E who were not emergencies but who could well have been treated in a UTC” (Male, 75-79, Staffordshire Moorlands)

Pharmacy

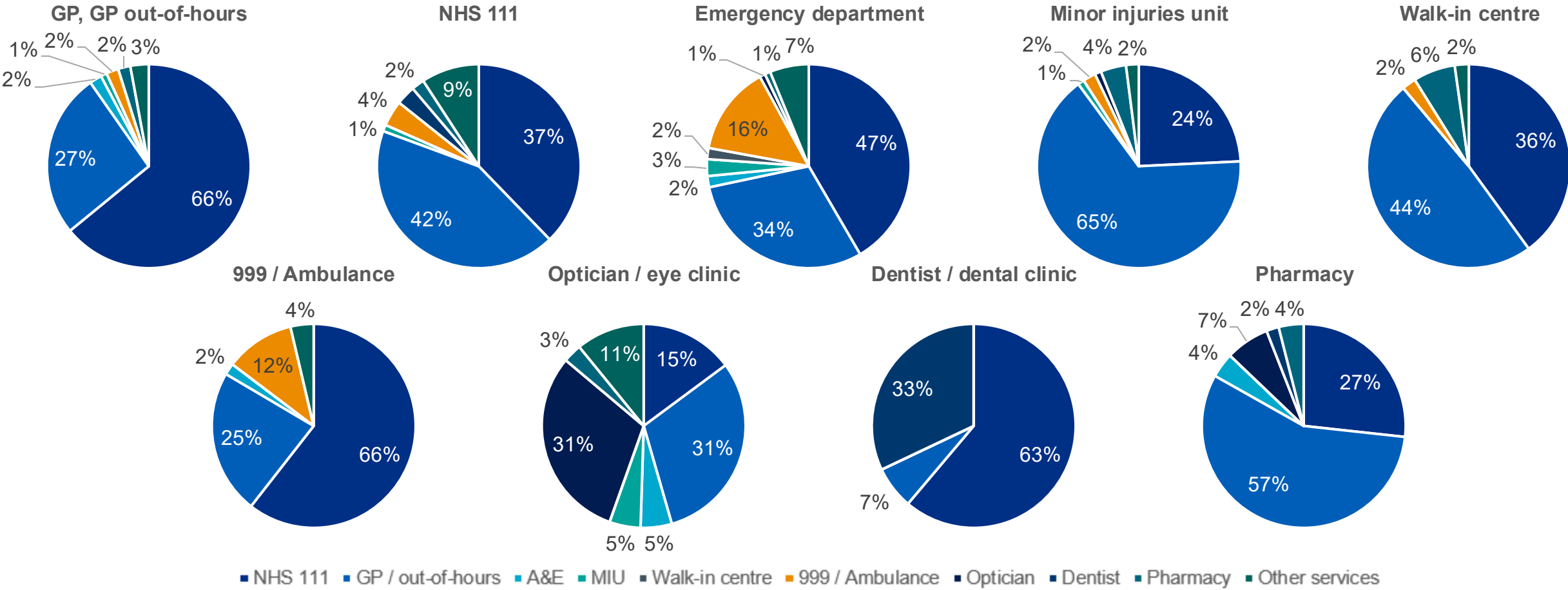
“Excellent service throughout. On both occasions. the staff were welcoming, polite and professional. I was seen and treated within a very short time and I was able to leave with antibiotics. They also called and followed up a week later.” (Female, 50-54, Cannock Chase)

“Doctor receptionist would not give an appointment for doctor, told to go to pharmacy. Pharmacist was good and advised I needed a doctor as they don't give antibiotics for chest infections. Had to go back to doctors to be given an appointment at another surgery for nurse later that day. She then gave me antibiotics that helped.” (Female, 55-59, Stafford)



Services directing or referring patients

In the engagement survey, respondents were asked which service directed or referred them to the services they used. This slide shows which services respondents were referred from.



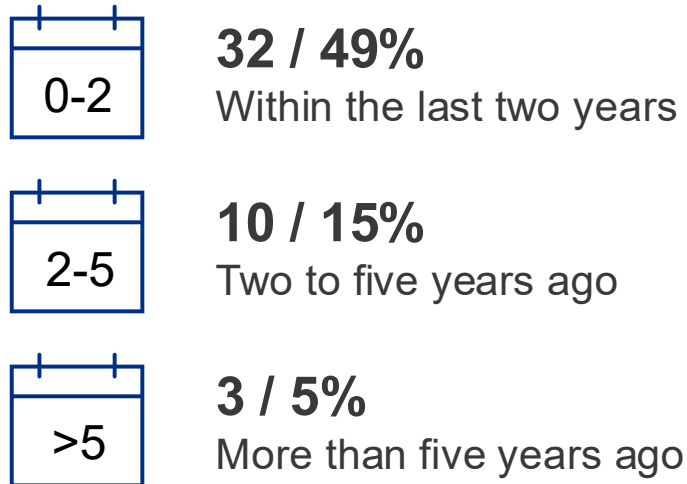
Which service directed or referred you to this service? Base: 27 - 324 (engagement survey responses)
 Staffordshire and Stoke-on-Trent Integrated Care Board / Staffordshire and Stoke-on-Trent Integrated Care System



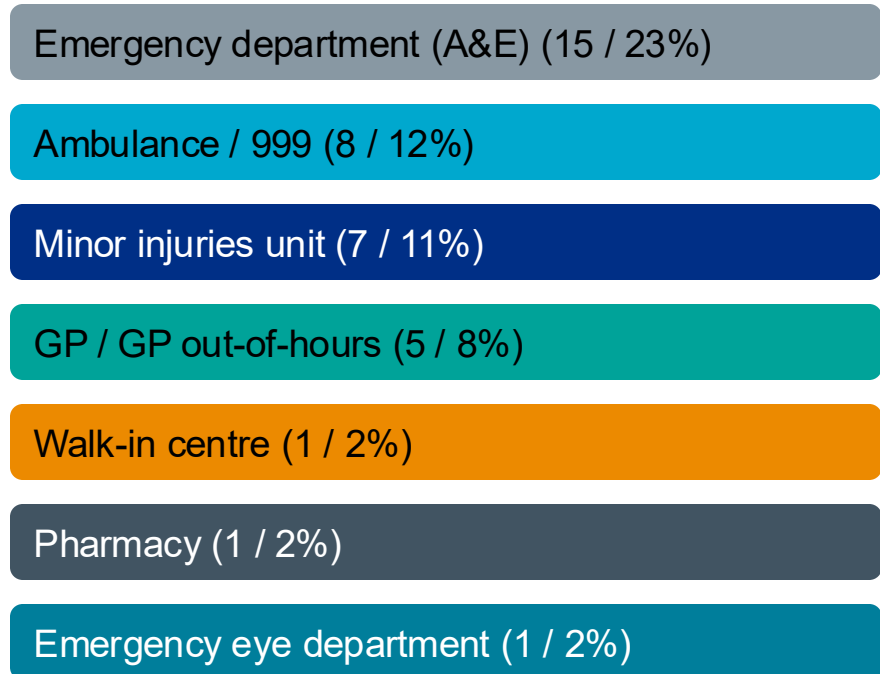
Locality meeting participants' experiences of using UEC services

Around half the participants said they had used UEC services in the last two years with emergency departments (A&E), ambulance and minor injuries units being used most.

When services were accessed



Which services were accessed



Thinking about the last time you used urgent or emergency care could you please tell us: when you accessed this service, where you accessed this service, what went well, and what were the challenges. *Base: 65 (locality meeting participant demographic profiling questionnaire)*



Event participants' experiences of using UEC services

During the locality meetings and community meetings, participants were asked to share their experiences of using UEC services. They were asked the following questions.

Thinking about the last time you used urgent or emergency care could you please tell us: when you accessed this service, where you accessed this service, what went well and what the challenges were.

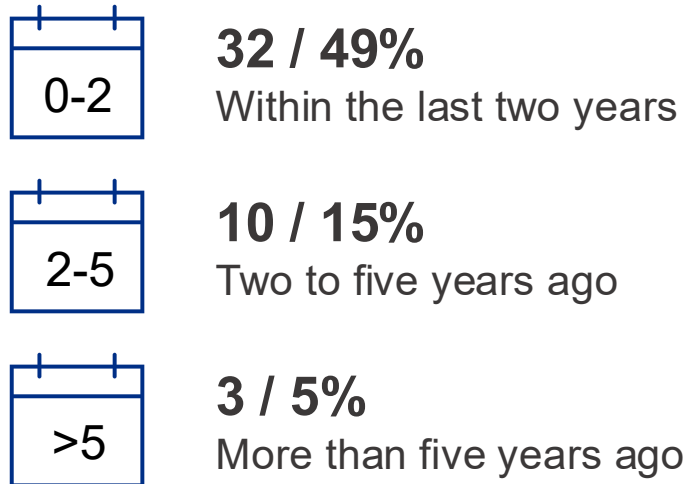
Experiences of using urgent and emergency care services.



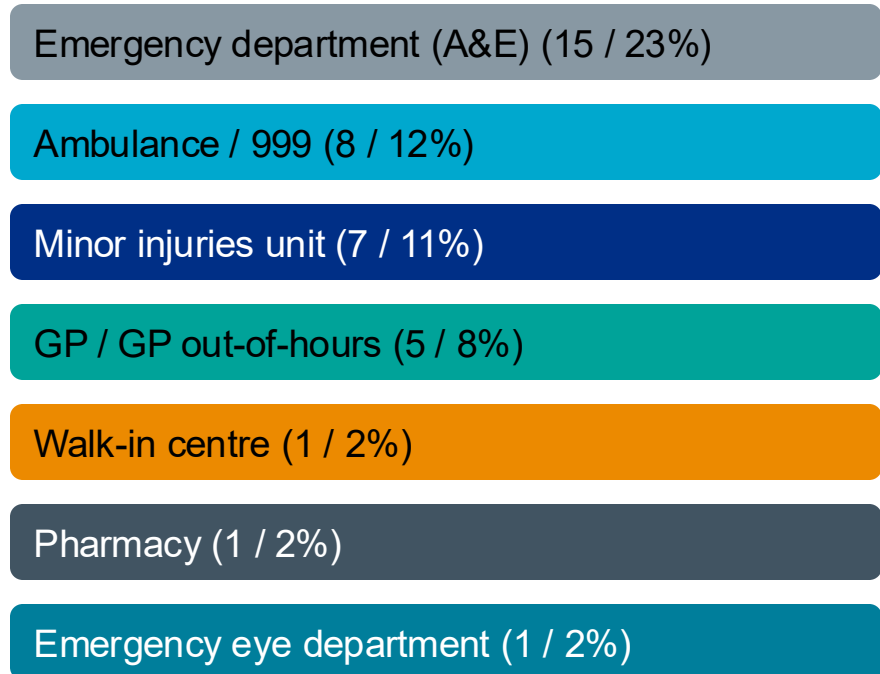
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When services were accessed



Which services were accessed



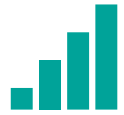
Thinking about the last time you used urgent or emergency care could you please tell us: when you accessed this service, where you accessed this service, what went well, and what were the challenges. *Base: 65 (locality meeting participant demographic profiling questionnaire)*



Locality meeting participants' experience of using UEC services

Efficiency, responsiveness and waiting times were highlighted positively by participants. However, participants also highlighted waiting times as a negative, along with access issues.

What worked well



Positive – Quality of care
Efficient and responsive service (11 / 17%)



Positive – Quality of care
Waiting times were good (9 / 14%)



Positive – Quality of care
Experience was good (8 / 12%)



Positive – Quality of care
Staff were friendly and caring (7 / 11%)



Positive – Quality of care
Care provided was good (6 / 9%)

Challenges



Negative – Quality of care
Waiting times were poor (13 / 20%)



Negative – Access
Service was difficult to get to (e.g. long distance to travel, unable to drive, difficult to get to, confusing) (7 / 11%)



Negative – Access
Long wait for ambulance (4 / 6%)



Negative
Moved between departments, referred to services that are further away and difficult to access, reduced opening hours limit availability of service, long wait outside A&E in ambulance, asked to return the following day (2 / 3%)

Thinking about the last time you used urgent or emergency care could you please tell us: when you accessed this service, where you accessed this service, what went well, and what were the challenges. *Base: 65 (locality meeting participant demographic profiling questionnaire)*



Community meeting participants' experience of using UEC services

Efficiency and waiting times were highlighted positively by participants. However, participants also highlighted the waiting times as a negative, along with poor quality of care and concerns around lack of access.

What worked well



Positive – Quality of care

Urgent and emergency care services were good (5 / 23%)



Positive – Access

Waiting times were good (3 / 14%)



Positive – Quality of care

Efficient responses from paramedics / ambulance teams (3 / 14%)



Positive – Access

Understand the importance of A&E being for emergency use only (e.g. no casual visits, lack of GP appointments) (2 / 9%)

Challenges



Negative – Quality of care

Urgent and emergency care services were poor (e.g. GP will not refer patient to specialist, told to wait and given medication instead of investigating) (7 / 32%)



Negative – Access

Concern about the lack of access to services (e.g. urgent mental health support, pharmacy deliveries, lack of ambulances, PCN not providing out-of-hours services, GP surgery, walk-in centres, minor injuries units) (6 / 27%)



Negative – Quality of care

Waiting times were poor (4 / 18%)



Negative – Quality of care

Quality of care was poor (4 / 18%)

Experiences of using urgent and emergency care services. *Base: 22 (community meeting and hospital drop-in facilitator feedback booklets)*

Findings: Patient understanding of urgent and emergency care services





Questions asked

This section presents a summary of the feedback to the following questions, which were asked in the survey and at the locality meetings:

Please list up to three places you would go for urgent care.

Where is the first place you would go if you or someone else had the following symptoms?

(Respondents were given a list of symptoms)

Urgent care is for an illness or injury that needs attention quickly but is not life-threatening.

Emergency care is for life-threatening illnesses or injuries that need immediate treatment.

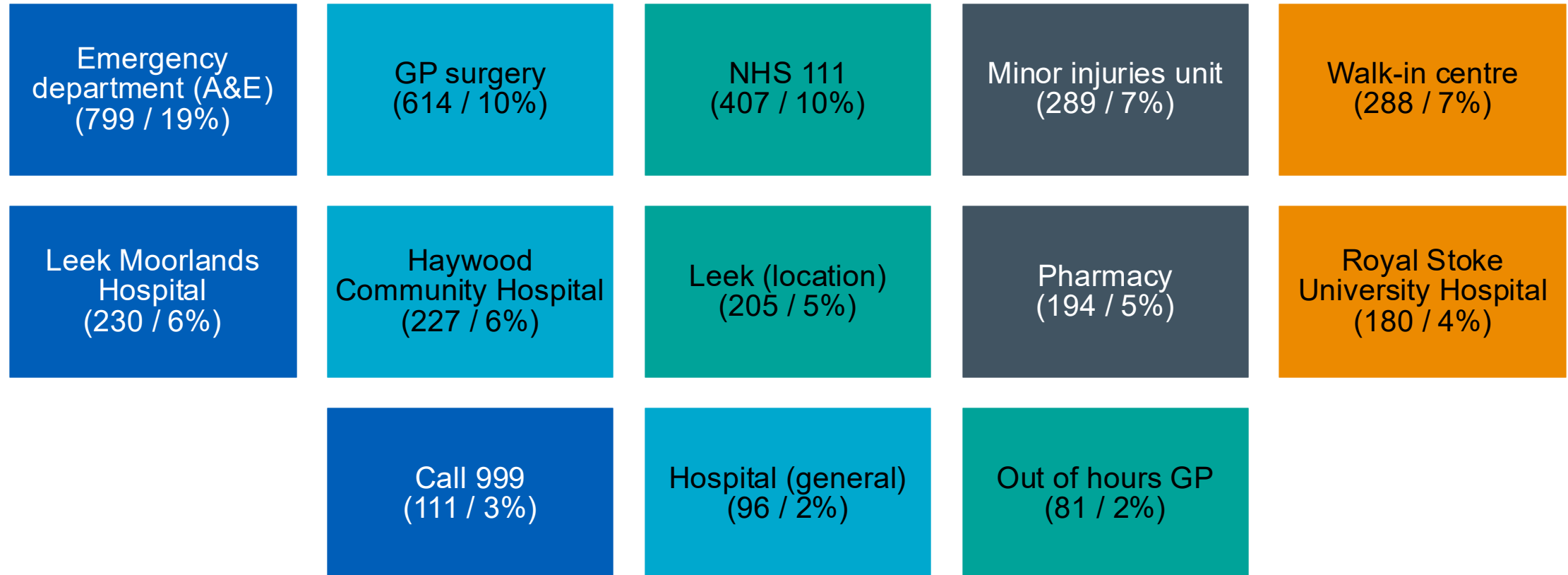
With this in mind, please say whether you would use the following services for urgent care or emergency care needs. (Respondents were given a list of symptoms)

Understanding of urgent and emergency care services.



Where engagement participants would go to access UEC services

Engagement survey respondents were asked to state where they would go for urgent care. Respondents were able to free-type their responses, which were then read and coded. The figure below shows the specific services, sites and geographical locations that were most frequently mentioned.

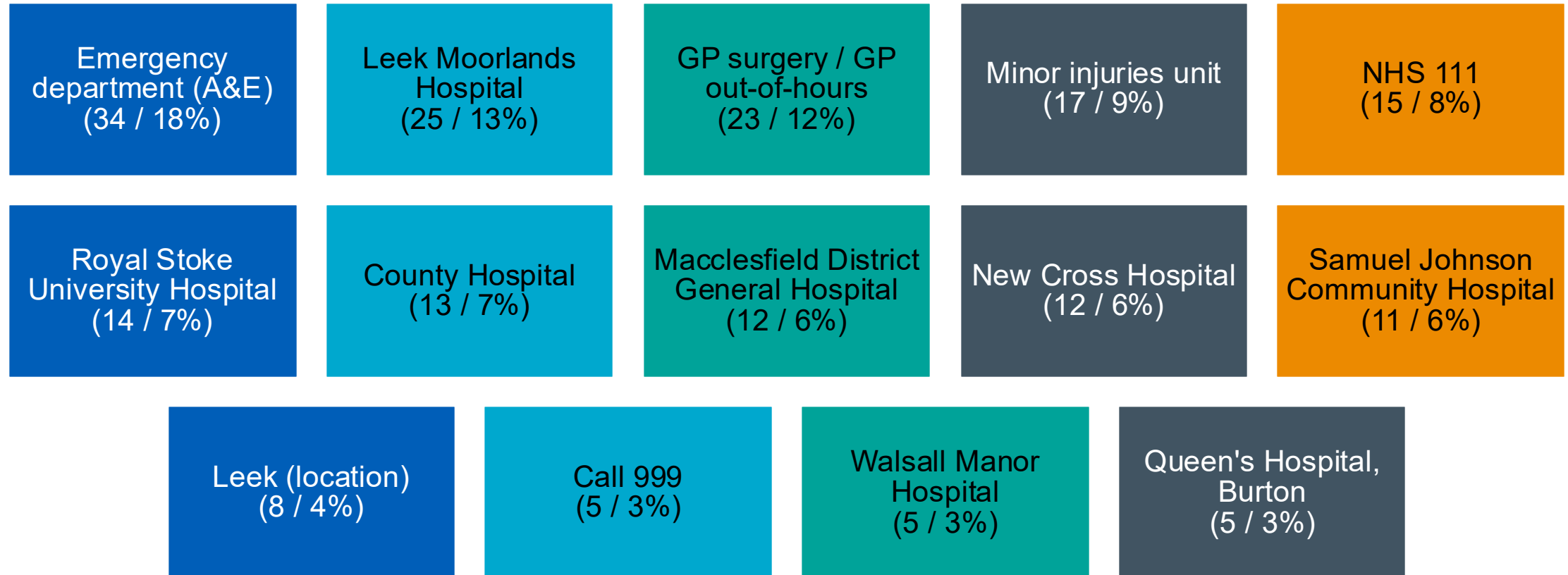


Please list up to three places you would go for urgent care. *Base: 4,123 (engagement survey responses - combined base)*



Where engagement participants would go to access UEC services

Locality meetings participants were asked to state where they would go for urgent care. Table facilitators captured participants' responses, which were then read and coded. The figure below shows the specific services, sites and geographical locations that were most frequently mentioned.



Please list up to three places you would go for urgent care. *Base: 191 (locality meeting participant demographic profiling questionnaire - combined base)*



First choice of NHS service for a range of symptoms

For most symptoms, survey respondents and locality meeting participants agreed on the services they would use.

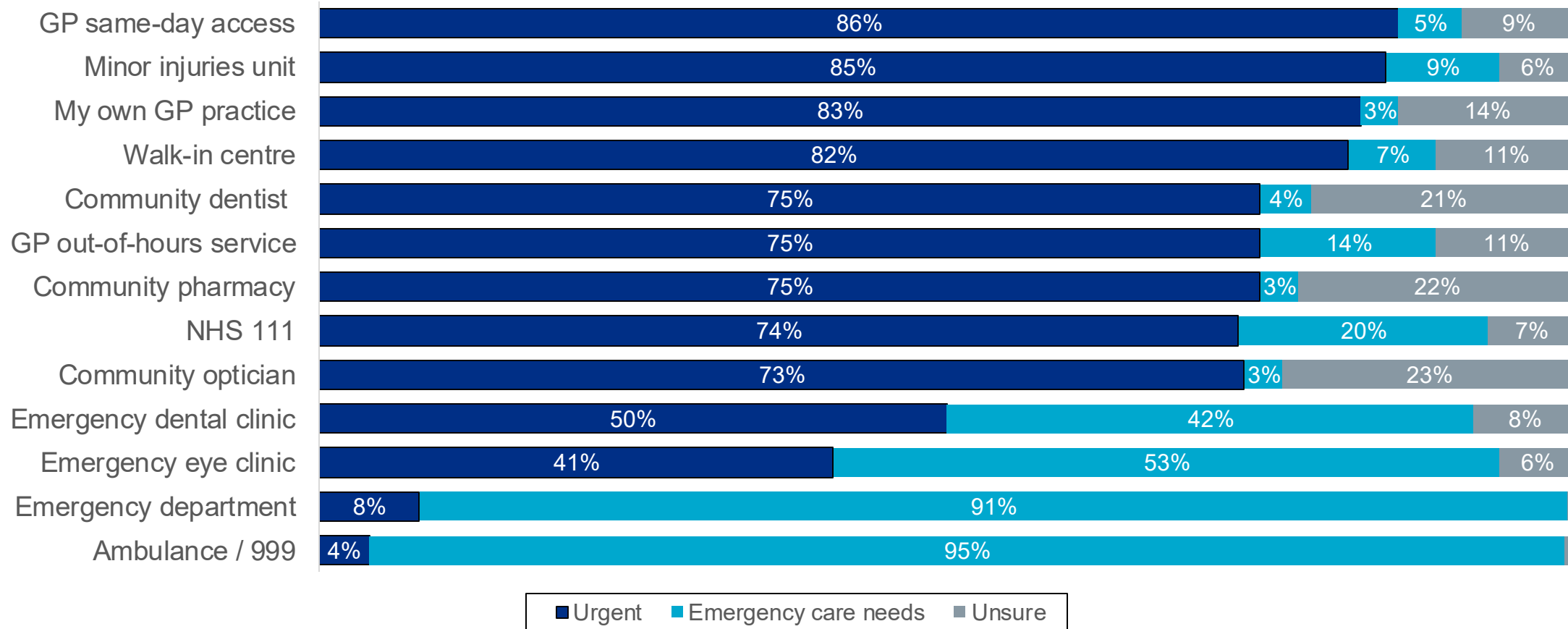
	GP, GP out-of-hours service	NHS 111	A&E / ED	Minor injuries unit	Walk-in centre	Ambulance / 999	Optician / emergency eye clinic	Dentist / emergency dental clinic	Pharmacy	Manage myself at home
A suspected heart attack / stroke						Orange				
A suspected broken bone			Blue	Green						
Breathing difficulties						Orange				
A high temperature in an adult										Orange
A high temperature in a child		Orange								
A rash in an adult	Orange									
A rash in a child	Orange									
Bad tooth pain								Orange		
Blurred vision							Orange			
A mental health crisis	Blue	Green								
A severe burn			Blue	Green						
Feeling dizzy or fainting	Orange									
Severe back pain	Orange									

Where is the first place you would go if you or someone else had the following symptoms? Base: 1,514 – 1,541 (engagement survey respondents), 23 – 24 (locality meeting table facilitator feedback booklets)



Choice of service for urgent or emergency care needs

Most respondents said they would use GP same-day access, minor injuries units and their own GP for urgent care needs, while they would use ambulance / 999, A&E and a specialist emergency clinic for emergency care needs.

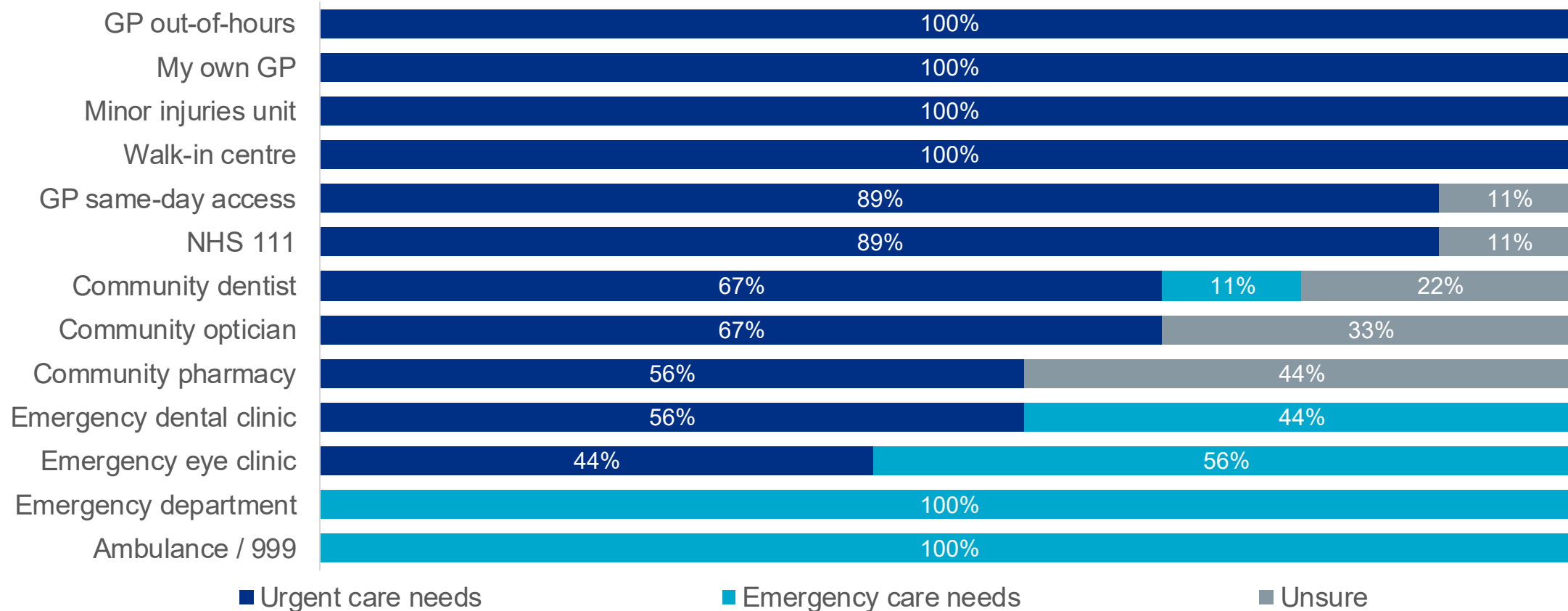


Please say whether you would use the following services for urgent care or emergency care needs. *Base: 1,405 – 1,463 (engagement survey responses)*



Choice of service for urgent or emergency care needs

Most respondents said they would use GP / GP out-of-hours, minor injuries units and walk-in centres for urgent care needs, while they would use ambulance / 999, A&E and a specialist emergency clinic for emergency care.



Please say whether you would use the following services for urgent care or emergency care needs. *Base: 8 – 9 (locality meeting table facilitator feedback booklets)*



Understanding of UEC services

Participants highlighted the need for more information and clarity on the services that are available.

17
Number of responses



Communication – Positive

Understanding of urgent and emergency care is good (e.g. carers of Alzheimer's patients, understanding of different services) (10 / 59%)

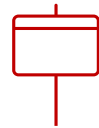
11
Number of themes



Communication – Negative

Urgent and emergency care services are difficult to understand (e.g. confusion about what is available and where to access, waiting for GP referral) (5 / 29%)

2
Positive themes



Communication – Negative

Limited information around which is the most appropriate service to use for the condition / symptom (e.g. patients currently dial 999 / ambulance when in doubt, information about emergency eye / optician services was new) (4 / 24%)

1
Neutral theme



Communication – Negative

Confusion about available NHS services (e.g. Leek, Cheadle and Biddulph areas need more information about the local services available) (3 / 18%)

4
Observation themes



Access – Observation

Limited access to services led to the use of A&E when it was not the most appropriate service (e.g. walk-in centre was closed, no GP appointments, run out of medication) (3 / 18%)

4
Negative themes

Understanding of urgent and emergency care services. *Base: 17 (community meeting and hospital drop-in facilitator feedback booklets)*

Findings: What is most important for you when accessing urgent and emergency care services?





Questions asked

This section presents a summary of the feedback to the following questions, which were asked in the survey and at the locality meetings:

We would like to know what is most important to you when accessing urgent care and emergency care. Please choose your top three things for both urgent and emergency care.

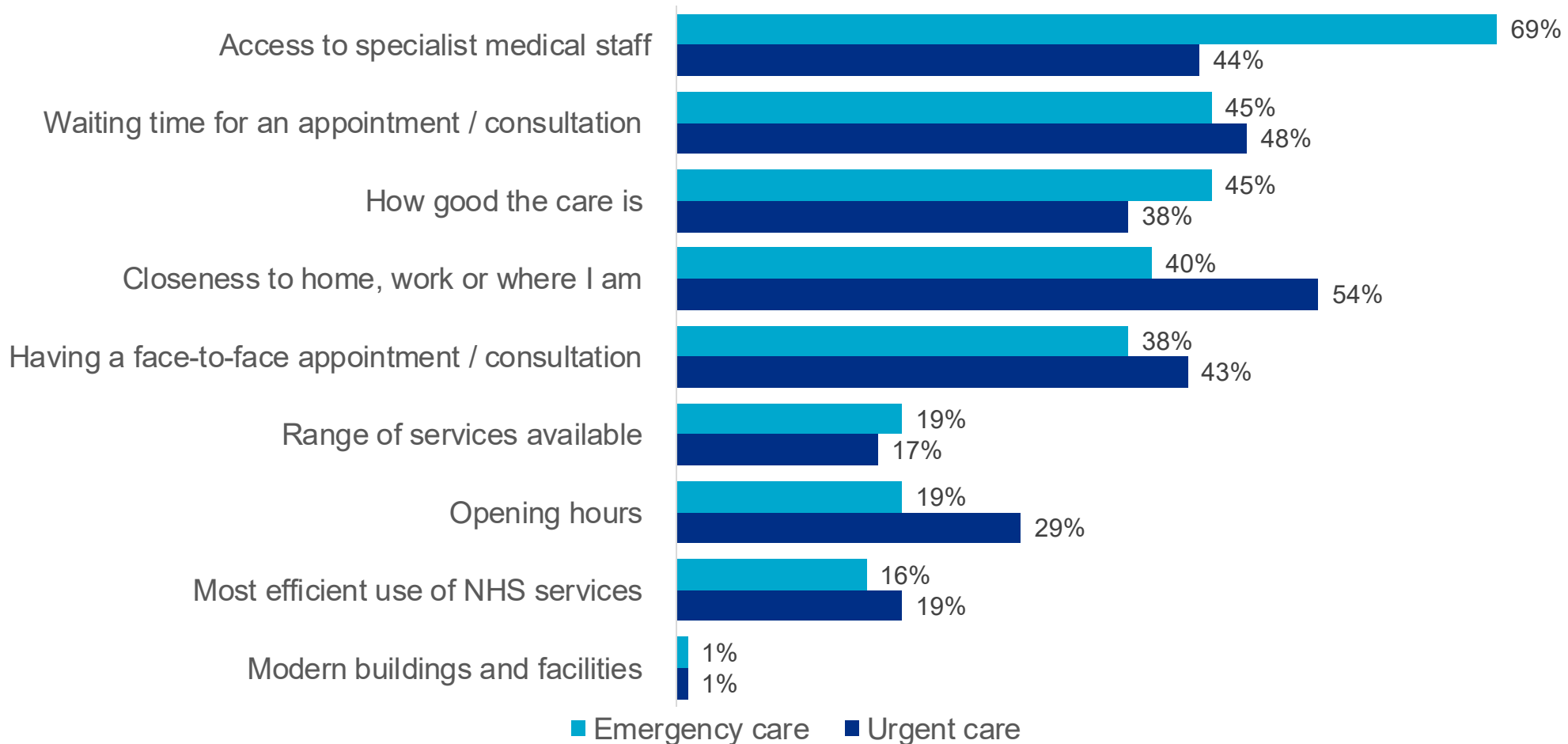
(Respondents were given a list to choose from)

Is there anything else that is important to you when accessing urgent and emergency care that has not been mentioned above?



Most important factors when accessing urgent or emergency care

For survey respondents, access to specialist medical staff and appointment waiting times were the most important factors when accessing emergency care, while closeness to home or work and appointment waiting times were most important when accessing urgent care.

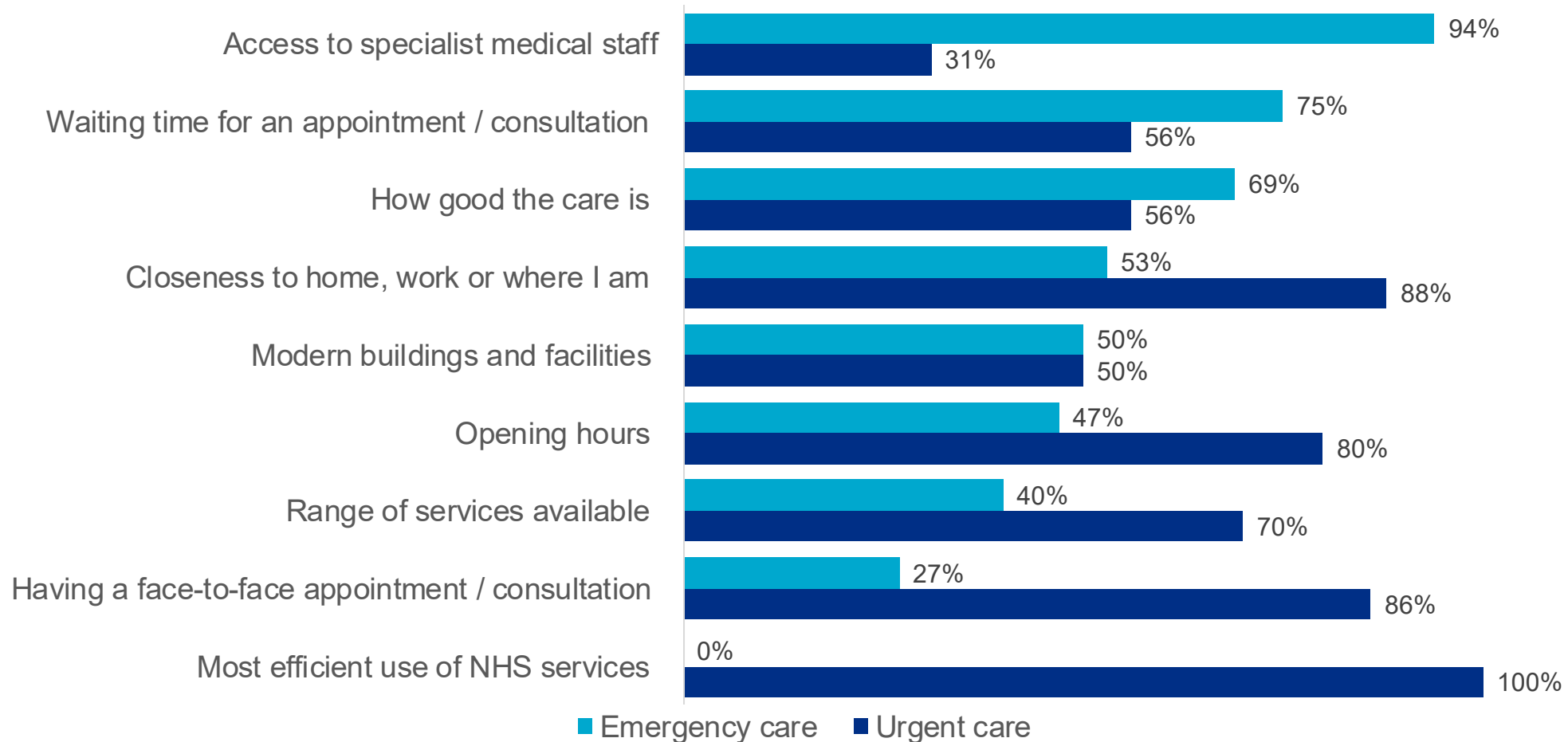


What is most important to you when accessing urgent care and emergency care? Please choose your top three needs for both. *Base: 1,535 – 1,537 (engagement survey responses)*



Most important factors when accessing urgent or emergency care

For locality meeting participants, access to specialist medical staff and appointment waiting times were most important when accessing emergency care, while the most efficient use of NHS services, closeness to home or work and access to a face-to-face appointment were most important when accessing urgent care.



What is most important to you when accessing urgent care and emergency care? Please choose your top three needs for both. *Base: 2 – 17 (locality meeting table facilitator feedback booklets)*



Other factors to consider

Factors around the location of services, travel and transport and waiting times were important considerations for survey respondents.

521
Number of responses



Accessing services – Consideration

Consider the location of services (e.g. local services, convenient, easy to get to, travel times, distance to travel, close for family, travelling in bad weather, close to Uttoxeter, close to Leek, close to Cheadle, GP home visits, paramedics, the costs of travel) (137 / 26%)

133
Number of themes



Accessing services – Factors that can highlight health inequalities

Consider transport issues (e.g. those who don't drive, transport links, access via public transport, driven by someone else, travelling without additional support in an emergency) for those without access to own transport and / or limited mobility (86 / 17%)

19
Positive themes



Accessing services – Consideration

Having access to the most appropriate service (e.g. not having to move between services, tiers of service depending on need, using small services to avoid over-use of A&E, sustainable services, concentrate on local patients instead of using resources on 'helicopter medics') (62 / 12%)

26
Neutral themes



Quality of care – Consideration

Consider waiting times (e.g. clear communication around waiting times, reduced waiting times, wait for appointments, wait for a hospital bed, waiting outside A&E in an ambulance) (51 / 10%)

65
Consideration themes



Accessing services – Consideration

Consider issues relating to parking (e.g. availability, cost, disabled access, access close to A&E) (38 / 7%)

23
Negative themes

Is there anything else that is important to you when accessing urgent and emergency care that has not been mentioned above? *Base: 521 (engagement survey responses)*



Other factors to consider

Factors around the location of services, travel and transport, ease of accessing services and staff were important considerations for locality meeting participants.

22
Number of responses

40
Number of themes

2
Positive themes

25
Neutral themes

8
Consideration themes

5
Negative themes



Access – Neutral

Ease of accessing the appropriate service (e.g. opening times, 24/7 access to care, transparency about what is available, buildings that are accessible to patients with a disability) (8 / 36%)



Access – Neutral

Travel-related issues (e.g. travel distance, cost of travel, transport methods available, difficulties experienced travelling, patients who do not drive / have access to a car) (6 / 27%)



Access – Neutral

Local services (e.g. close to home, close to work) (6 / 27%)



Quality of care – Neutral

Appropriate care given (e.g. correct diagnosis and treatment) (6 / 27%)



Quality of care – Neutral

Access to specialist staff (e.g. more staff needed, specialists, right skill mix) (5 / 23%)

Is there anything else that is important to you when accessing urgent and emergency care that has not been mentioned above? *Base: 22 (locality meeting table facilitator feedback booklets)*



Other factors to consider

Factors around the location of services, travel and transport and ease of accessing services were important considerations for community meeting and hospital drop-in participants.

16
Number of responses



Important factor – Observation

Service should be available locally (e.g. closer to home) (8 / 50%)

16
Number of themes



Areas for improvement – Consideration

Improve issues relating to transport (e.g. transport should not be a barrier to accessing services, needed transport to access service, long waits for ambulance led to using another form of transport, difficult to travel while in pain, consider return journey) (4 / 25%)

0
Positive themes



Quality of care – Consideration

Consider improving the continuity of care (e.g. having access to services without repeating explanation about their symptoms, access to patients' medical history, knowing where to go for follow-up care, having access to information for veterans such as post-traumatic stress disorder diagnosis) (3 / 19%)

10
Observation themes



Important factor – Observation

Waiting times (3 / 19%)

6
Consideration themes



Important factor – Observation

Efficient services (3 / 19%)

0
Negative themes



Important factor – Observation

Accessibility of appropriate services is important (e.g. opening times, skill mix of staff) (3 / 19%)

What is most important when accessing urgent and emergency care services. *Base: 16 (community meeting and hospital drop-in facilitator feedback booklets)*

Findings: Feedback on proposals to introduce urgent treatment centres in Staffordshire and Stoke-on-Trent





Questions asked

This section presents a summary of the feedback captured during the table discussions at the locality meetings and community group meetings. Participants were asked for their thoughts on the proposal to introduce urgent treatment centres (UTCs) across Staffordshire and Stoke-on-Trent.

They were asked the following question:

As a table discuss what you think of the proposals. What do you like? Any issues or concerns?



Feedback on the proposals – Key themes

In response to the proposal concerns were raised around access and communication and levels of understanding.

26
Number of responses

55
Number of themes

7
Positive themes

1
Neutral theme

47
Negative themes /
concerns

Concern – Access

Location of services (e.g. distance to travel, access to transport, cost of transport, loss of public transport) (11 / 42%)

Concern – Communication and understanding

Lack of understanding around the criteria not being met (e.g. Leek Moorlands Hospital) (5 / 19%)

Concern – Access

Lack of access to services (e.g. blood tests, X-ray, pharmacy, mental health services, eye care, follow-up care) (5 / 19%)

Concern – Communication and understanding

Clarification needed around the services that will be available (e.g. at urgent treatment centres) (5 / 19%)

Concern – Communication and understanding

Why can't Leek Moorlands Hospital become a UTC? (5 / 19%)

Concern – Access

Access to transport (e.g. out of hours, in Leek Moorlands, in Cannock, public transport is not direct to services, discontinuing shuttle bus) (5 / 19%)

Concern – Communication and understanding

Where are the growing populations going to access services? (e.g. Cannock, Leek Moorlands) (5 / 19%)

Concern – Access

Need to increase, not reduce services (e.g. concerned this is an all-or-nothing scenario) (5 / 19%)

Positive – Quality of care

Support for UTCs (e.g. model of care, Samuel Johnson Community Hospital as a site, if it was local / accessible, bridge the gap between GP and A&E) (5 / 19%)

As a table discuss what you think of the proposals. What do you like? Any issues or concerns? Base: 26 (locality meeting table facilitator feedback booklets)

Findings: Feedback from other channels





Section overview

This section presents a summary of the additional feedback captured through the other feedback capture mechanisms used during this engagement.

These include:

- Feedback submitted on behalf of an organisation
- Social media
- Correspondence (email and letter)
- Meetings with specific communities

The feedback from these channels has been read and coded into themes which are presented here.



Organisational feedback

Organisations raised concerns around the location of services, costs, staffing and accessibility.

16
Number of responses

43
Number of themes

6
What is working well

6
Neutral themes

13
Consideration themes

18
Concerns



Concern – loss of local, community hospital services (4 / 25%)



Concern – rising costs to access services (e.g. transportation, parking) (3 / 19%)



Concern – staffing needs to be increased (3 / 18%)



Concern – accessibility of healthcare services due to complexities and difficulties to access (e.g. vulnerable patients using food banks and rough sleepers who have an increasing need for physical and mental health support) (2 / 13%)



Concern – wrong claims on flawed planning of Leek MIU (e.g. ambulance access) (2 / 13%)



Consideration – provide longer opening hours (e.g. 24-hour access to A&E in Stafford, Leek Moorlands Hospital) (2 / 13%)



Consideration – increase the availability of GP appointments to reduce patient numbers in walk-in centres (2 / 13%)

Please explain what your organisation would like to tell us about urgent and emergency care. You may like to tell us about what you think works well, where there are challenges, or how it could be improved. *Base: 16 (engagement survey responses)*



Feedback gathered from correspondence and social media

Responses showed the level of care varied across services, with some highlighting it as positive, and others as a negative. Long waiting times were also negatively highlighted.

92

Pieces of correspondence



A&E – Positive – Quality of care and access

Patients experienced good or excellent access and quality of care from emergency department services (13 / 14%)

33

Number of themes



GP – Observation – Access

Consider the need for more GP appointments and access to see a GP (10 / 11%)

6

Positive themes



General – Observation – Access

Facilities that had been closed or were operating on reduced hours should be reinstated for the benefit of local patients (e.g. Cannock / Stafford) (18 / 20%)

15

Neutral or other themes



999 / A&E – Negative – Wait times

Patients waited a long time for an ambulance / to be triaged at A&E / to be seen and treated (13 / 14%)

12

Negative themes



General – Negative – Quality of care

Poor care or a lack of care received (20 / 22%)

Feedback received via social media and written correspondence. *Base: 92 (pieces of correspondence and social media posts)*

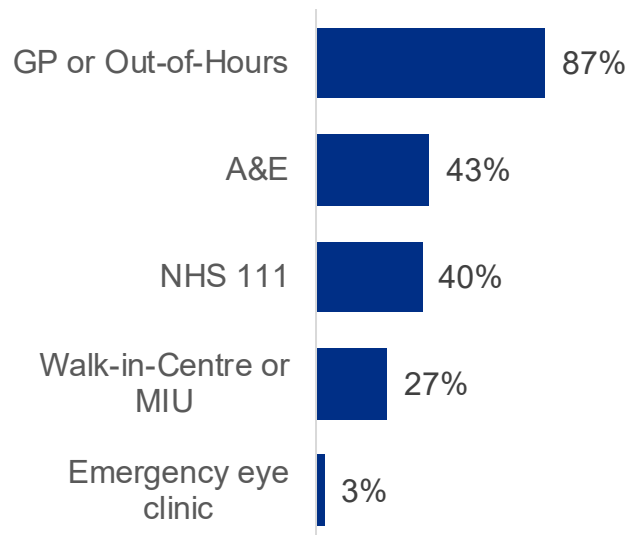


Feedback from Gypsy and Traveller communities

When deciding which UEC service to use, this cohort thinks about the best place to go or the correct thing to do when deciding where to go.

Of the 30 families that were engaged: 20 were English Gypsy, 8 were Irish Traveller, and 2 were Hungarian Roma.

All 30 respondents stated they had used the following UEC services in the last two years:



A&E

- Most respondents thought it was **the best place to go** (12 / 92%)
- The most frequent symptoms were **breathing difficulties** and **chest pain**. One respondent said they went because they couldn't access a GP
- Three respondents said they used A&E for minor injuries because they thought it would be **the quickest way to be seen**.

111

111

- Those who used 111 said they called because they **couldn't get a GP appointment**, or they were **not sure where to go to be seen**. For instance, two respondents commented they rang because they were not sure if they needed to go to hospital and wanted advice.



WIC / MIU

- All those using minor injuries units and walk-in centres said they went for an **urgent care need**.



GP

- All those using GP services said they thought that was the **correct thing to do**.

Consider giving patients more clarity and simple communications – e.g. simplified online information or leaflets.

Consider ease of access for all services – e.g. location and availability of appointments.



Feedback from retirement village residents

56 residents were asked about their experience of UEC services and what's most important when seeking care.

What worked well



Positive – Quality of care
Experience was good



Positive – Quality of care
Staff were friendly and caring



Positive – Quality of care
Mental health service is very good

Considerations



Accessing services – Consideration

Consider the location of services and if ambulances will transport patient (e.g. local services, convenient, easy to get to, travel times, distance to travel, close for family, GP visits, paramedics, the costs of travel)



Accessing services – Consideration

Having access to the most appropriate service (e.g. not having to move between services, tiers of service depending on need, using small services to avoid over-use of A&E, sustainable services, not having to call 999 every time someone falls)



Quality of care – Consideration

Access to specialist staff (e.g. more staff needed in one place, specialists, right skill mix)

Challenges



Negative – Quality of care

Long waits for GP appointments, referrals and ambulance



Negative – Access

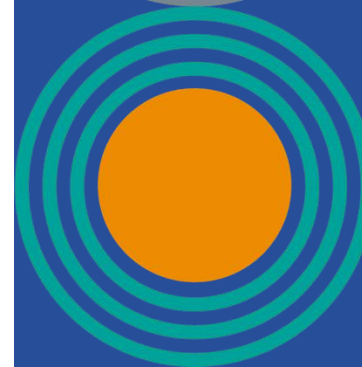
Difficult to get to (e.g. long distance to travel, unable to drive, confusing)



Negative – Quality of care

Poor ongoing support from community services and GP on discharge from hospital – carers (often the spouse) feel unsupported and overwhelmed

Summary





Summary (1)

People took part in the engagement between 24 July 2024 and 13 October 2024 through a range of involvement activities. The team engaged with people with as much rigour and depth as possible. The following are the key take aways from the feedback captured:

Patient experiences of using urgent and emergency care services

- **GP / GP out-of-hours:** The main reasons for using this service were that participants thought it was the best place to go, and they were advised to go by another service. Participants rated the quality of care from medical staff, ease of accessing the building and the outcome of their visits most positively. They also highlighted how this service assists with referrals to other services.
- **NHS 111:** The main reasons for using this service were that participants thought it was the best place to go, and they were advised to go by another service. Participants rated most positively the quality of care from medical staff, the service from administration staff when answering queries and how good the administration staff were when booking appointments. They also highlighted how the service signposts and refers patients to other services, but there were negative comments on the long waiting times.
- **A&E:** The main reasons for using this service were being advised to go by another service and participants thinking it was the best place to go. Participants rated the ease of accessing the building, the quality of care from medical staff and the outcome of their visits most positively. They also positively highlighted the staff and efficiency of the service.
- **Minor injuries unit:** The main reasons for using this service were that participants thought it was the best place to go and that it was near where they lived. Participants rated the ease of accessing the building, the quality of care from medical staff and the outcome of the visit most positively. They also positively highlighted the staff and efficiency of the service.
- **Walk-in centre:** The main reasons for using this service were that participants thought it was the best place to go and that it was near where they lived. Participants rated the ease of accessing the building, how good the booking system was and the quality of care from medical staff most positively. They also positively highlighted the staff and efficiency of the service. However, some stated the waiting times were poor.



Summary (2)

- **999 / ambulance:** The main reasons for using this service were that participants thought it was the best place to go, and they were advised to go by another service. Participants rated the quality of care from medical staff, the outcome of the visit and the service from administration staff most positively. However, they also highlighted the long waiting times for an ambulance and the waiting times in the ambulance at hospital.
- **Optician / emergency eye clinic:** The main reasons for using this service were that participants thought it was the best place to go, and they were advised to go by another service. Participants rated the quality of care from medical staff, the service from administration staff when booking appointments and the outcome of the visit most positively. They also highlighted how they were seen in a timely manner and received thorough examinations, leading to a positive experience.
- **Dentist / emergency dental clinic:** The main reason for using this service was that participants thought it was the best place to go. Participants rated the access to the building, the service from administration staff when booking appointments and the quality of care from medical staff most positively. Participants also highlighted how they were seen in a timely manner and received appropriate treatment, leading to a positive experience.
- **Pharmacy:** The main reason for using this service was that participants thought it was the best place to go. Participants rated the access to the building, travel to the location and outcome of the visit most positively. Participants also highlighted how they were seen in a timely manner and how the staff were helpful and reassuring, leading to a positive experience.

Patient understanding of urgent and emergency care services

- Most engagement survey respondents stated they would go to A&E, their GP surgery or call NHS 111 for urgent care, while most event participants would go to A&E, Leek Moorlands Hospital or their GP / GP out-of-hours for this.
- Largely there was agreement on which UEC services respondents and event participants would use if they were experiencing a range of symptoms/conditions like a suspected heart attack, breathing difficulties, or a high temperature in a child or adult.
- However, a lack of information and confusion around which services to use was also highlighted.



Summary (3)

What is most important when accessing urgent and emergency care services

- When accessing **emergency care**, the most important factors are access to specialist medical staff, the waiting time for an appointment or consultation, and how good the care is.
- When accessing **urgent care**, the most important factors are closeness to home, place of work or individuals' current location, having a face-to-face appointment or consultation, and opening hours.
- Other key factors highlighted include the need for localised services, considerations around travel and transport, and having access to the most appropriate service and waiting times.

Feedback on proposals to introduce urgent treatment centres (UTCs) in Staffordshire and Stoke-on-Trent

- During the locality meetings, participants were given information about the proposal to introduce UTCs across Staffordshire and Stoke-on-Trent. In response, the following themes were raised most predominantly:

Concerns

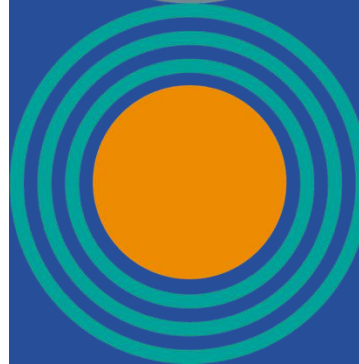
- **Access:** Location of services
- **Communication and understanding:** Lack of understanding around the criteria not being met
- **Access:** Lack of access to services
- **Communication and understanding:** Clarification needed around the services that will be available
- **Communication and understanding:** Why can't Leek Moorlands Hospital become a UTC?

- **Access:** Access to transport
- **Communication and understanding:** Where are the growing populations going to access services?
- **Access:** Need to increase, not reduce services.

Positives

- **Support for UTCs:** e.g. model of care, Samuel Johnson Community Hospital as a site, if it was local / accessible, bridge the gap between GP and A&E.

Appendix



Geographical and demographic profile of survey respondents and event participants

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Demographic profile overview: survey respondents only

Ethnicity	Age	Religion / belief	Gender	Orientation
<ul style="list-style-type: none"> • 1,445 (94%) White: British • 30 (2%) White: any other background • 13 (1%) Mixed/multiple ethnic group: All • 7 (1%) Asian/Asian British: All 	<ul style="list-style-type: none"> • 220 (14%) Under 40 • 623 (41%) 40 to 59 • 669 (44%) 60 to 79 	<ul style="list-style-type: none"> • 811 (53%) Christian • 614 (40%) No religion • 3 (0.2%) Buddhist • 2 (0.1%) Muslim • 2 (0.1%) Hindu • 15 (1%) Other religion 	<ul style="list-style-type: none"> • 1,161 (76%) Female • 326 (21%) Male 	<ul style="list-style-type: none"> • 1,326 (88%) Heterosexual • 37 (3%) Bisexual • 10 (1%) Gay • 9 (1%) Lesbian • 5 (0.3%) Asexual
Relationship status	Pregnancy and maternity	Disability	Carer	Armed services
<ul style="list-style-type: none"> • 936 (61%) Married • 193 (13%) Living with partner • 133 (9%) Single • 101 (7%) Divorced 	<ul style="list-style-type: none"> • 10 (1%) had or their partner had given birth in the last six months 	<ul style="list-style-type: none"> • 922 (61%) Not limited • 376 (25%) Limited a little • 227 (15%) Limited a lot 	<ul style="list-style-type: none"> • 113 (8%) for those aged under 25 • 31 (2%) for those aged 25 to 49 • 266 (18%) for those aged 50 or over 	<ul style="list-style-type: none"> • 53 (4%) Veterans

Base: 1,506 – 1,536 (engagement survey responses)



Demographic profile overview: locality meeting participants only

Ethnicity	Age	Religion / belief	Gender	Orientation
<ul style="list-style-type: none"> • 73 (97%) White: British • 1 (1%) other White background • 1 (1%) African 	<ul style="list-style-type: none"> • 3 (4%) Under 40 years • 15 (20%) 40 to 59 years • 56 (76%) 60 and over 	<ul style="list-style-type: none"> • 48 (65%) Christian • 1 (1%) Quaker • 24 (32%) No religion 	<ul style="list-style-type: none"> • 54 (72%) Female • 21 (28%) Male 	<ul style="list-style-type: none"> • 68 (92%) Heterosexual • 1 (1%) Bisexual • 1 (1%) Gay • 1 (1%) Asexual
Relationship status	Pregnancy and maternity	Disability	Carer	Armed services
<ul style="list-style-type: none"> • 47 (63%) Married • 8 (11%) Living with partner • 7 (9%) Divorced • 6 (8%) Single • 6 (85%) Widowed • 1 (1%) Separated 	<ul style="list-style-type: none"> • None of the locality meeting participants stated they were currently pregnant, or had given birth in the last six months 	<ul style="list-style-type: none"> • 44 (60%) Not limited • 21 (29%) Limited a little • 8 (11%) Limited a lot 	<ul style="list-style-type: none"> • 2 (3%) for those aged under 25 • 1 (1%) for those aged 25 to 49 • 18 (25%) for those aged 50 or over 	<ul style="list-style-type: none"> • 2 (3%) Veterans

Base: 72 – 75 (locality meeting participant demographic profiling questionnaire)

Patient experiences of using urgent and emergency care services



Usual GP / GP out-of-hours service

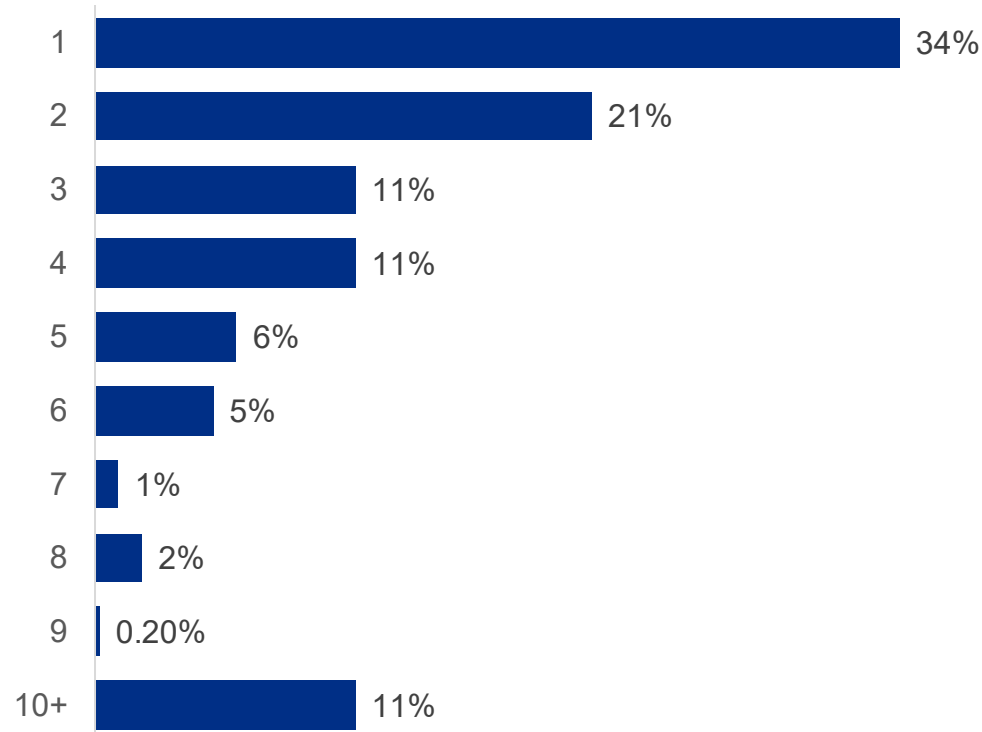
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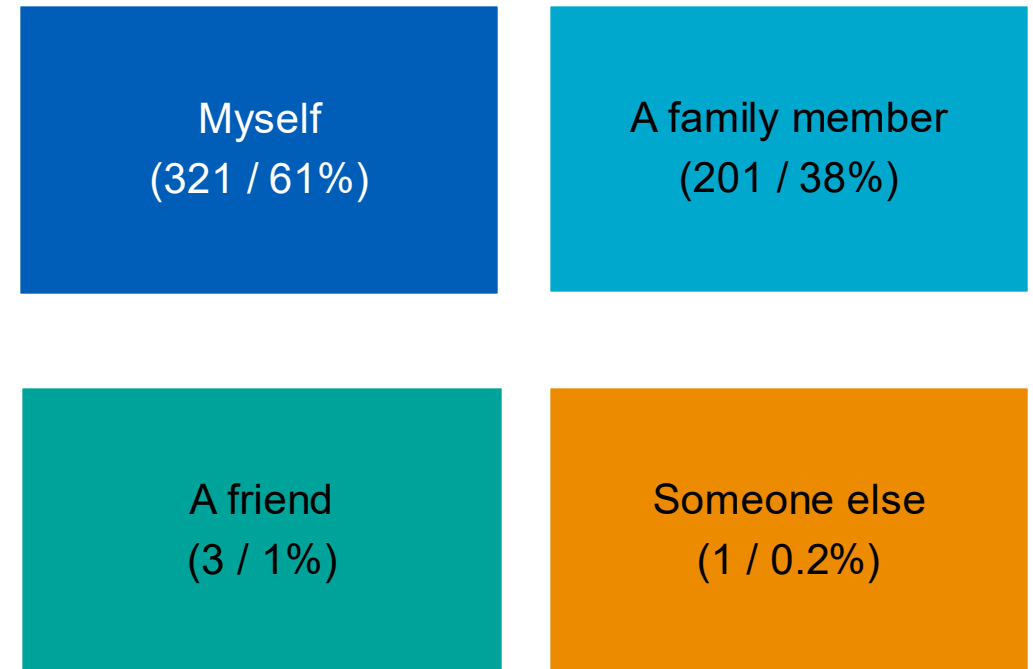


How frequently respondents used their usual GP / out-of-hours GP for urgent or emergency care

Number of times service used for UEC in the last two years



Who the service was used for last time



How many times have you used this service for urgent or emergency care in the last two years? *Base: 507 (engagement survey responses)*
 Thinking about the last time you used this service, who did you use it for? *Base: 526 (engagement survey responses)*



Where respondents chose to go to the GP / out-of-hours GP and why they chose this service

Where respondents went to access the service



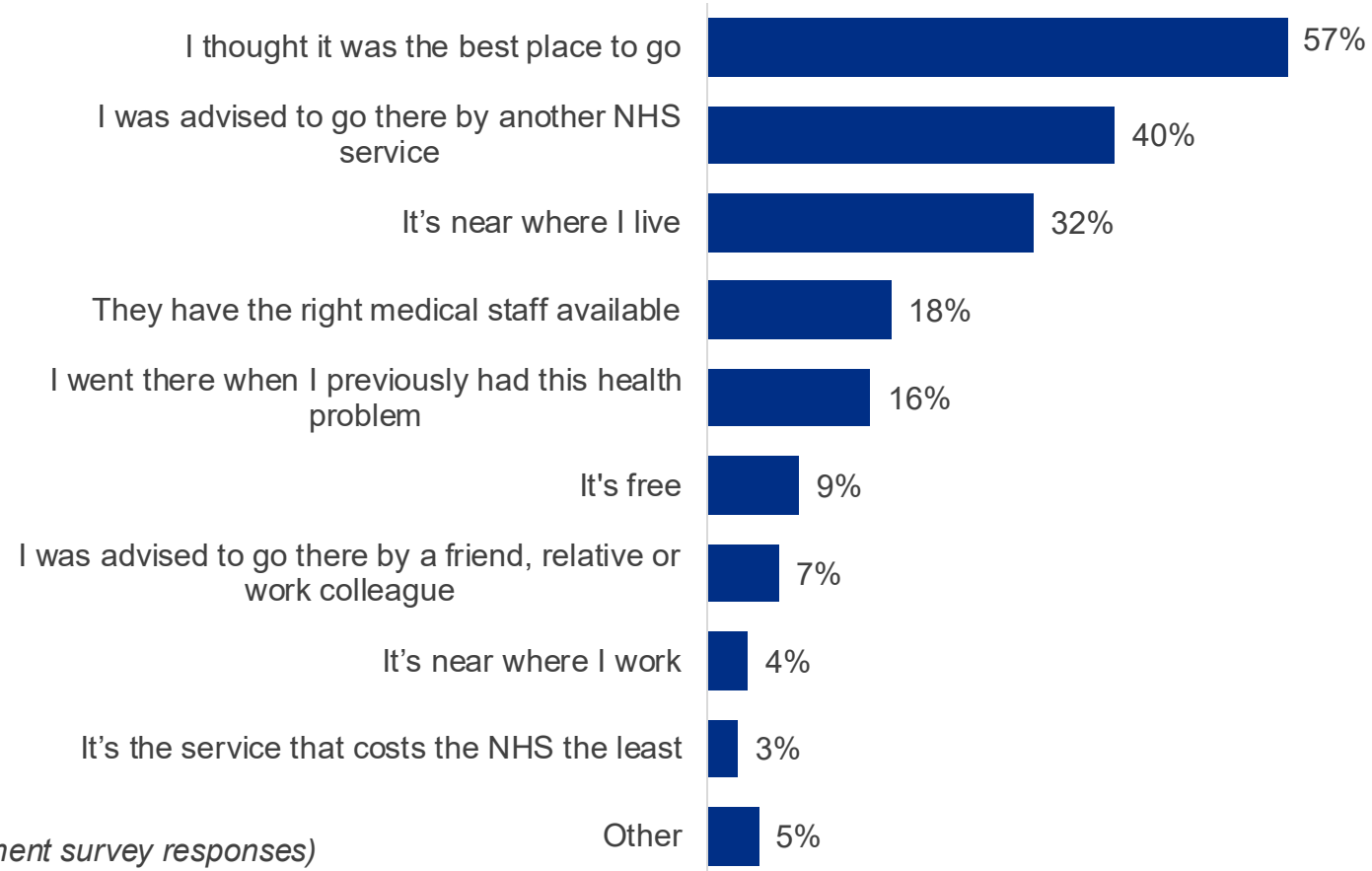
239 / 47%

Said they went to a GP surgery

Additionally, 176 / 35% stated they visited hospitals, such as:

- Leek Moorlands Hospital (76 / 15%)
- Cannock Chase Hospital (37 / 7%)
- Royal Stoke University Hospital (22 / 4%)
- Haywood Hospital (15 / 3%)
- Sir Robert Peel Hospital (13 / 3%)
- County Hospital, Stafford (10 / 2%)

Reason for accessing this service



Please tell us where you went to use the service. *Base: 504 (engagement survey responses)*

Please explain why you decided to visit this service. *Base: 515 (engagement survey responses)*



Referrals to the GP / out-of-hours GP and why they were referred

Services referring respondent

NHS 111 (e.g. phone, online) (129 / 66%)

GP surgery (e.g. doctor) (50 / 25%)

Pharmacy (4 / 2%)

Out-of-hours (4 / 2%)

Emergency department (A&E) (3 / 2%)

Respondent symptoms



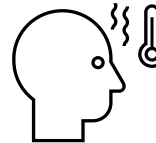
General health issue – Pain (e.g. stomach, back, shoulder, leg, breast, foot, ear, neck, eye, knee, groin, hip, sciatica, flank, abdomen) (57 / 12%)



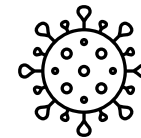
Infection – Chest infection (36 / 8%)



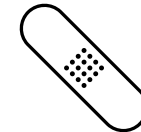
Respiratory – Breathing difficulty / respiratory issue (e.g. shortness of breath / dyspnea, apnoeic episode, COPD) (33 / 7%)



General health issue – Elevated temperature / fever (28 / 6%)



Infection – Urinary tract infection (26 / 5%)



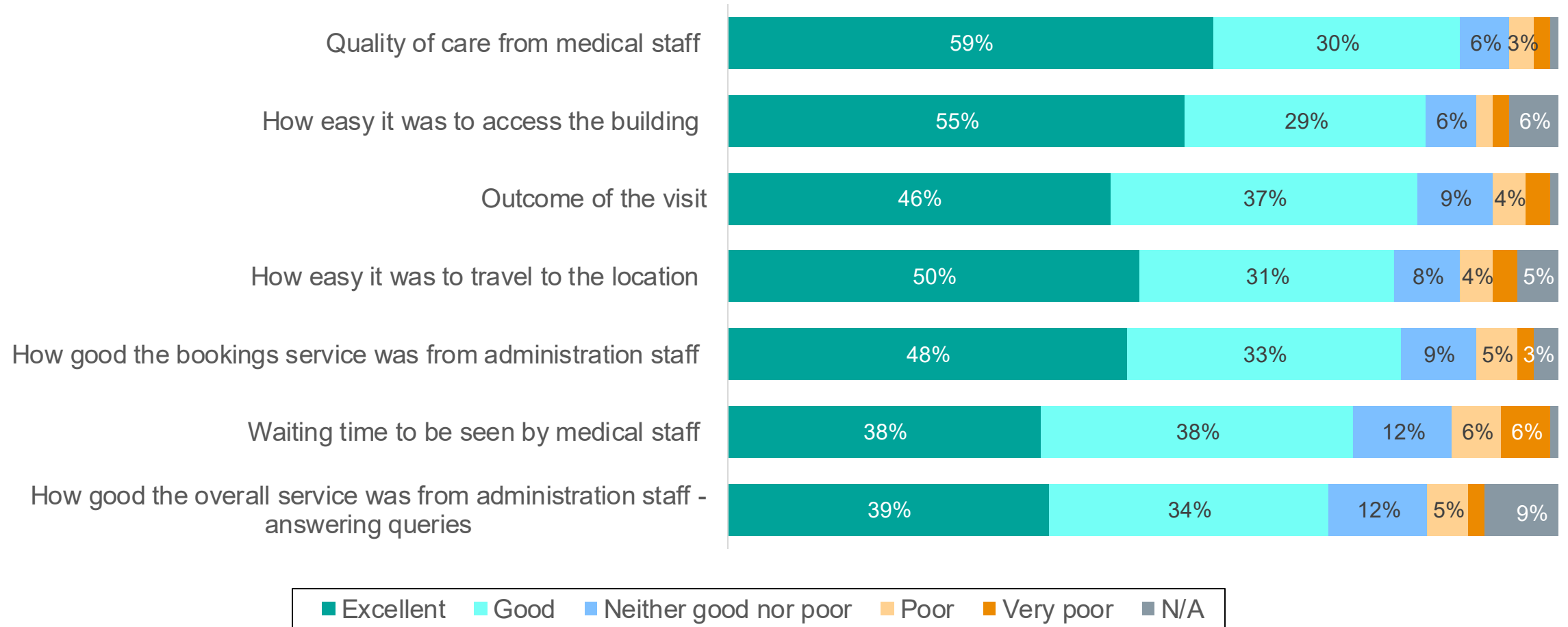
Skin – Skin condition (e.g. eczema, rash, red patches, dermatitis, hidradenitis suppurativa, epidermolytic ichthyosis, birthmark required body mapping) (26 / 5%)

Which service directed or referred you to this service? *Base: 197 (engagement survey responses)*

What symptoms did you or the patient have, or if you knew the condition (illness or problem) you/they needed help for. *Base: 483 (engagement survey responses)*



Rating the service received at the GP / out-of-hours GP



How would you rate the service you received against the following points (where 1 is excellent and 5 is very poor)? *Base: 513 – 520 (engagement survey responses)*



Reasons for rating

After sharing their rating of the service, respondents were asked to share more about their responses.

370

Number of responses

140

Number of themes

22

Positive themes

80

Neutral / other themes

38

Negative themes

Top themes:



Positive – Quality of care

Care provided was good (e.g. thorough, not rushed, understood issues) (76 / 21%)



Neutral – Outcome of accessing the service

Referred to another service (e.g. physio, hospital, A&E, phlebotomy, pharmacy, MIU, urgent care, out-of-hours GP referred to GP) (68 / 18%)



Positive – Quality of care

Experience was good (54 / 15%)



Positive – Quality of care

Efficient service (e.g. appointment was on time) (51 / 14%)



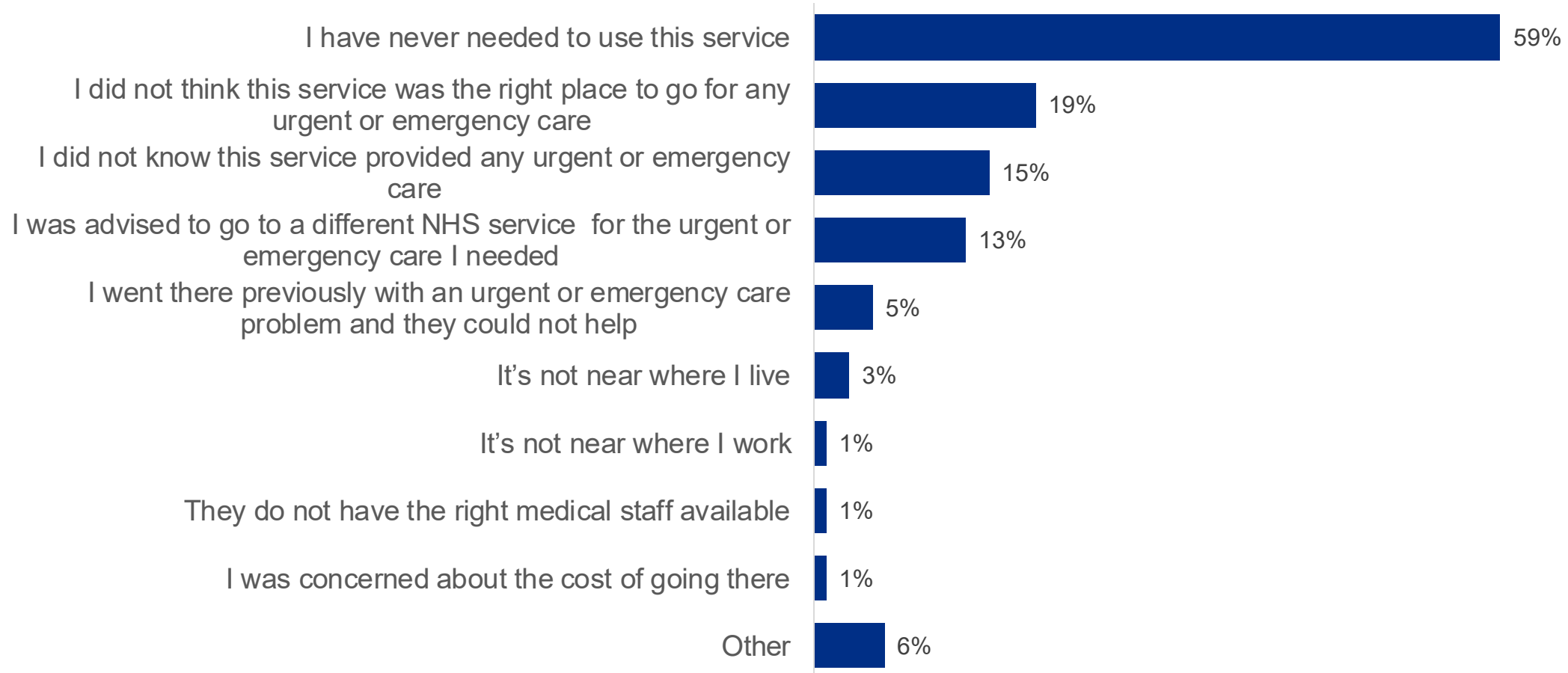
Positive – Access

Appointments are available at GP surgery (e.g. if urgent, same day, easy to access appointments, via phone, online triage form used, accessed via NHS 111) (49 / 13%)

Please explain your experience in more detail. *Base: 370 (engagement survey responses)*



Why respondents didn't choose a GP / out-of-hours GP to access urgent or emergency care services



We would like to understand why you may not have used this service for urgent or emergency care. Please explain why you have not used this service.
 Base: 356 (engagement survey responses)

NHS 111 (online / app or phone)

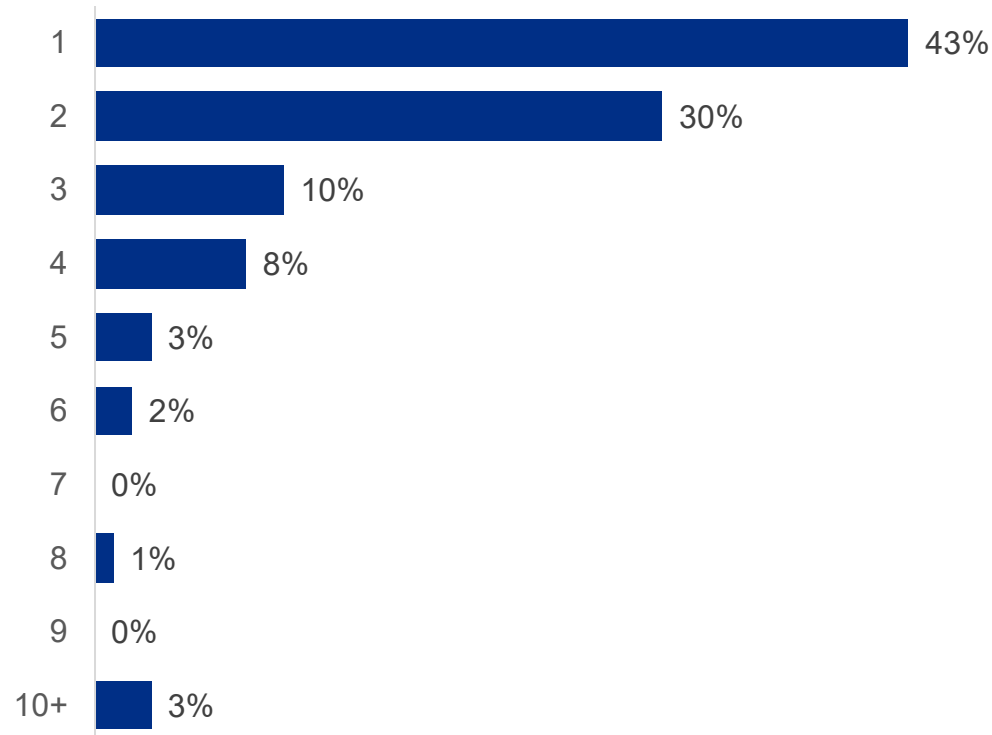
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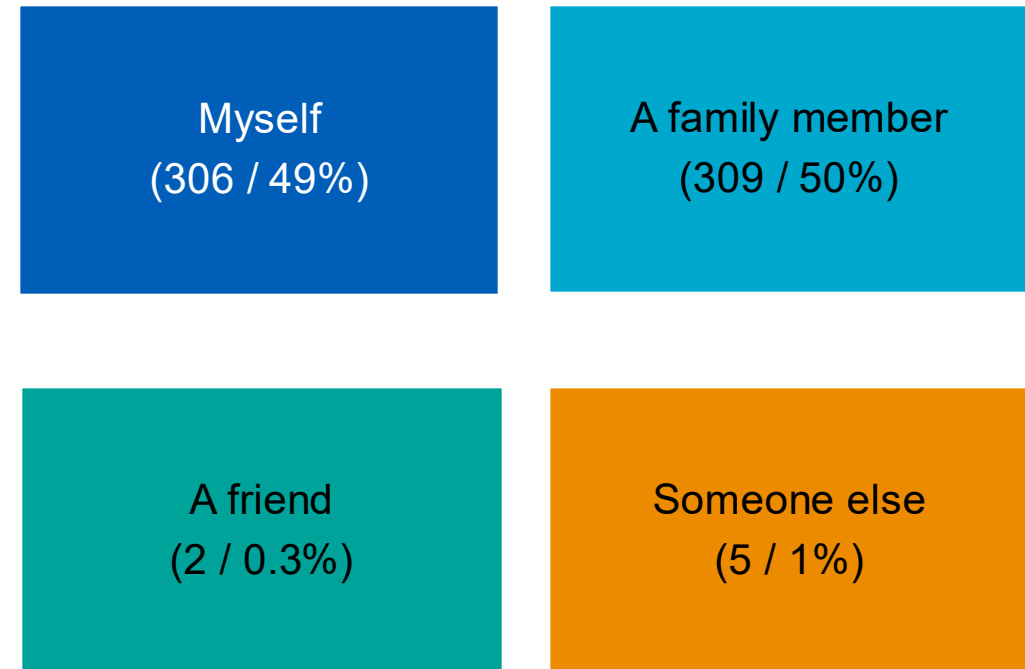


How frequently respondents used NHS 111 for urgent or emergency care

Number of times service used for UEC in the last two years



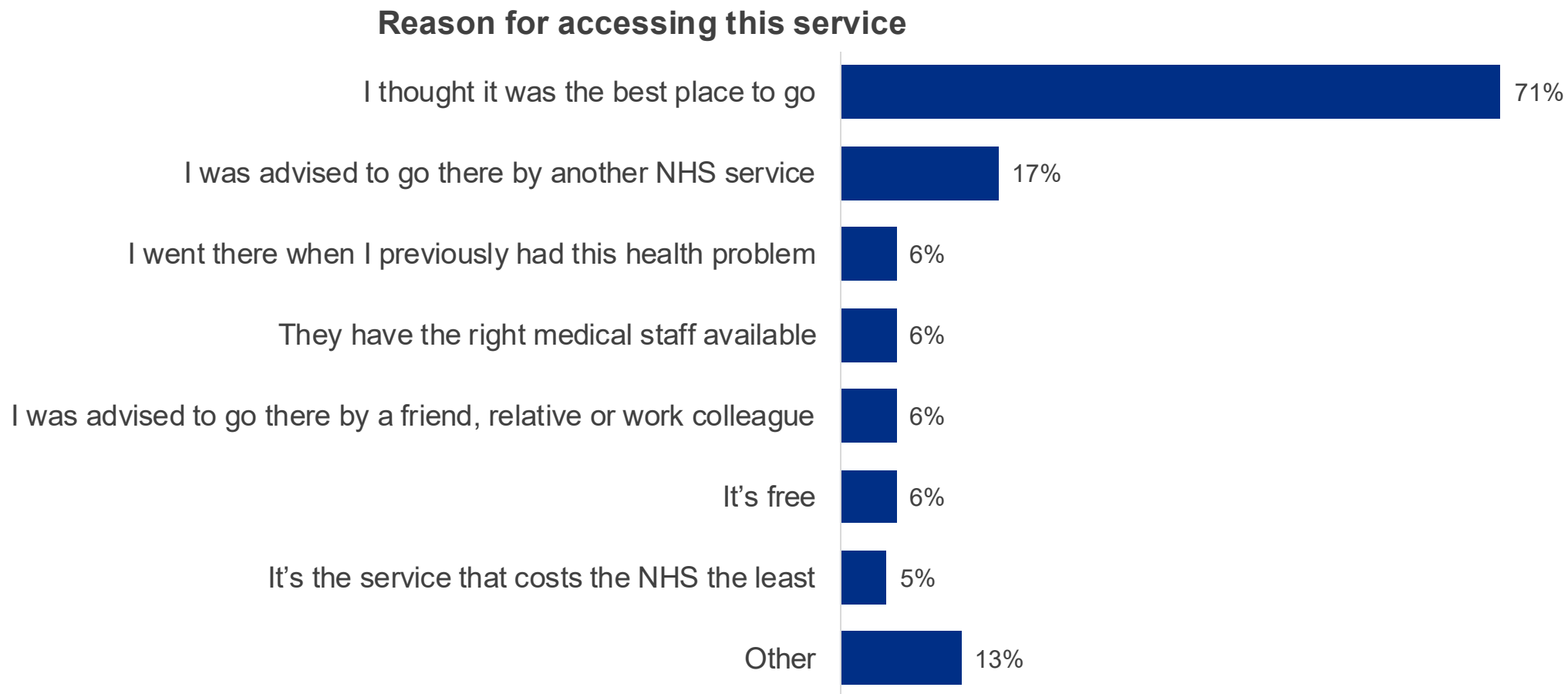
Who the service was used for last time



How many times have you used this service for urgent or emergency care in the last two years? *Base: 610 (engagement survey responses)*
 Thinking about the last time you used this service, who did you use it for? *Base: 622 (engagement survey responses)*



Why respondents chose to call NHS 111 (online / app or phone)



Please explain why you decided to visit this service. *Base: 615 (engagement survey responses)*



Referrals to NHS 111 (online / app or phone) and why they were referred

Services referring respondent

GP surgery (e.g. GP receptionist, pharmacist) (41 / 42%)

NHS 111 (36 / 37%)

999 (4 / 4%)

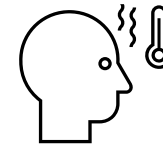
Hospital (general) (3 / 3%)

Dentist (e.g. dental hospital) (3 / 3%)

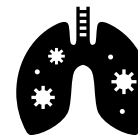
Respondent symptoms



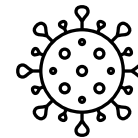
General health issue – Pain (e.g. abdomen, stomach, ear, head, ankle, arm, back, shoulder, genitals, groin, ribs, post-herpetic neuralgia, right lower quadrant pain, kidney, neck) (85 / 15%)



General health issue – Elevated temperature / fever / rigor / chills / low body temperature (50 / 9%)



Respiratory – Breathing difficulty / respiratory issue (e.g. shortness of breath, apnoeic episode, respiratory syncytial virus, wheezy chest, low peak flow, low oxygen levels, blue lips) (47 / 8%)



Infection – Urinary tract infection (29 / 5%)



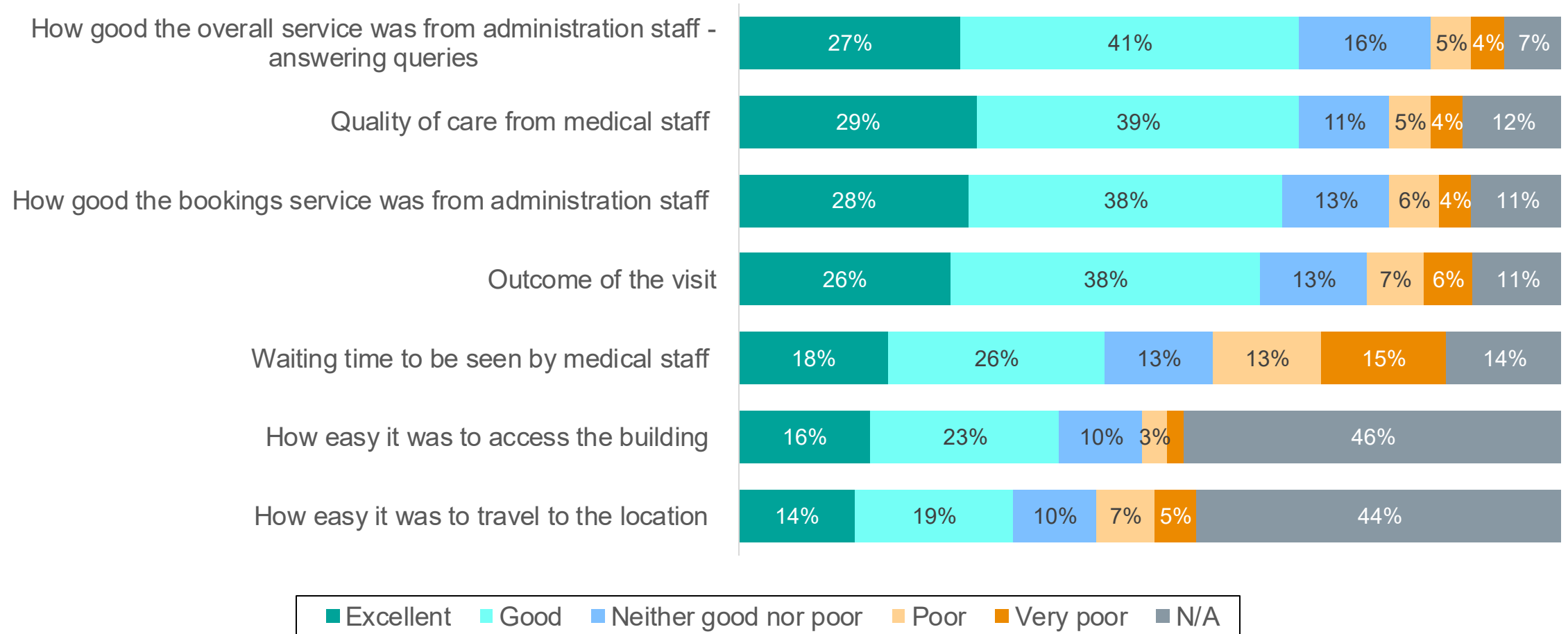
Infection – Infection (e.g. ear, toenail, croup, animal bite, cyst, prostate, cellulitis, hand, scarlet fever, impetigo) (29 / 5%)

Which service directed or referred you to this service? *Base: 97 (engagement survey responses)*

What symptoms did you or the patient have, or if you knew the condition (illness or problem) you/they needed help for. *Base: 567 (engagement survey responses)*



Rating the service received at NHS 111 (online / app or phone)



How would you rate the service you received against the following points (where 1 is excellent and 5 is very poor)? *Base: 607 – 614 (engagement survey responses)*



Reasons for rating

After sharing their rating of the service, respondents were asked to share more about their responses.

455
Number of responses

85
Number of themes

11
Positive themes

48
Neutral / other themes

26
Negative themes

Top themes:



Neutral – Access

NHS 111 advised patient to contact another service / arranged referral to another service (e.g. arranged an ambulance, advised A&E visit, referral to emergency dentist) (133 / 29%)



Positive – Quality of care

NHS 111 provides a quick / good / efficient service (86 / 19%)



Negative – Access

Long wait for a call back / no call back received from the service (77 / 17%)



Positive – Staff

Positive feedback received for administration and clinical staff operating NHS 111 (e.g. clear, patient, helpful) (40 / 9%)



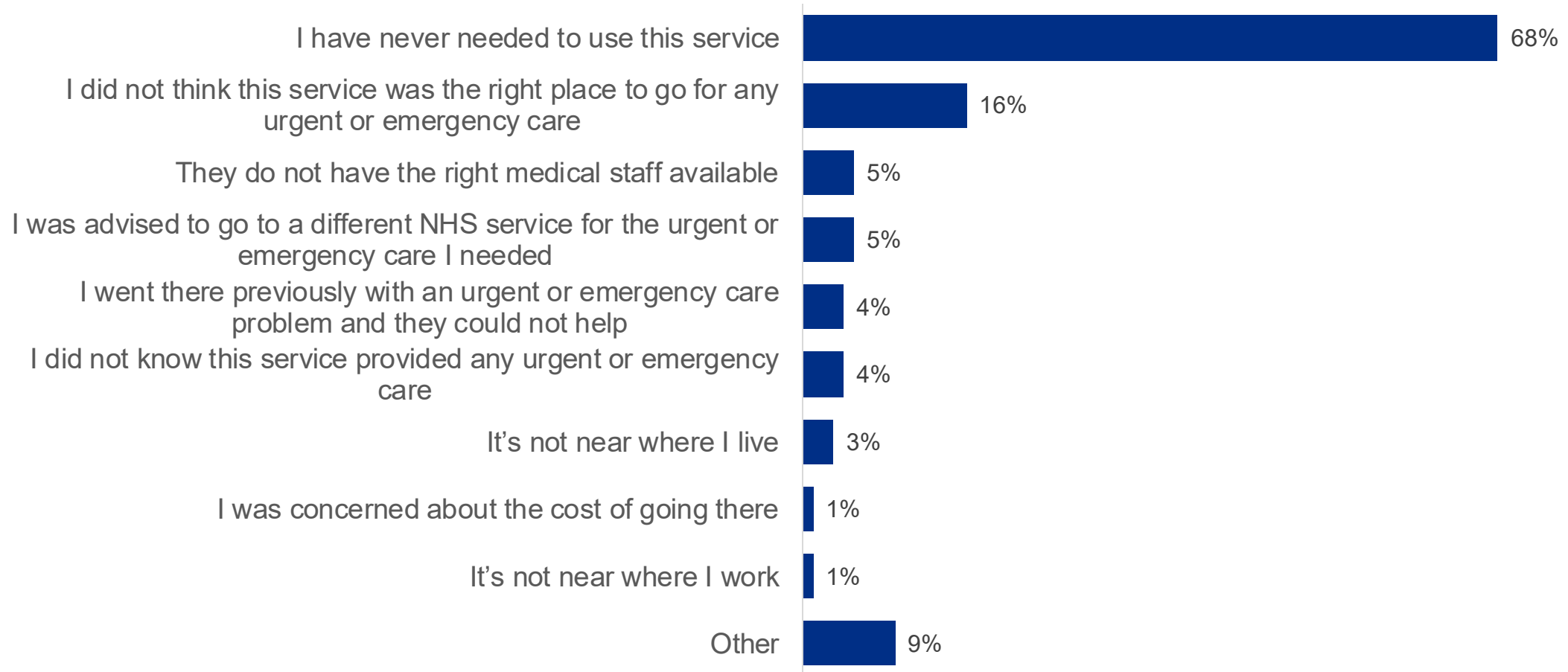
Positive – Quality of care

Good quality of care is provided by the services patients are referred to (e.g. A&E, district nurses, Royal Stoke University Hospital, Leek Moorlands Hospital, Cannock Chase Hospital) (32 / 7%)

Please explain your experience in more detail. *Base: 455 (engagement survey responses)*



Why respondents didn't choose NHS 111 (online / app or phone) to access urgent or emergency care services



We would like to understand why you may not have used this service for urgent or emergency care. Please explain why you have not used this service.
Base: 317 (engagement survey responses)

Emergency department / A&E

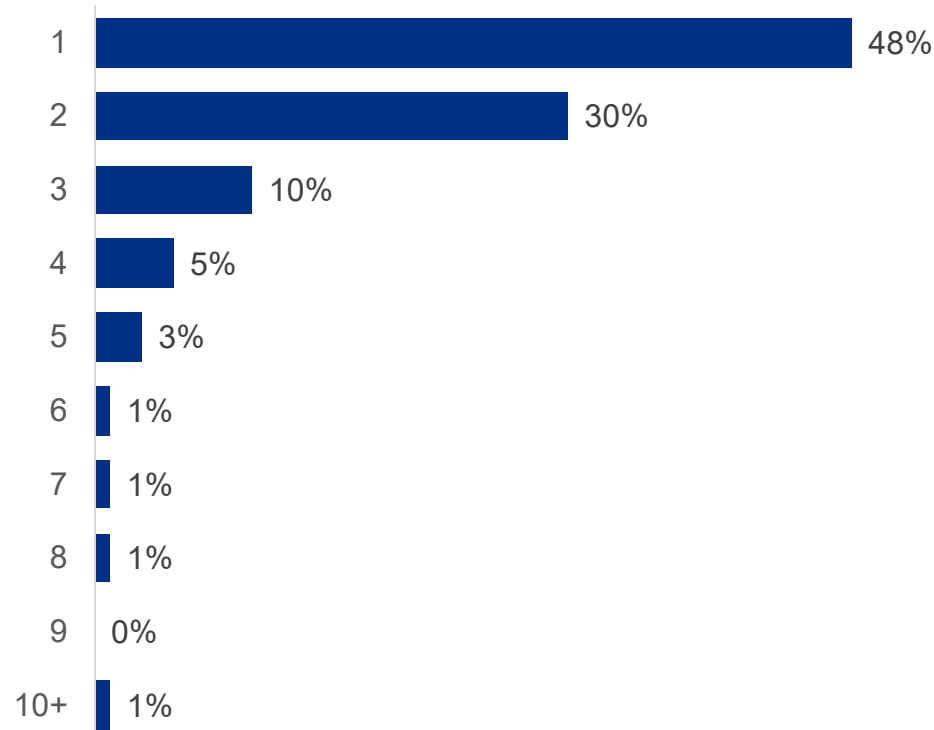
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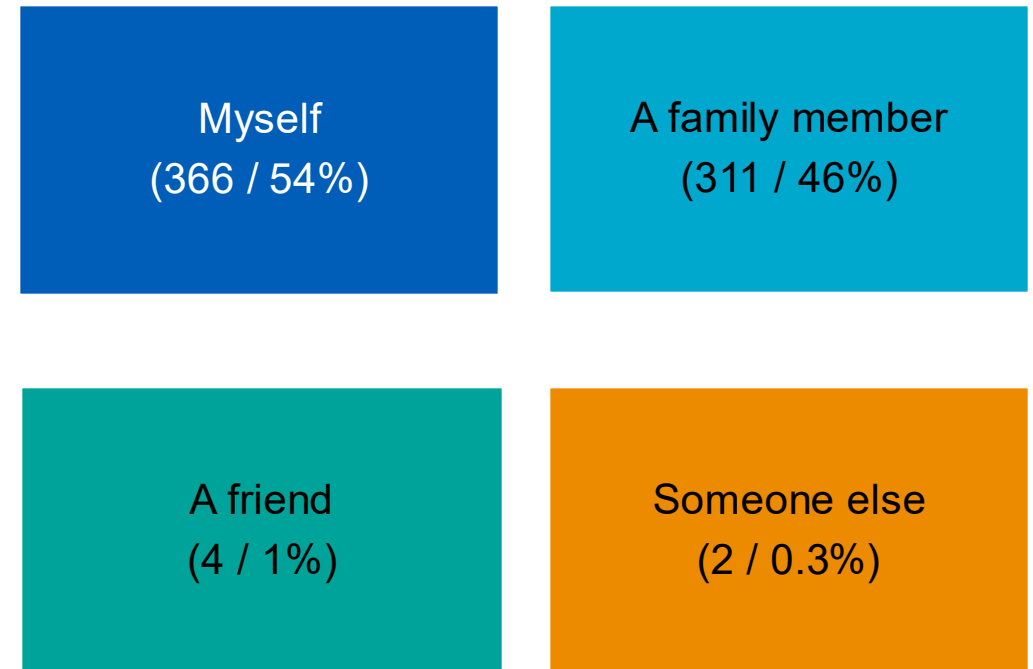


How frequently respondents used the emergency department / A&E for urgent or emergency care

Number of times service used for UEC in the last two years



Who the service was used for last time

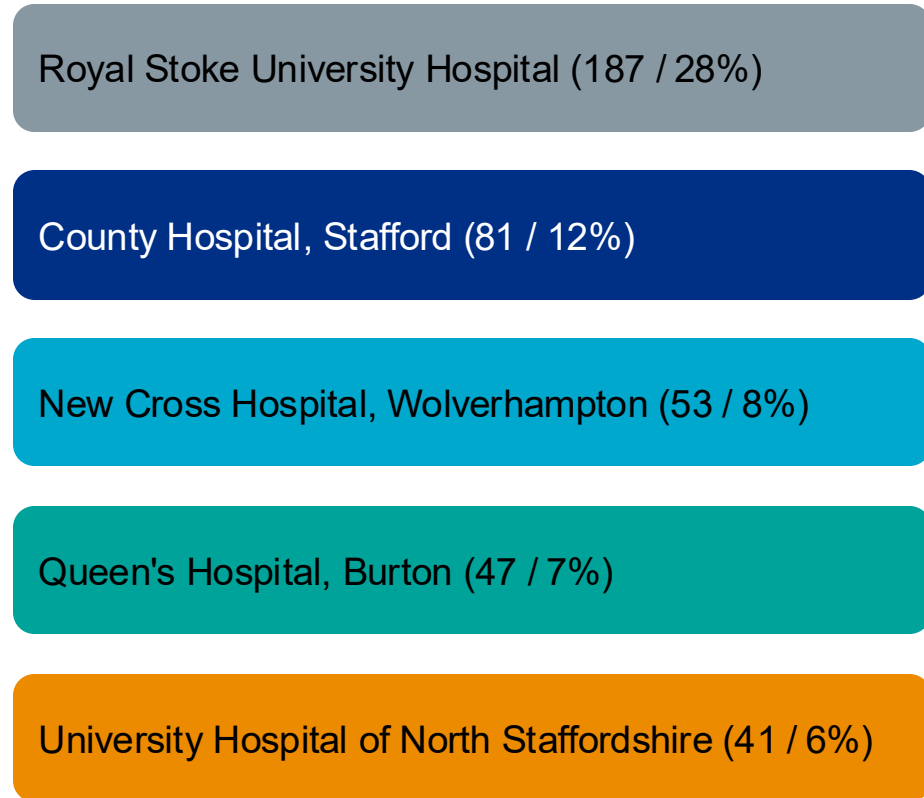


How many times have you used this service for urgent or emergency care in the last two years? *Base: 649 (engagement survey responses)*
 Thinking about the last time you used this service, who did you use it for? *Base: 683 (engagement survey responses)*

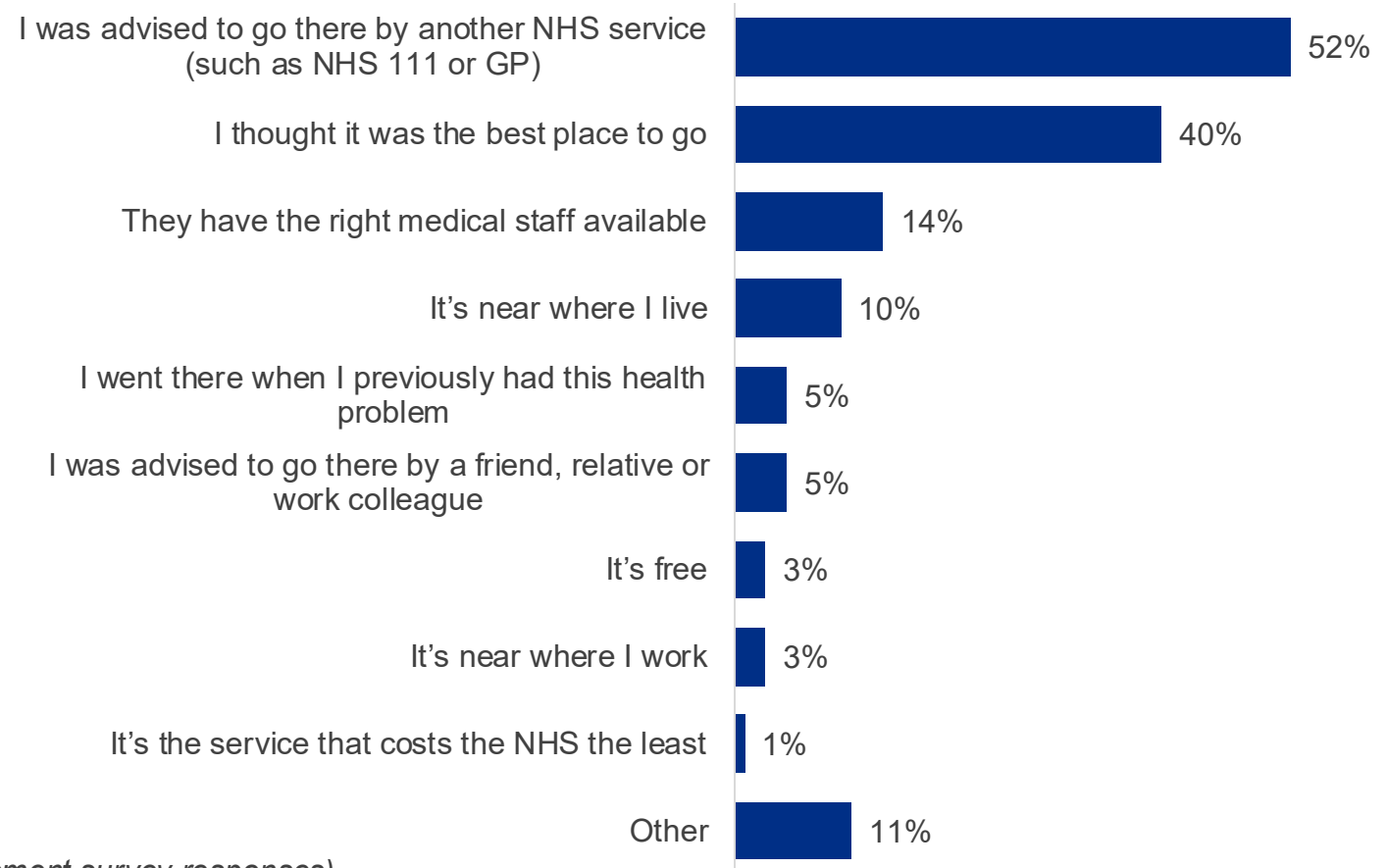


Where respondents chose to go the emergency department / A&E and why they chose this service

Where respondents went to access the service



Reason for accessing this service



Please tell us where you went to use the service. *Base: 580 (engagement survey responses)*

Please explain why you decided to visit this service. *Base: 666 (engagement survey responses)*



Referrals to emergency department / A&E and why they were referred

Services referring respondent

NHS 111 (e.g. phone, online, app) (153 / 47%)

GP surgery (e.g. doctor, nurse practitioner, receptionist) (110 / 34%)

Ambulance / paramedic (33 / 10%)

999 (20 / 6%)

Hospital ward (30 / 3%)

Respondent symptoms



General health issue – Pain (e.g. in arm, abdomen, ear, hip, back, groin, neck, shoulders, ribs, genitals, leg, joint, knee, ankle, breast, foot, post-herpetic neuralgia) (75 / 12%)



Respiratory – Breathing difficulty / respiratory issue (e.g. shortness of breath, apnoeic episode, suspected collapsed lung, low oxygen saturation levels, lung issues, not breathing, wheezing) (68 / 11%)



Injuries and accidents – Broken / fractured bone (e.g. ankle, finger humerus, clavicle, hip, hand, arm, wrist, foot, leg, toe, collarbone, nose) (59 / 9%)



Generic health relevance – Chest pain / tightness (52 / 8%)



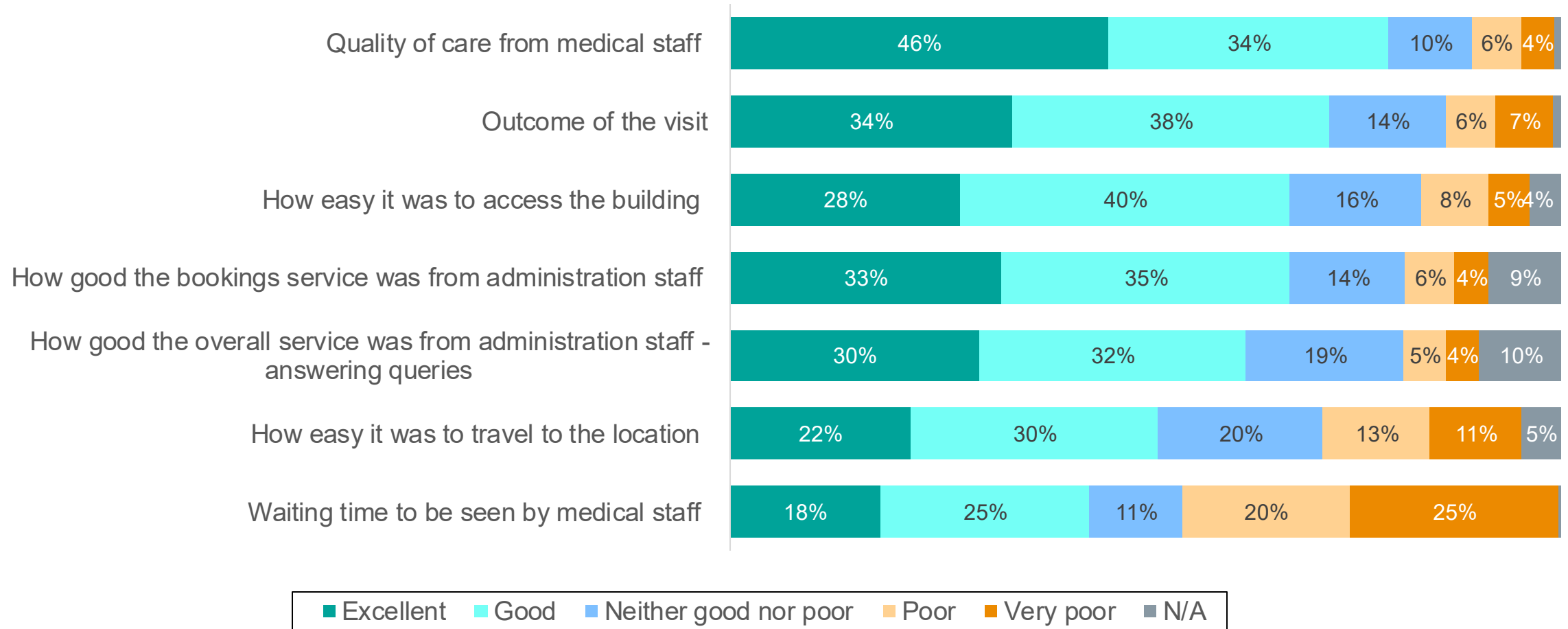
Oral and gastrointestinal – Gastroenterology (e.g. cholecystitis, gastric bleeding) (46 / 7%)

Which service directed or referred you to this service. *Base: 324 (engagement survey responses)*

What symptoms did you or the patient have, or if you knew the condition (illness or problem) you/they needed help for. *Base: 628 (engagement survey responses)*



Rating the service received at the emergency department / A&E



How would you rate the service you received against the following points (where 1 is excellent and 5 is very poor). *Base: 668 – 676 (engagement survey responses)*



Reasons for rating

After sharing their rating of the service, respondents were asked to share more about their responses.

556

Number of responses

173

Number of themes

31

Positive themes

96

Neutral / other themes

46

Negative themes

Top themes:



Negative – Quality of care

Waiting times were long (e.g. triage, consultation, admission, blood test, CT scans) (220 / 40%)



Positive – Quality of care

Staff were friendly and helpful (e.g. good with children, reassuring) (96 / 17%)



Positive – Quality of care

Efficient service (79 / 14%)



Negative – Quality of care

Poor experience (72 / 13%)



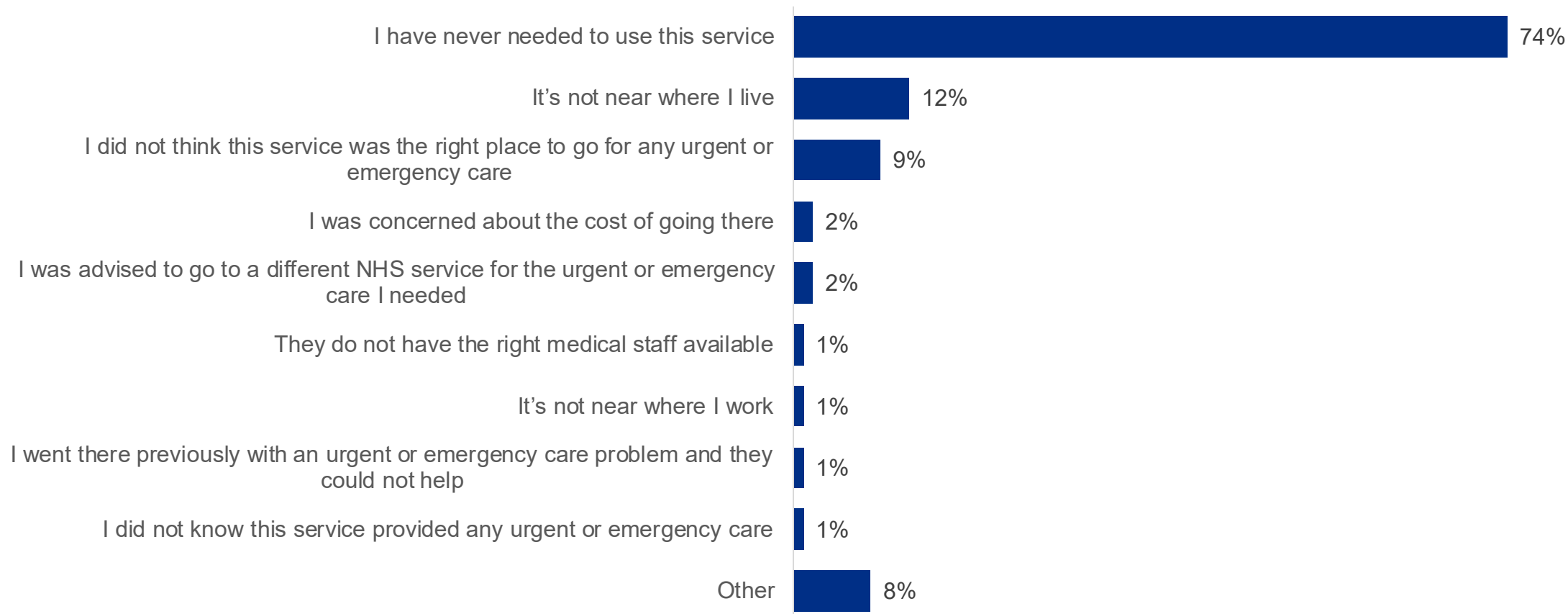
Positive – Quality of care

Positive experience (57 / 10%)

Please explain your experience in more detail. *Base: 556 (engagement survey responses)*



Why respondents didn't choose the emergency department / A&E to access urgent or emergency care services



We would like to understand why you may not have used this service for urgent or emergency care. Please explain why you have not used this service.
Base: 209 (engagement survey responses)

Minor injuries unit (MIU)

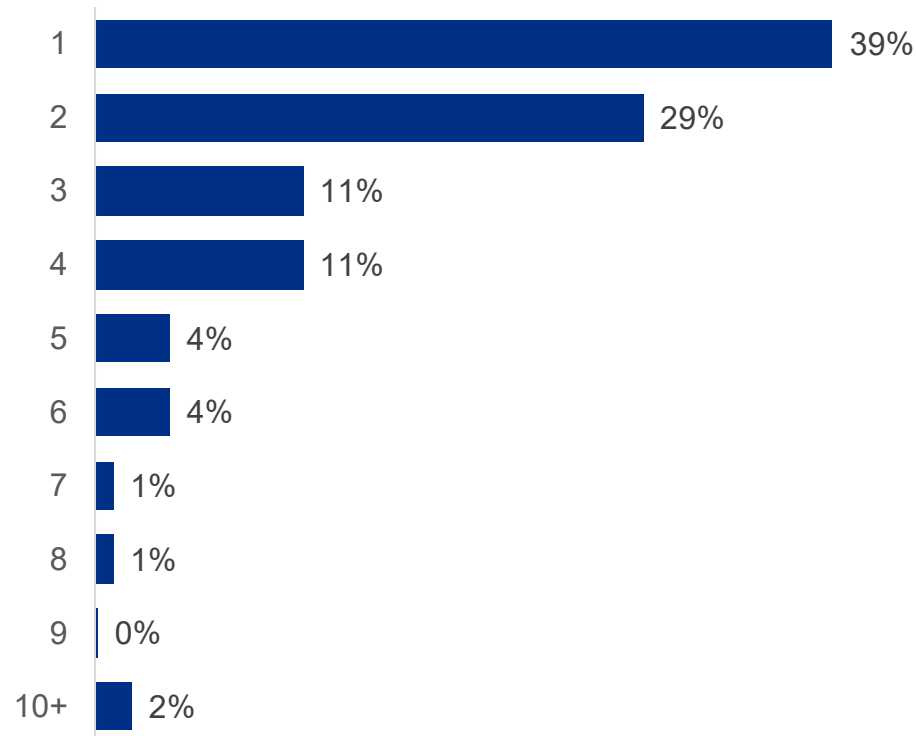
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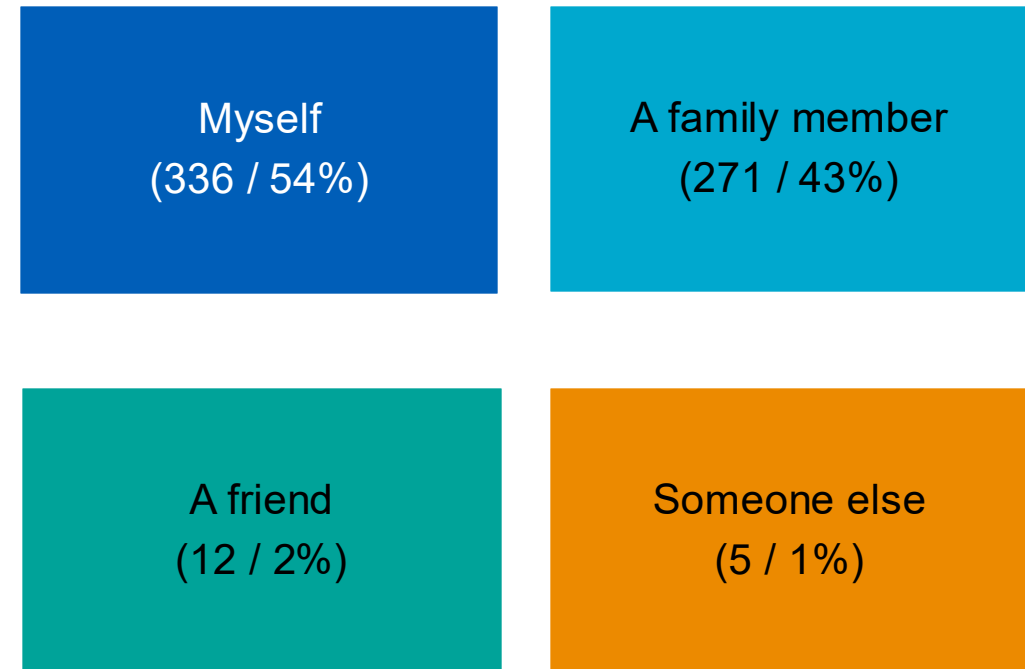


How frequently respondents used the minor injuries unit for urgent or emergency care

Number of times service used for UEC in the last two years



Who the service was used for last time

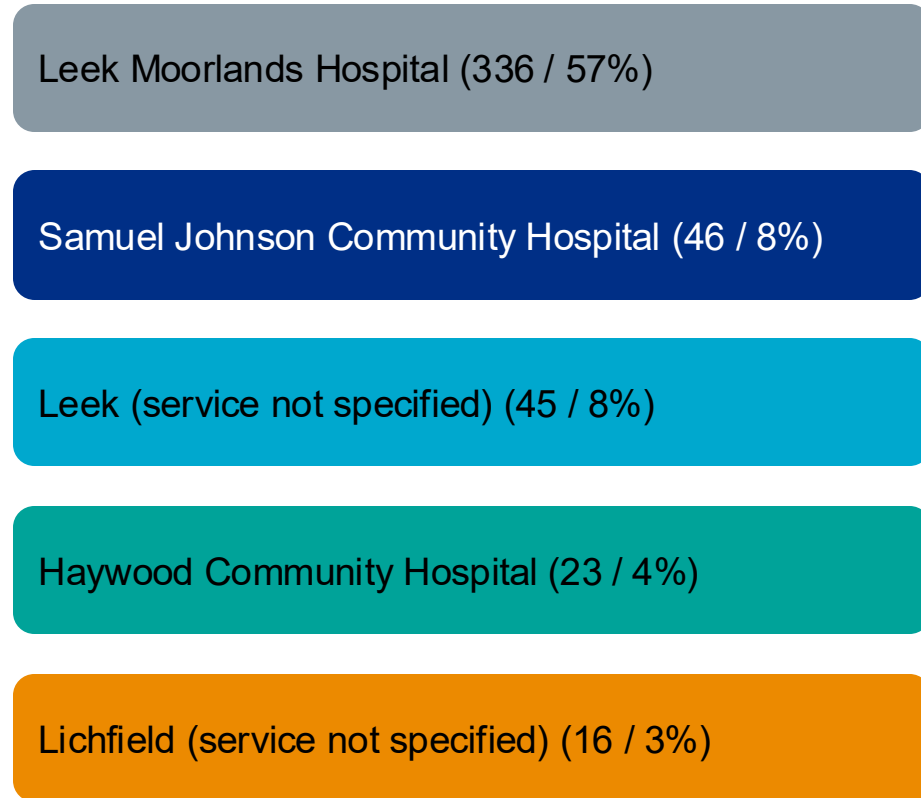


How many times have you used this service for urgent or emergency care in the last two years? *Base: 590 (engagement survey responses)*
 Thinking about the last time you used this service, who did you use it for? *Base: 624 (engagement survey responses)*

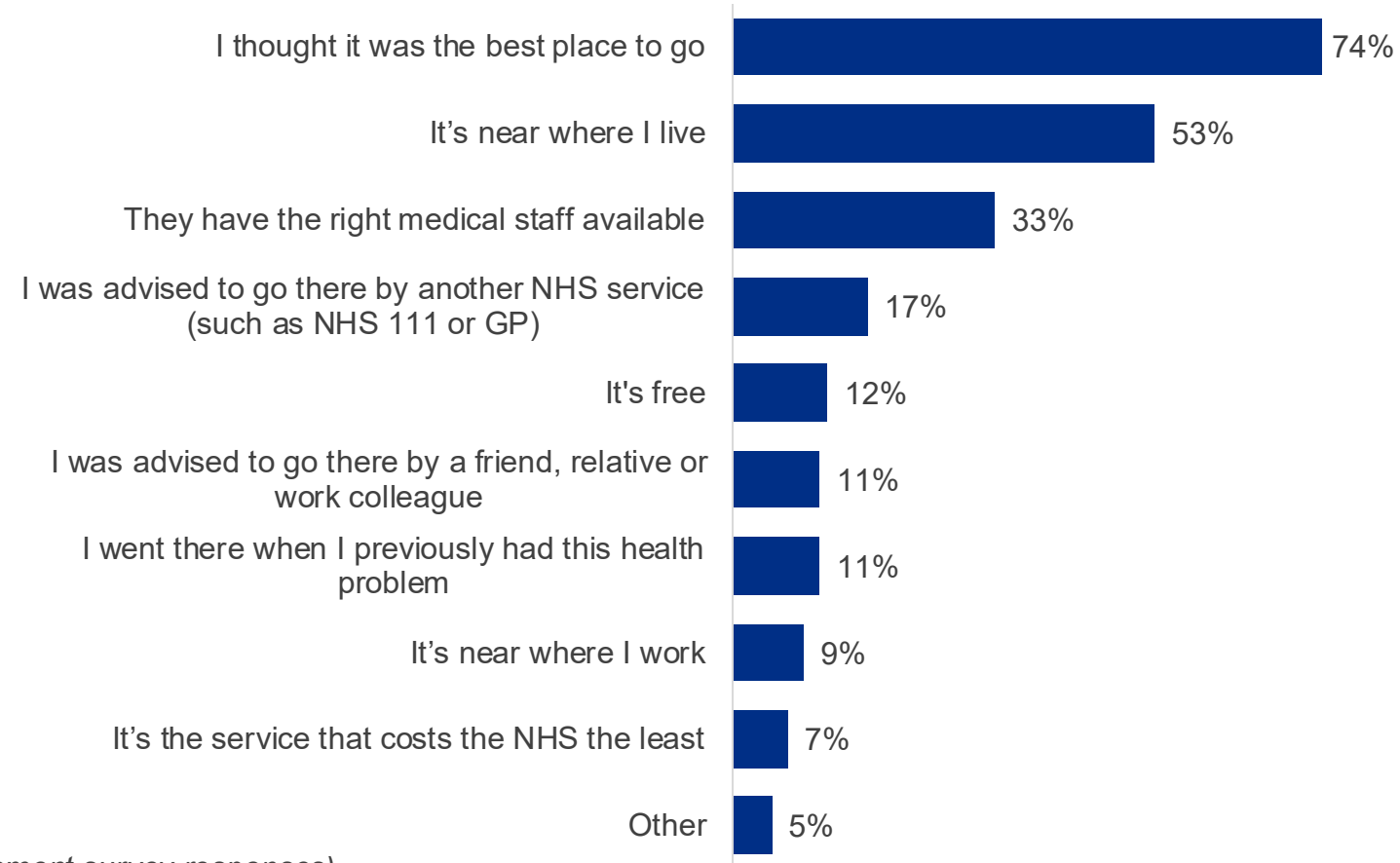


Where respondents chose to go to the minor injuries unit and why they chose this service

Where respondents went to access the service



Reason for accessing this service



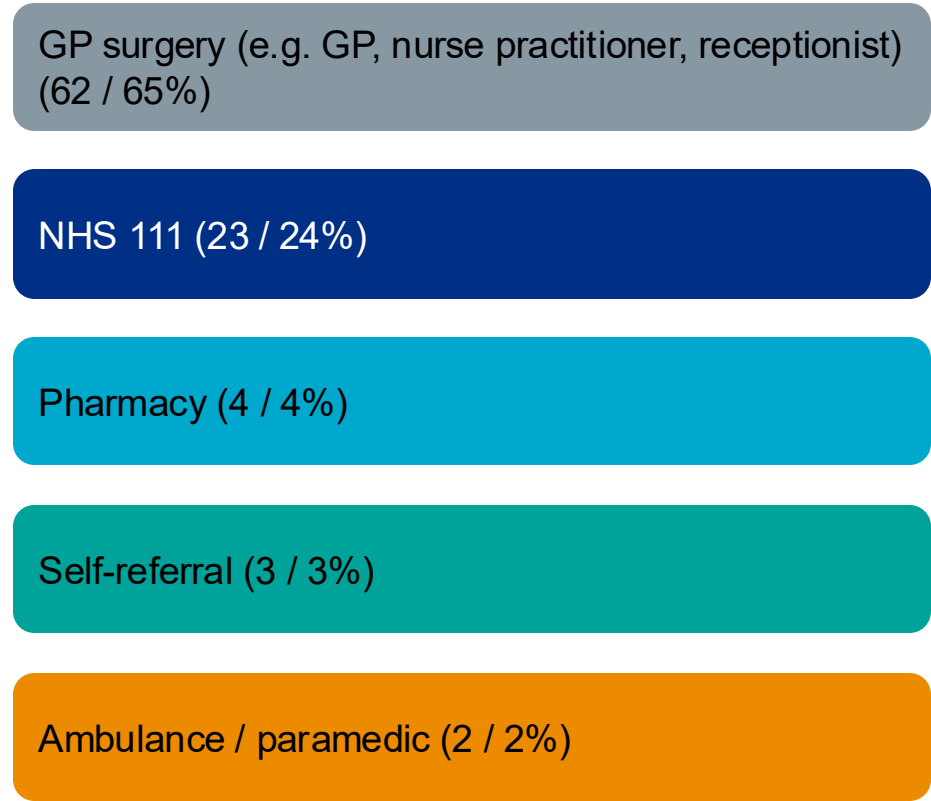
Please tell us where you went to use the service. *Base: 594 (engagement survey responses)*

Please explain why you decided to visit this service. *Base: 617 (engagement survey responses)*



Referrals to the minor injuries unit and why they were referred

Services referring respondent



Respondent symptoms



Injuries and accidents – Injury (e.g. arm, leg, wrist, knee, eye, shoulder, ankle, foot, elbow, finger, back, hip, general, thumb) (102 / 18%)



Injuries and accidents – Broken / fractured bone (e.g. ankle, leg, thumb, foot, humerus, ankle, clavicle, hip, arm, finger, wrist, nose, vertebrae) (85 / 15%)



Injuries and accidents – Cut / traumatic injury (e.g. DIY-related, cut off end of finger, in mouth, split lip, dropped heavy object on foot) (69 / 12%)



General health issue – Pain (e.g. back, toe, eye, abdomen, ear, foot, ankle, knee, leg, general, shoulder, hip, groin, neck, wrist) (59 / 11%)



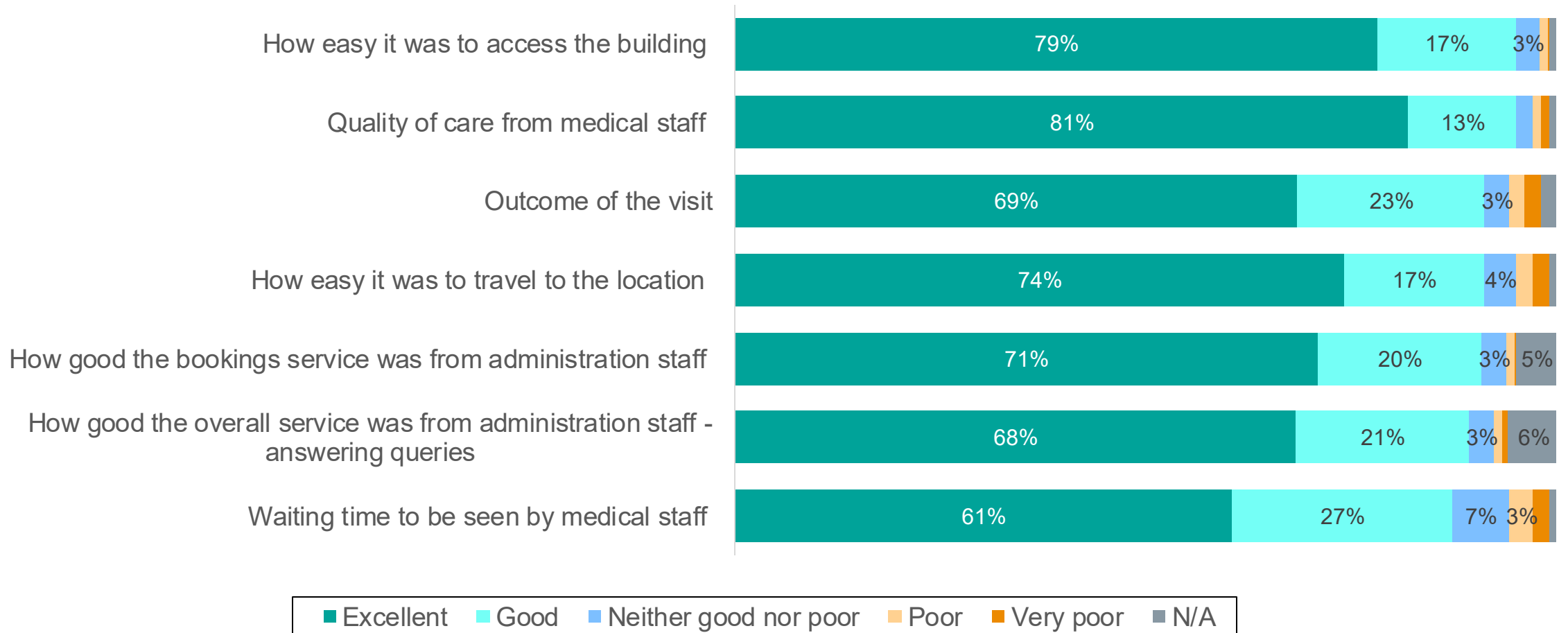
Injuries and accidents – Fall (58 / 10%)

Which service directed or referred you to this service. *Base: 96 (engagement survey responses)*

What symptoms did you or the patient have, or if you knew the condition (illness or problem) you/they needed help for. *Base: 563 (engagement survey responses)*



Rating the service received at the minor injuries unit



How would you rate the service you received against the following points (where 1 is excellent and 5 is very poor). *Base: 611 – 616 (engagement survey responses)*



Reasons for rating

After sharing their rating of the service, respondents were asked to share more about their responses.

466

Number of responses

142

Number of themes

25

Positive themes

96

Neutral / other themes

21

Negative themes

Top themes:



Positive – Quality of care

Staff were friendly and helpful (136 / 29%)



Positive – Quality of care

Experience was good (136 / 29%)



Positive – Quality of care

Efficient service (109 / 23%)



Positive – Quality of care

Waiting times were good (104 / 22%)



Positive – Access

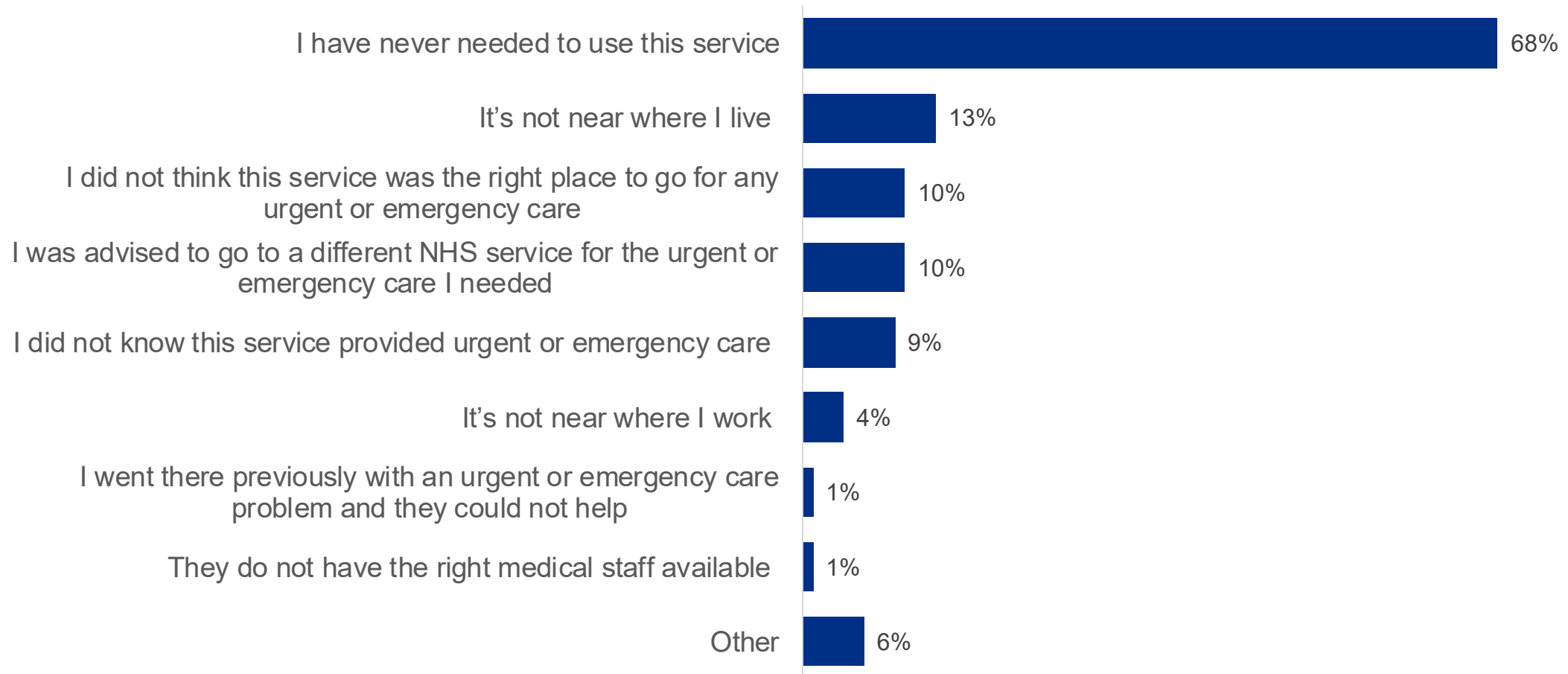
Location was good (80 / 17%)

Please explain your experience in more detail. *Base: 466 (engagement survey responses)*

Staffordshire and Stoke-on-Trent Integrated Care Board / Staffordshire and Stoke-on-Trent Integrated Care System



Why respondents didn't choose the minor injuries unit to access urgent or emergency care services



We would like to understand why you may not have used this service for urgent or emergency care. Please explain why you have not used this service.
Base: 305 (engagement survey responses)

Walk-in centre

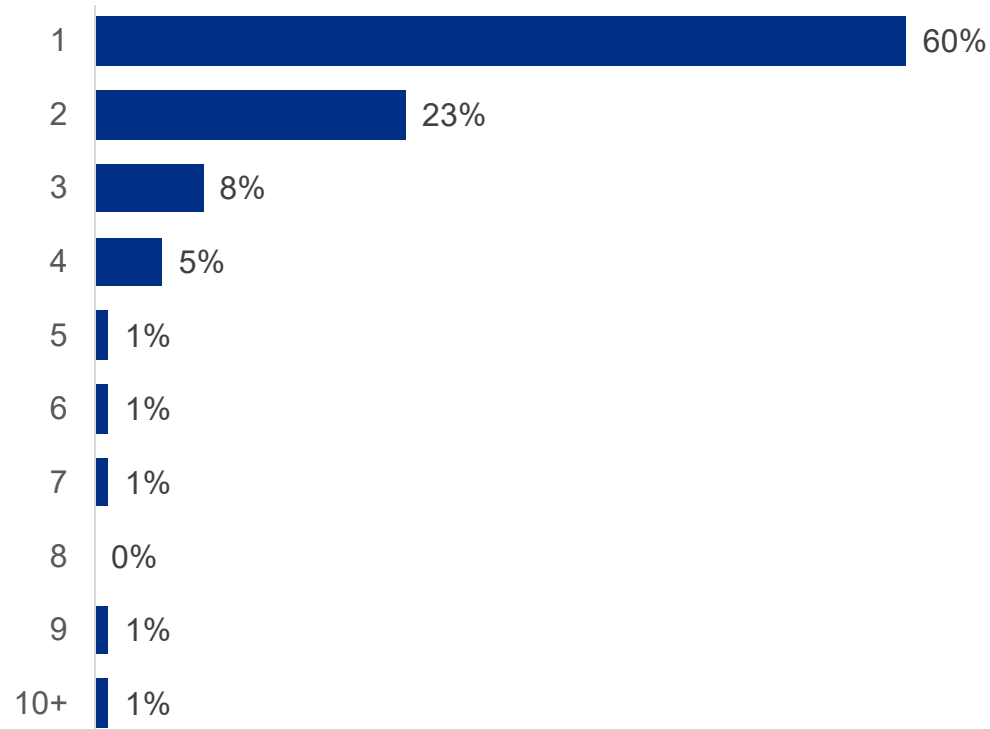
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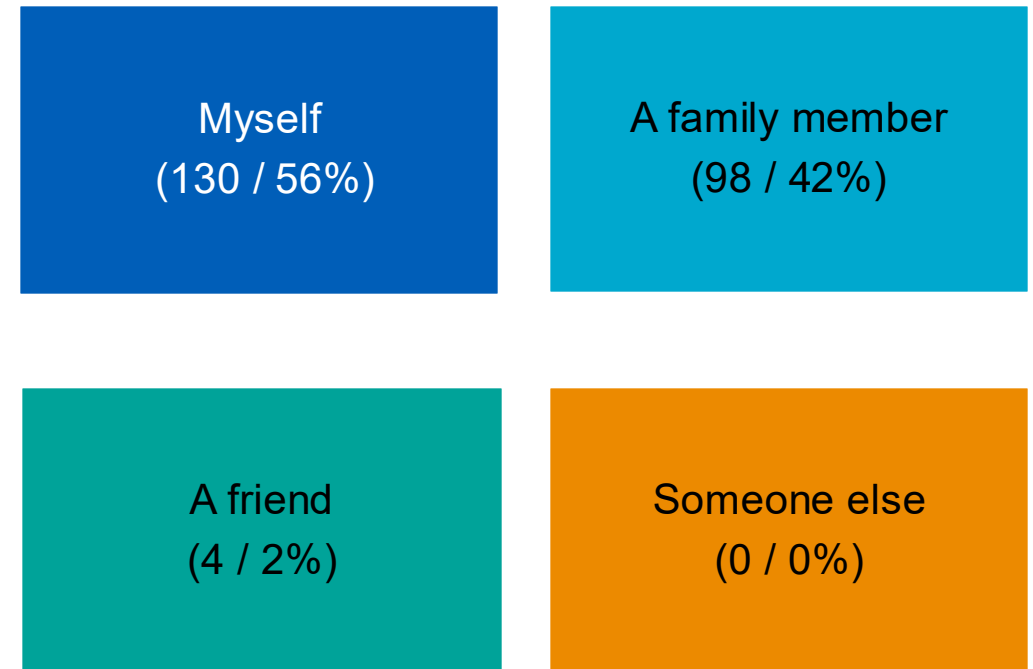


How frequently respondents used a walk-in centre for urgent or emergency care

Number of times service used for UEC in the last two years



Who the service was used for last time



How many times have you used this service for urgent or emergency care in the last two years? *Base: 221 (engagement survey responses)*
 Thinking about the last time you used this service, who did you use it for? *Base: 232 (engagement survey responses)*



Where respondents chose to go to the walk-in centre and why they chose this service

Where respondents went to access the service



108 / 52%

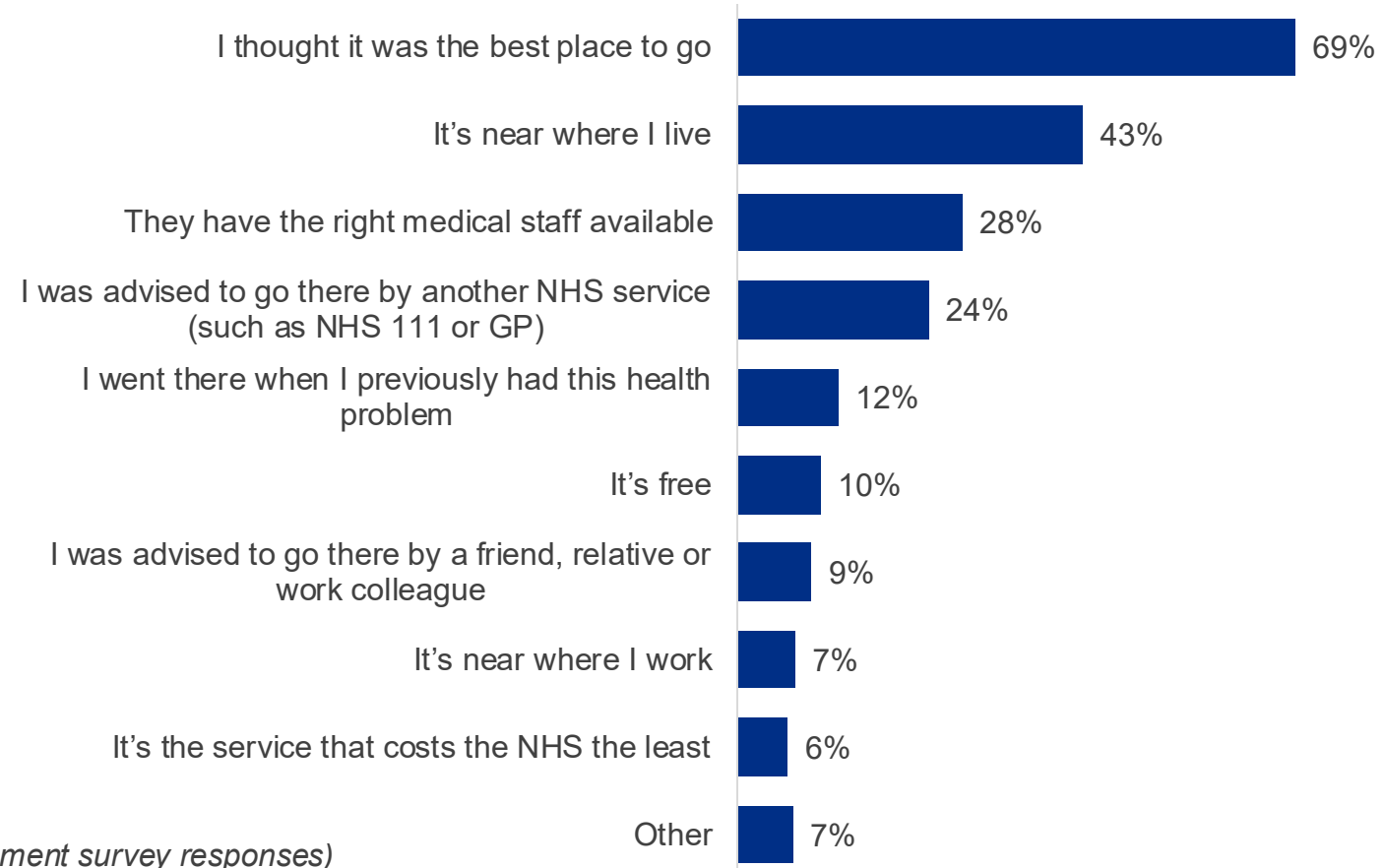
Haywood Hospital



2 / 1%

Cobridge Walk-in Centre

Reason for accessing this service



Additionally, 50 / 24% said they visited hospitals such as:

- Leek Moorlands Hospital (40 / 19%)
- Samuel Johnson Community Hospital (3 / 2%)
- Royal Stoke University Hospital (2 / 1%)
- Walsall Manor Hospital (1 / 1%)
- Selly Oak Hospital (1 / 1%)
- New Cross Hospital, Wolverhampton (1 / 1%)
- George Eliot Hospital, Nuneaton (1 / 1%)
- Congleton War Memorial Hospital (1 / 1%)

Please tell us where you went to use the service. *Base: 206 (engagement survey responses)*

Please explain why you decided to visit this service. *Base: 453 (engagement survey responses)*



Referrals to the walk-in centre and why they were referred

Services referring respondent

GP surgery (e.g. GP, nurse practitioner, receptionist)
(38 / 44%)

NHS 111 (31 / 36%)

Pharmacy (5 / 6%)

Self-referral (4 / 5%)

Ambulance (2 / 2%)

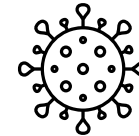
Respondent symptoms



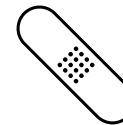
General health issue – Pain (e.g. back, ear, legs, nerve, stomach, knee, jaw, arm, foot, hip, shoulders, spine)
(24 / 13%)



Injuries and accidents – Broken / fractured bone or dislocation (e.g. ankle, humerus, clavicle, hip, toe, leg, foot) (22 / 12%)



Infections – Infection (e.g. chest, foot, ear, skin, eye, shingles, measles, throat, eczema, insect bite, testicles, whooping cough) (20 / 11%)



Injuries and accidents – Injury (e.g. face, back, ankle, foot, sport, knee, wrist, hand) (17 / 9%)



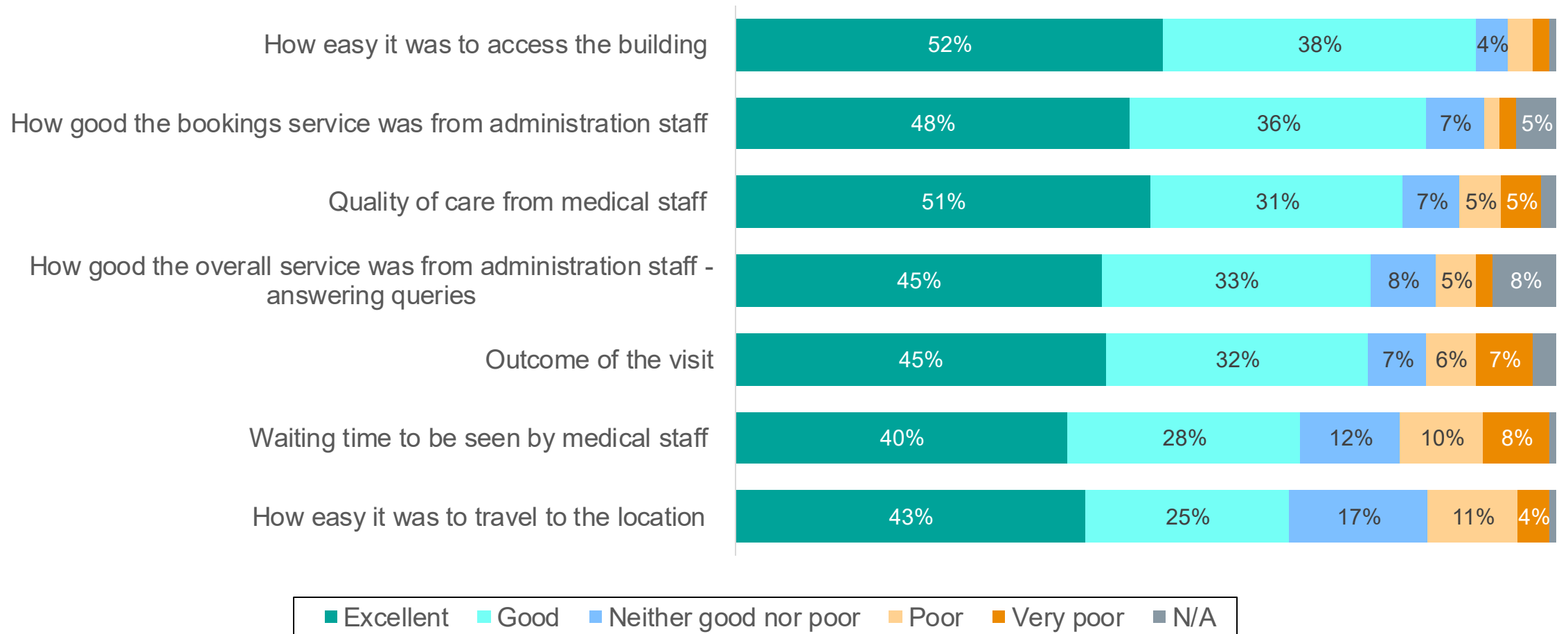
General health issue – Swelling (e.g. arm, face, ankle, toe, knee, finger, testicles, foot, hand) (13 / 7%)

Which service directed or referred you to this service. *Base: 86 (engagement survey responses)*

What symptoms did you or the patient have, or if you knew the condition (illness or problem) you/they needed help for. *Base: 181 (engagement survey responses)*



Rating the service received at the walk-in centre



How would you rate the service you received against the following points (where 1 is excellent and 5 is very poor). *Base: 220 – 222 (engagement survey responses)*



Reasons for rating

After sharing their rating of the service, respondents were asked to share more about their responses.

141
Number of responses

85
Number of themes

18
Positive themes

42
Neutral / other themes

25
Negative themes

Top themes:



Positive – Quality of care
Efficient service (32 / 23%)



Positive – Quality of care
Staff were friendly and helpful (29 / 21%)



Negative – Quality of care
Waiting time was poor (25 / 18%)



Positive – Quality of care
Appropriate treatment was given (23 / 16%)

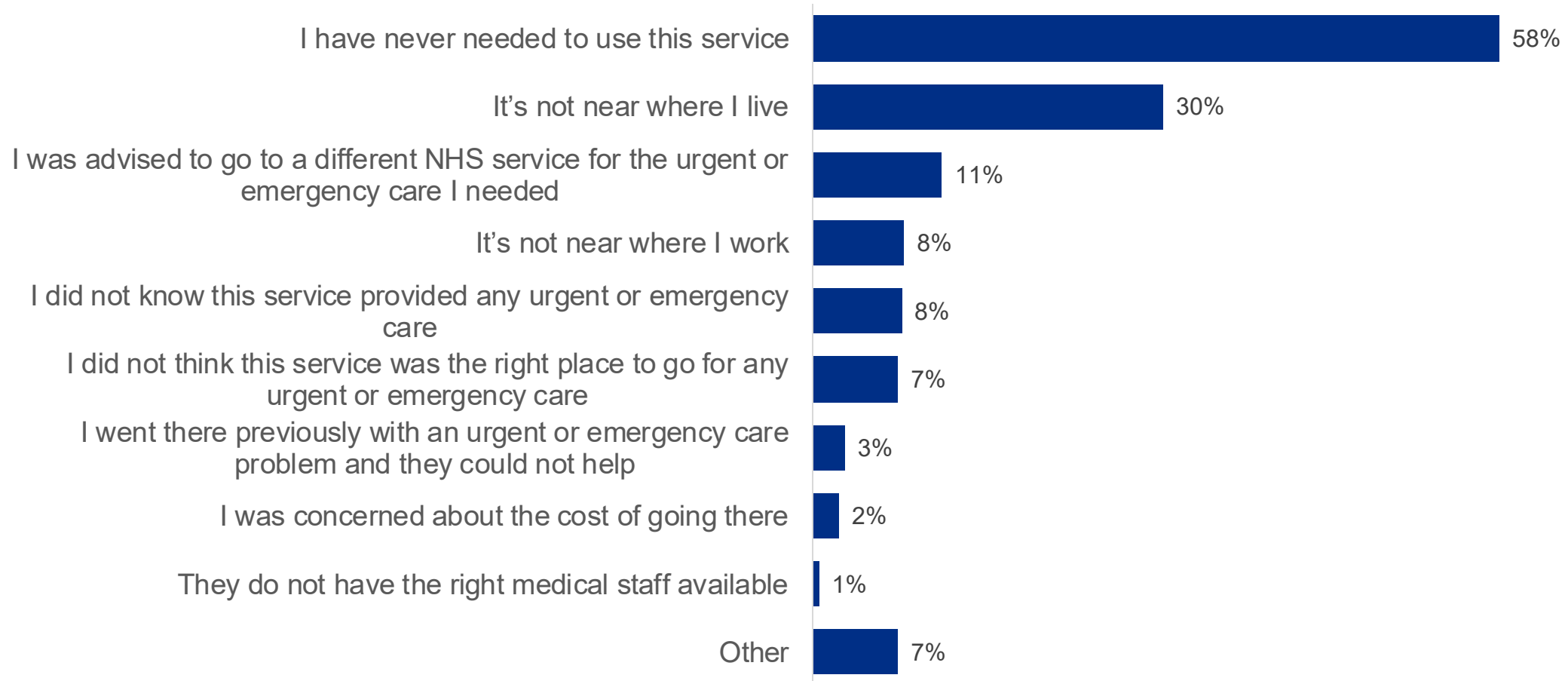


Positive – Quality of care
Referred to appropriate service (e.g. for GP to complete a referral to chiropody, fracture clinic, A&E, GP for X-ray results) (22 / 16%)

Please explain your experience in more detail. *Base: 141 (engagement survey responses)*



Why respondents didn't choose a walk-in centre to access urgent or emergency care services



We would like to understand why you may not have used this service for urgent or emergency care. Please explain why you have not used this service.
Base: 402 (engagement survey responses)

999 / ambulance

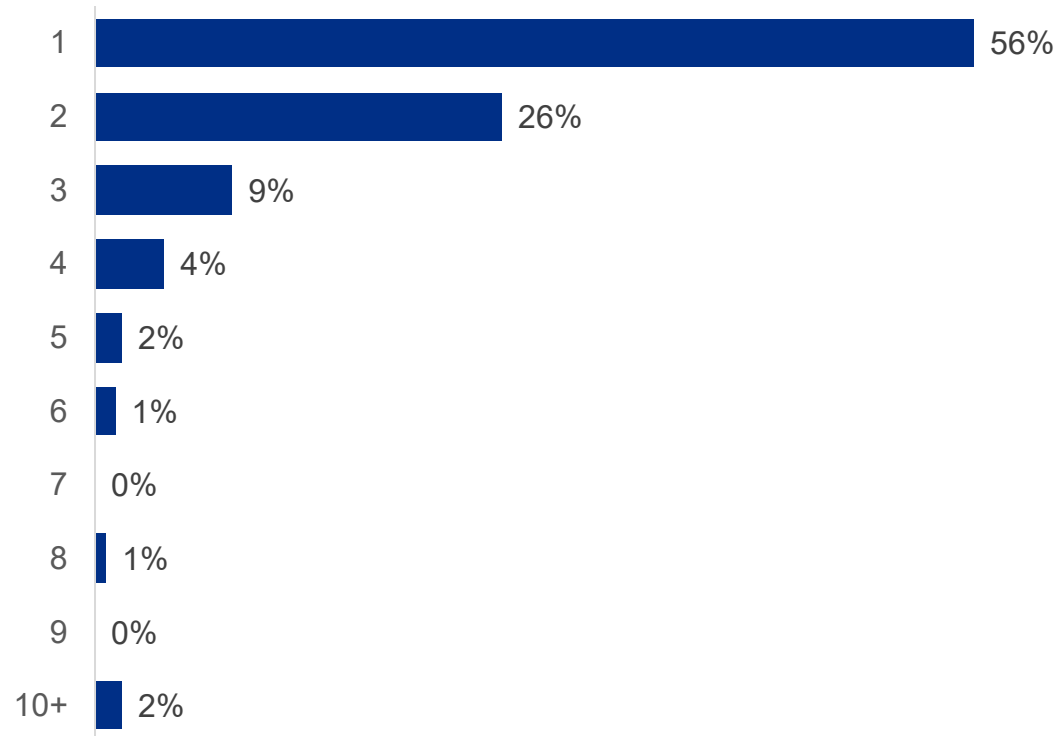
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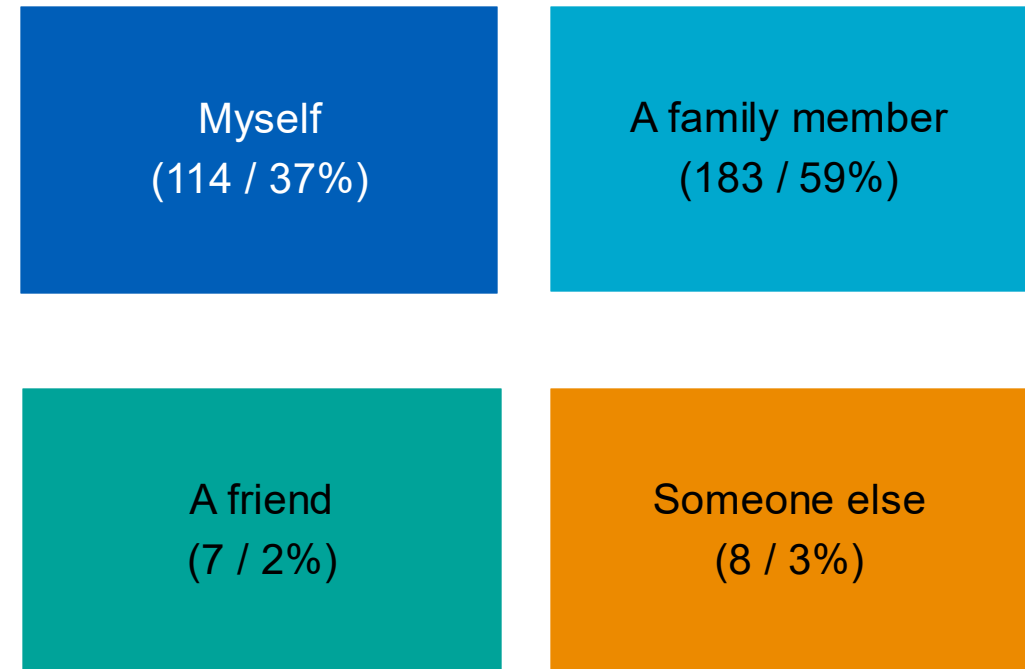


How frequently respondents used 999 / ambulance for urgent or emergency care

Number of times service used for UEC in the last two years



Who the service was used for last time

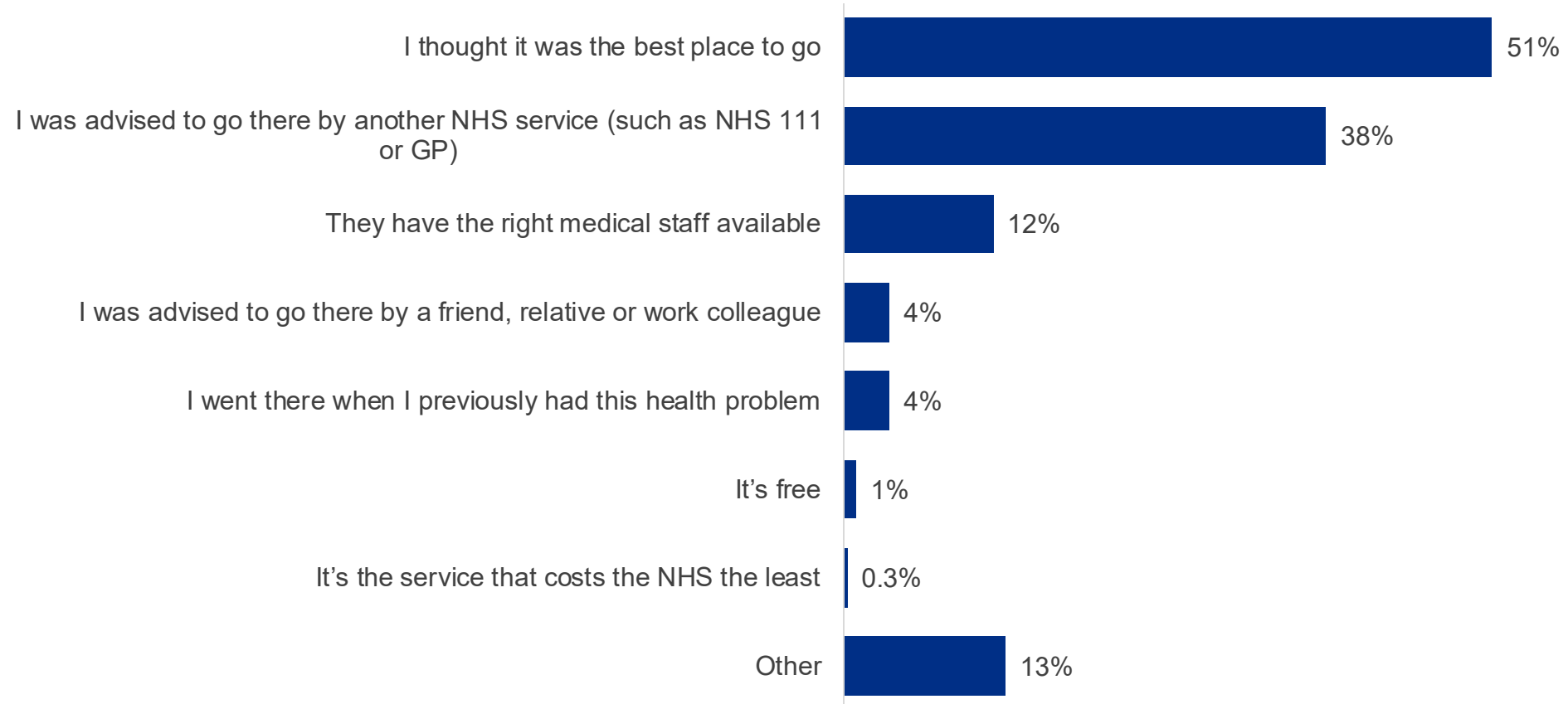


How many times have you used this service for urgent or emergency care in the last two years? *Base: 298 (engagement survey responses)*
 Thinking about the last time you used this service, who did you use it for? *Base: 312 (engagement survey responses)*



Why respondents chose to call 999 / ambulance

Reason for accessing this service

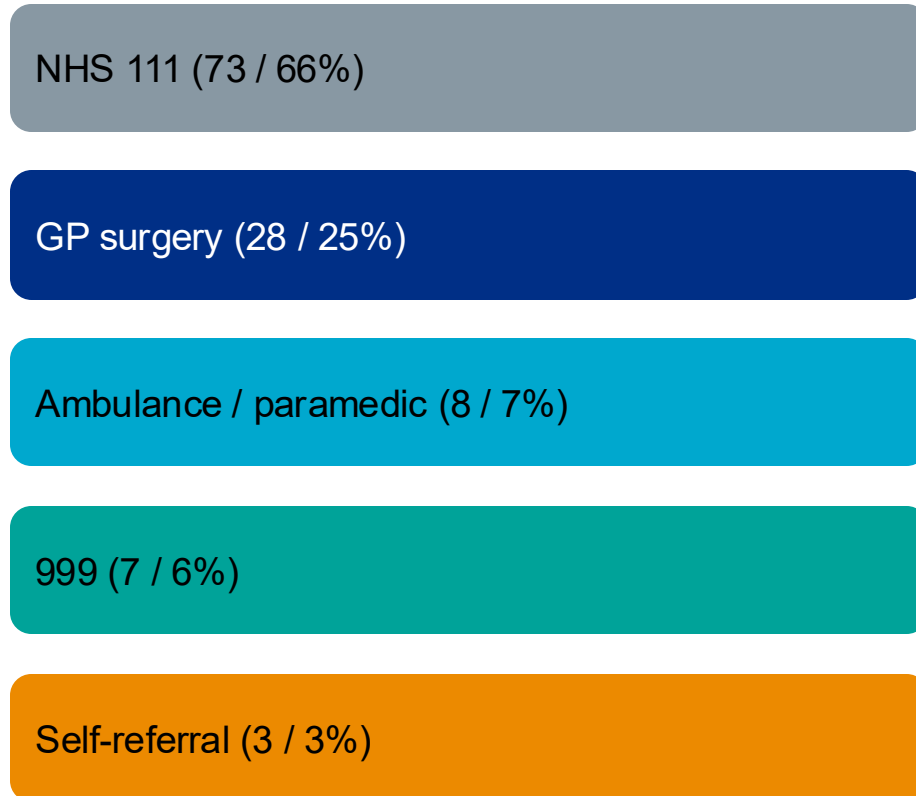


Please explain why you decided to access this service. *Base: 307 (engagement survey responses)*

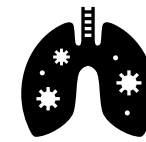


Referrals to 999 / ambulance and why they were referred

Services referring respondent



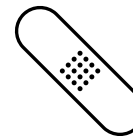
Respondent symptoms



Respiratory – Breathing difficulty / respiratory issue (e.g. shortness of breath, apnoeic episode, dyspnea, COPD) (49 / 17%)



Injuries and accidents – Fall (34 / 12%)



General health issue – Pain (e.g. back, ear, arm, jaw, side, general, abdominal, head, toe, kidney, left-hand side, legs) (32 / 11%)



General health issue – Chest pain / tightness (31 / 11%)



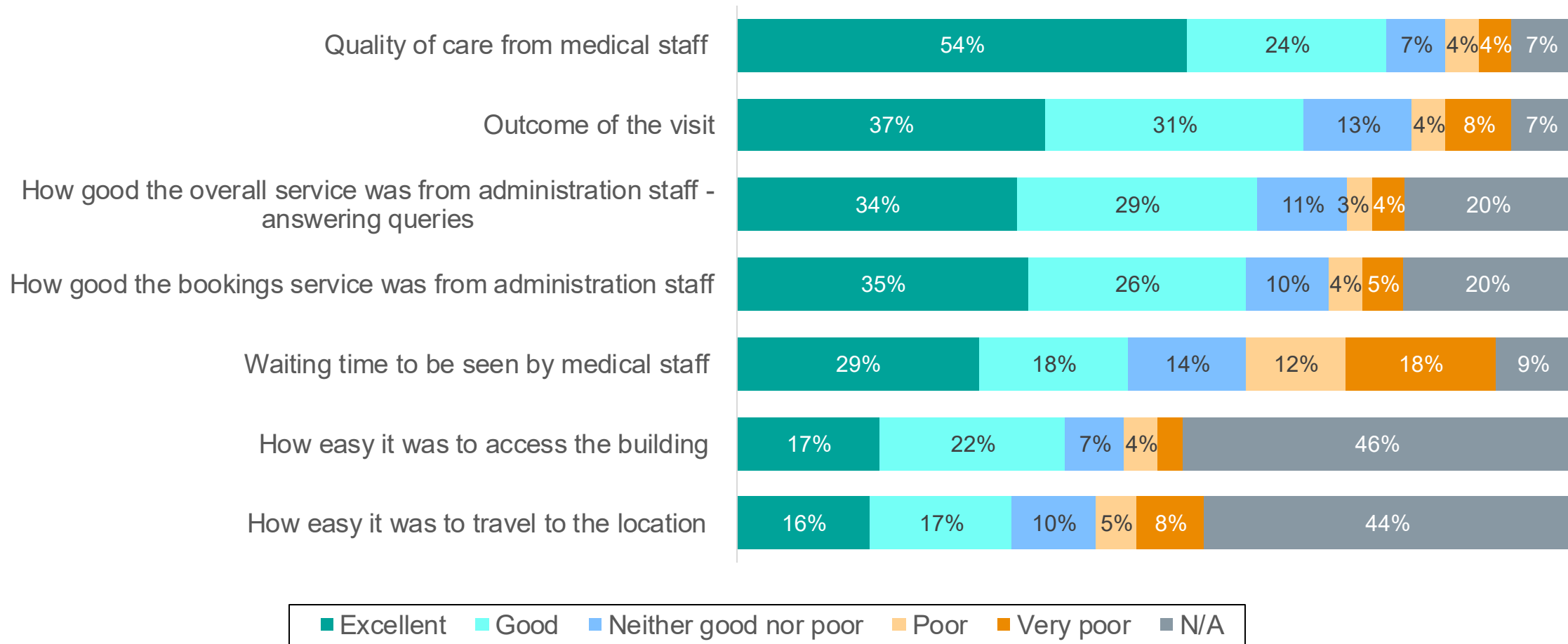
General health issue – Loss of consciousness / fainting (24 / 8%)

Which service directed or referred you to this service? *Base: 111 (engagement survey responses)*

What symptoms did you or the patient have, or if you knew the condition (illness or problem) you/they needed help for. *Base: 290 (engagement survey responses)*



Rating the service received by 999 / ambulance



How would you rate the service you received against the following points (where 1 is excellent and 5 is very poor)? *Base: 300 – 309 (engagement survey responses)*



Reasons for rating

After sharing their rating of the service, respondents were asked to share more about their responses.

229
Number of responses

146
Number of themes

18
Positive themes

94
Neutral / other themes

34
Negative themes

Top themes:



Positive – Quality of care

Care received was good (e.g. experience of paramedics / ambulance was positive, experience of resus was good) (58 / 25%)



Negative – Access

Long waiting time for ambulance (46 / 20%)



Negative – Quality of care

Waiting times were long (e.g. wait in corridor, in A&E, after triage, for X-ray, no available beds, for results, wound dressing) (35 / 15%)



Positive – Access

Ambulance arrived quickly (32 / 14%)



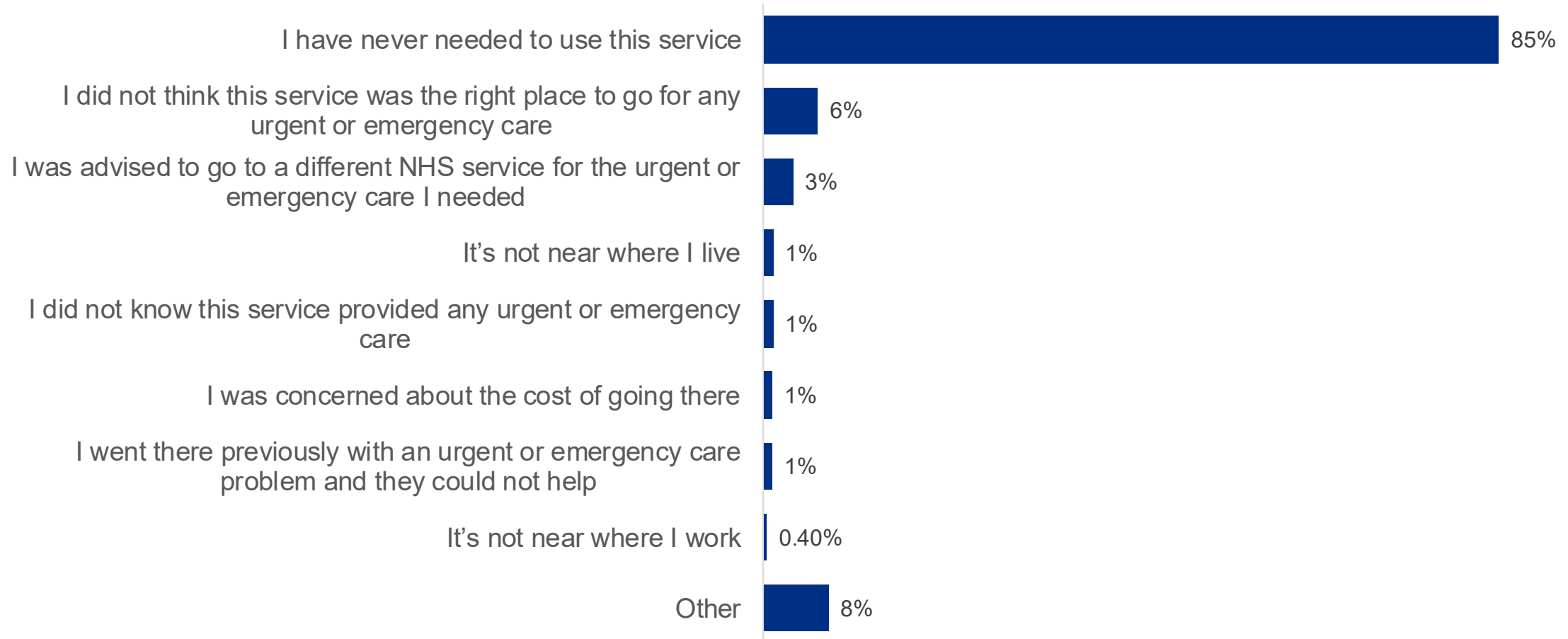
Neutral – Access

Accessed emergency services via ambulance (30 / 13%)

Please explain your experience in more detail. *Base: 229 (engagement survey responses)*



Why respondents didn't choose 999 / ambulance to access urgent or emergency care services



We would like to understand why you may not have used this service for urgent or emergency care. Please explain why you have not used this service.
Base: 522 (engagement survey responses)

Optician or emergency eye clinic

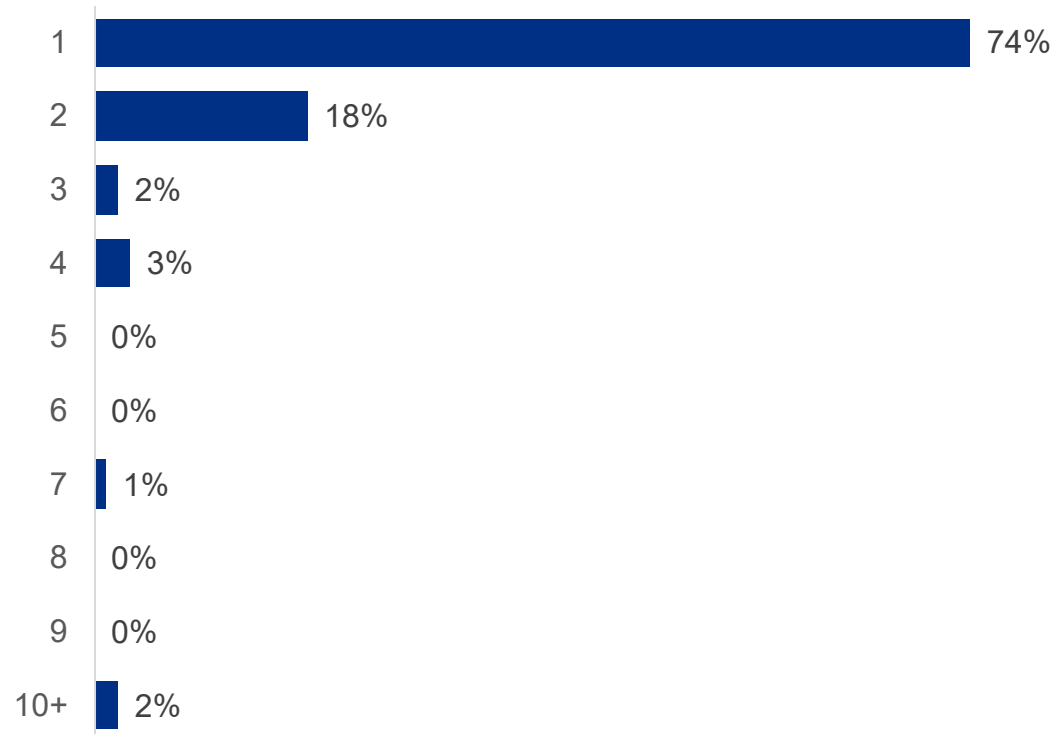
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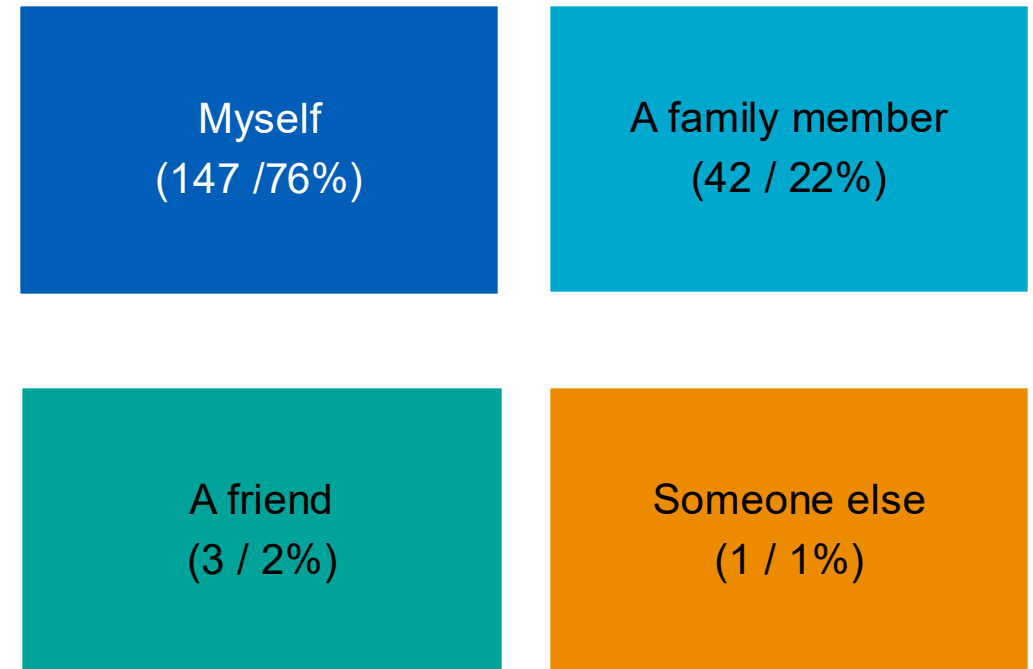


How frequently respondents used an optician or emergency eye clinic for urgent or emergency care

Number of times service used for UEC in the last two years



Who the service was used for last time



How many times have you used this service for urgent or emergency care in the last two years? *Base: 182 (engagement survey responses)*
 Thinking about the last time you used this service, who did you use it for? *Base: 193 (engagement survey responses)*



Where respondents chose to go to an optician or emergency eye clinic and why they chose this service

Where respondents went to access the service

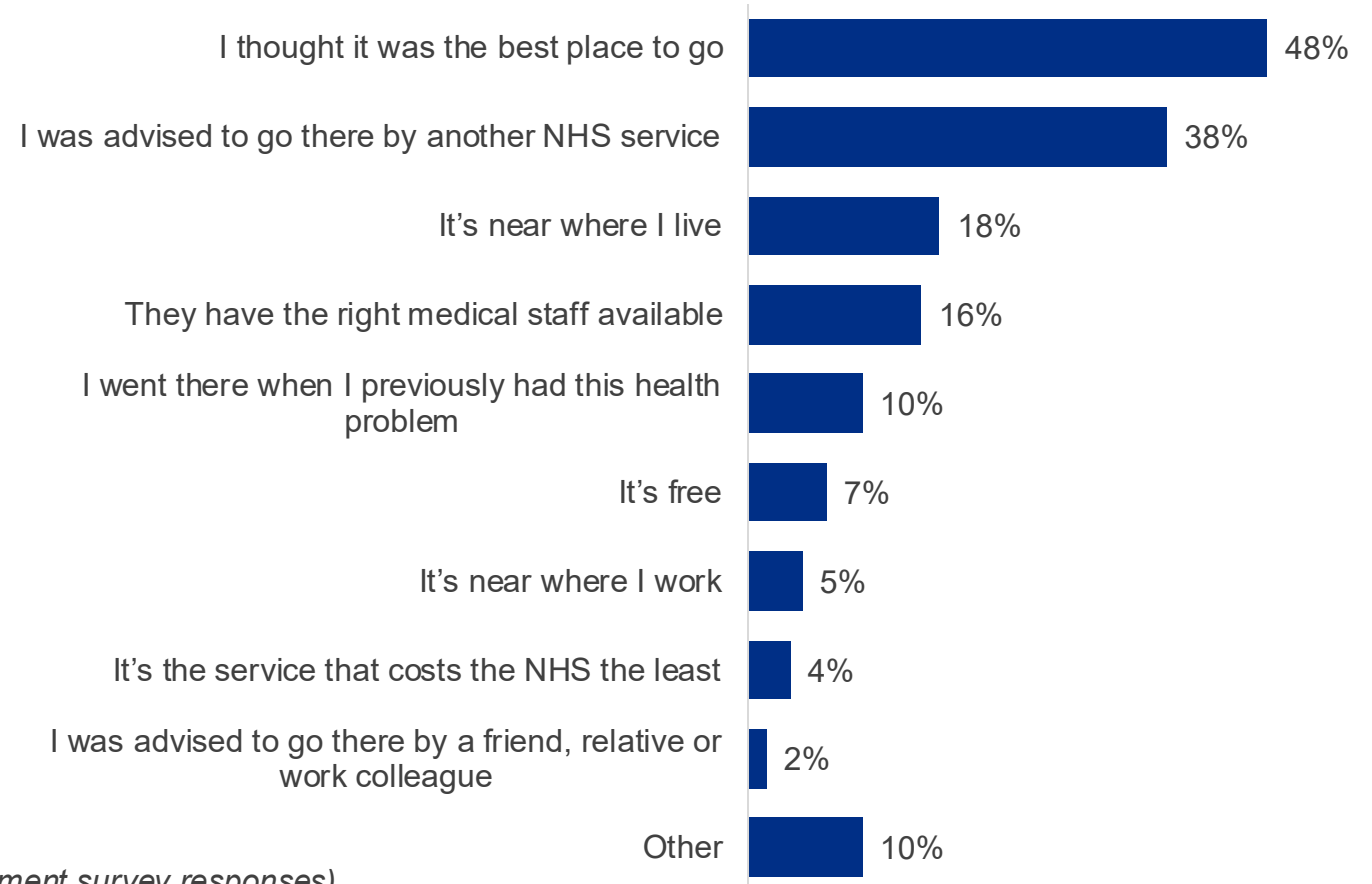


71 / 39%

Community optician

Additionally, 24 / 13% shared the geographical location they went to, 45 / 25% stated they accessed it through hospitals, and 39 / 11% shared their reason for accessing this service.

Reason for accessing this service



Please tell us where you went to use the service. *Base: 180 (engagement survey responses)*

Please explain why you decided to visit this service. *Base: 183 (engagement survey responses)*



Referrals to an optician or emergency eye clinic and why they were referred

Services referring respondent

GP surgery (20 / 31%)

Opticians (19 / 29%)

NHS 111 (10 / 15%)

Minor injuries unit (3 / 5%)

A&E (3 / 5%)

Respondent symptoms



Eye – Change in vision (e.g. reduced vision, blindness, veil, black spots, loss of vision, blurred vision, light sensitivity, flashing lights, arc of lights) (47 / 30%)



Eye – Routine eye examination (13 / 8%)



Injuries and accidents – Injury to eye / eyelid (e.g. scratch, irritated by chemicals, bruised) (13 / 8%)



Eye – Eye pain (13 / 8%)



Eye – Floaters (11 / 7%)

Which service directed or referred you to this service. *Base: 65 (engagement survey responses)*

What symptoms did you or the patient have, or if you knew the condition (illness or problem) you/they needed help for. *Base: 155 (engagement survey responses)*



Rating the service received at the optician or emergency eye clinic



How would you rate the service you received against the following points (where 1 is excellent and 5 is very poor). *Base: 185 – 188 (engagement survey responses)*



Reasons for rating

After sharing their rating of the service, respondents were asked to share more about their responses.

334

Number of responses

99

Number of themes

21

Positive themes

53

Neutral / other themes

25

Negative themes

Top themes:



Positive – Quality of care

Experience was positive (31 / 25%)



Positive – Quality of care

Services provided in a timely manner (18 / 15%)



Positive – Quality of care

Examination was thorough (13 / 11%)



Positive – Quality of care

Clear advice (e. g. written and verbal) (12 / 10%)



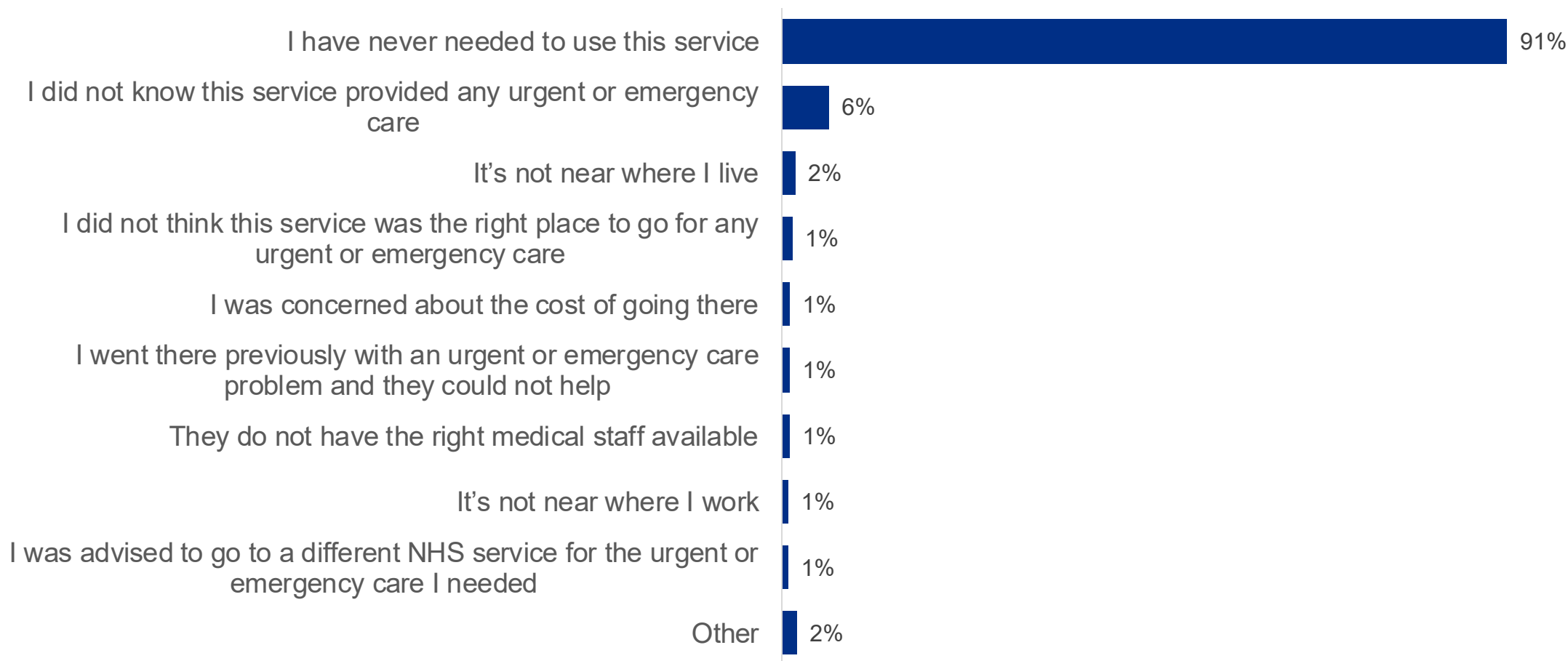
Negative – Access

Long distance to travel (12 / 10%)

Please explain your experience in more detail. *Base: 334 (engagement survey responses)*



Why respondents didn't choose an optician or emergency eye clinic to access urgent or emergency care services



We would like to understand why you may not have used this service for urgent or emergency care. Please explain why you have not used this service.
Base: 639 (engagement survey responses)

Dentist or emergency dental clinic

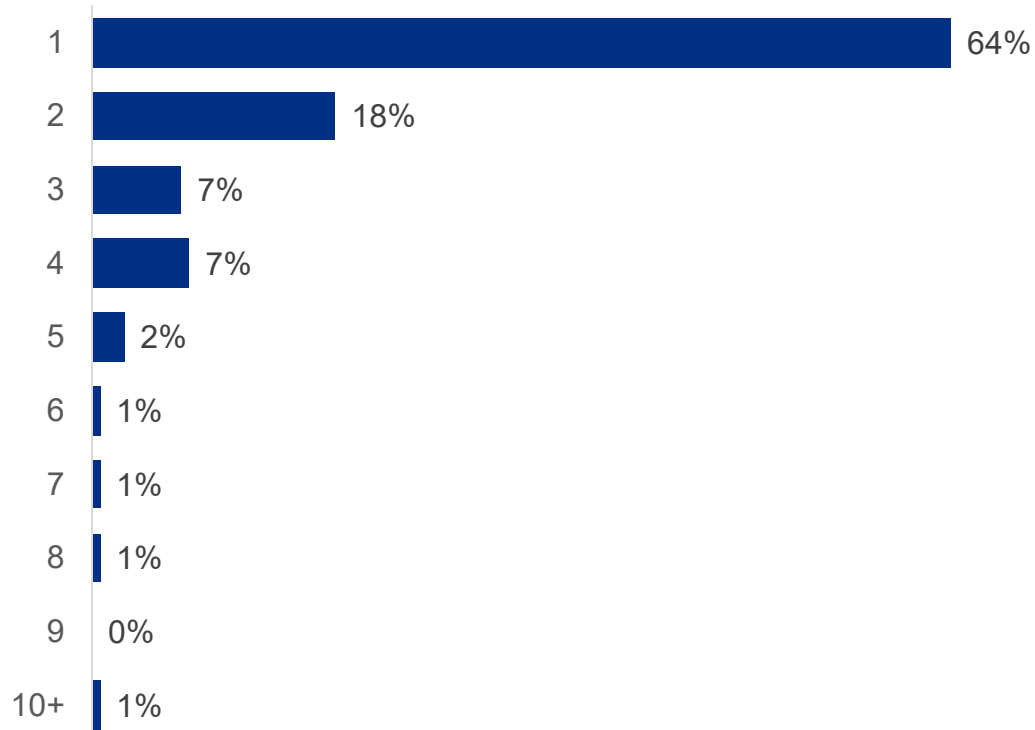
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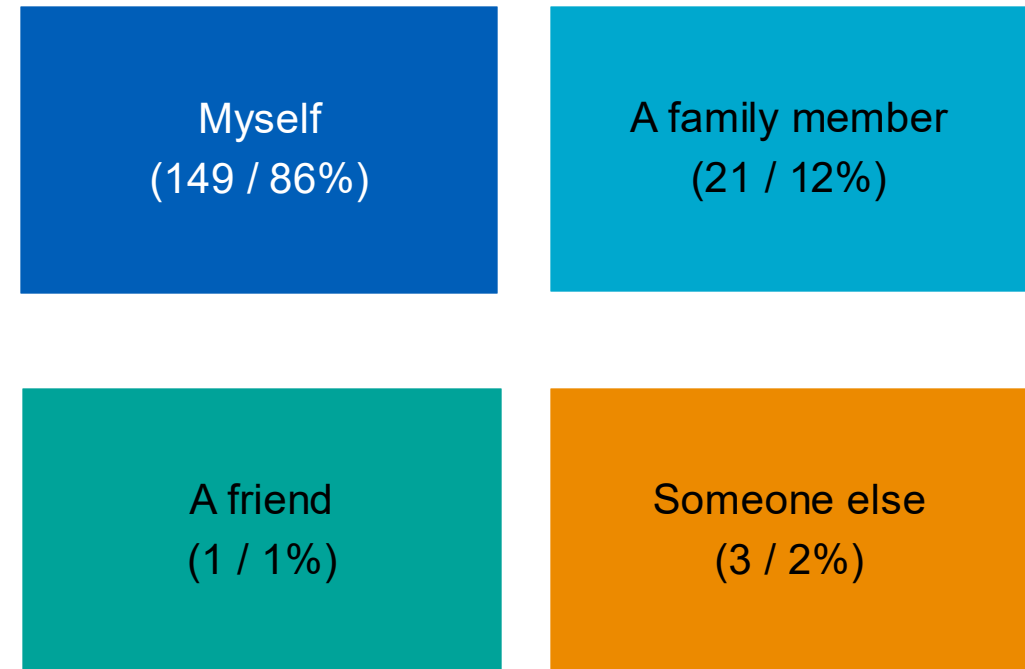


How frequently respondents used the dentist or emergency dental clinic for urgent or emergency care

Number of times service used for UEC in the last two years



Who the service was used for last time



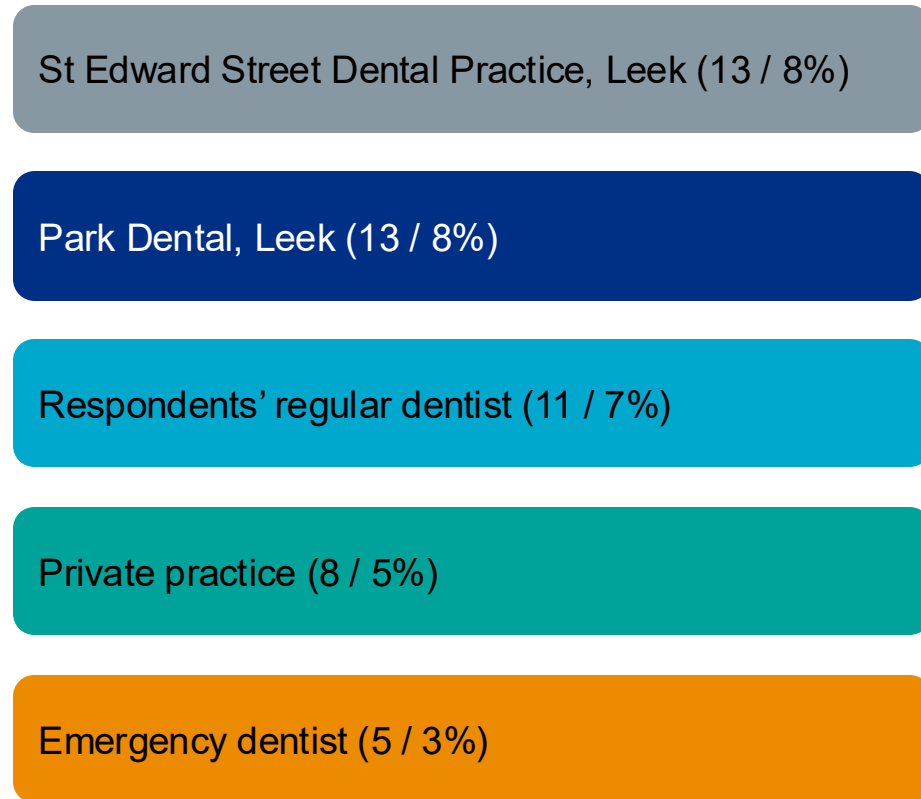
How many times have you used this service for urgent or emergency care in the last two years? *Base: 167 (engagement survey responses)*

Thinking about the last time you used this service, who did you use it for? *Base: 174 (engagement survey responses)*

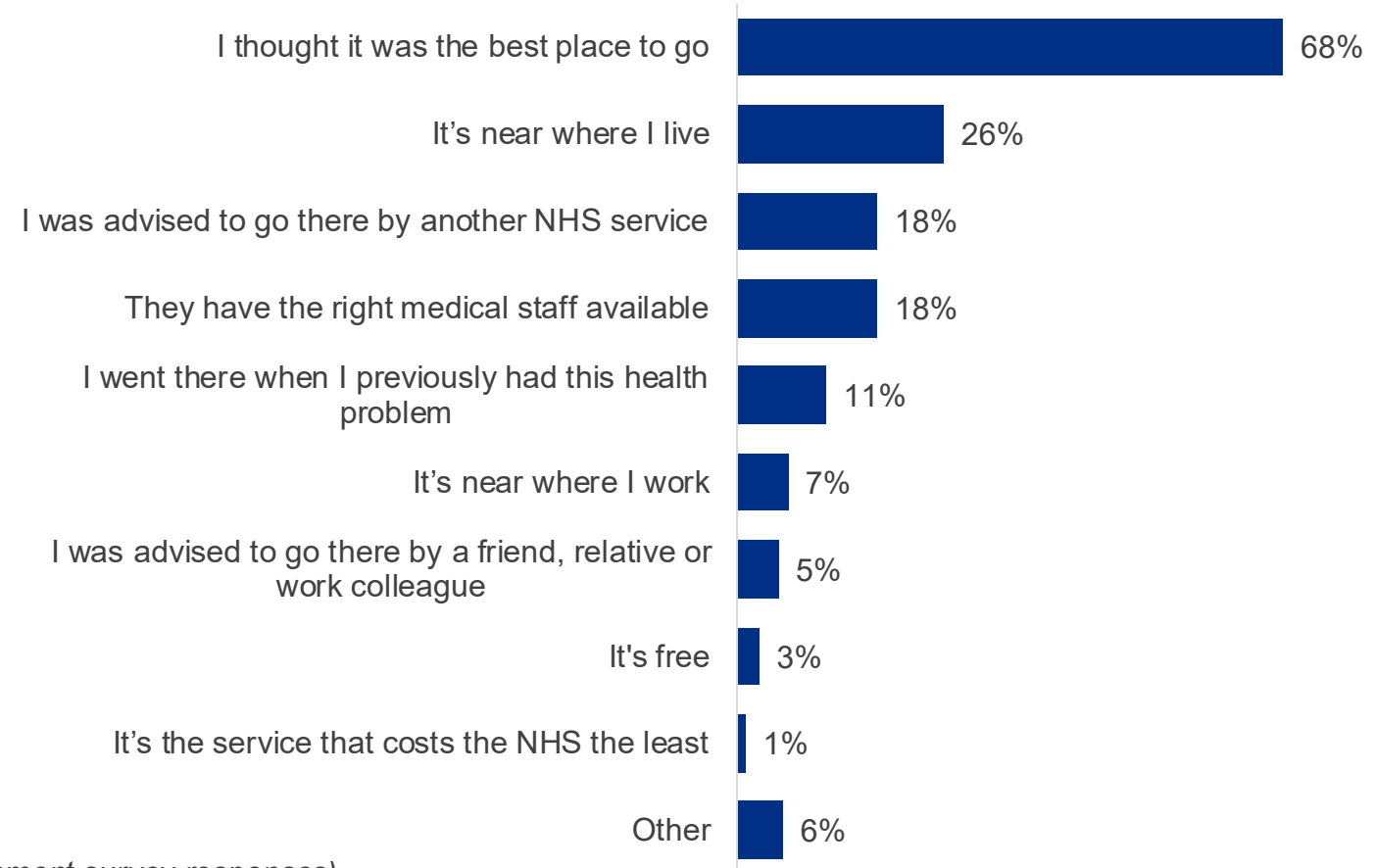


Where respondents chose to go to a dentist or emergency dental clinic and why they chose this service

Where respondents went to access the service



Reason for accessing this service



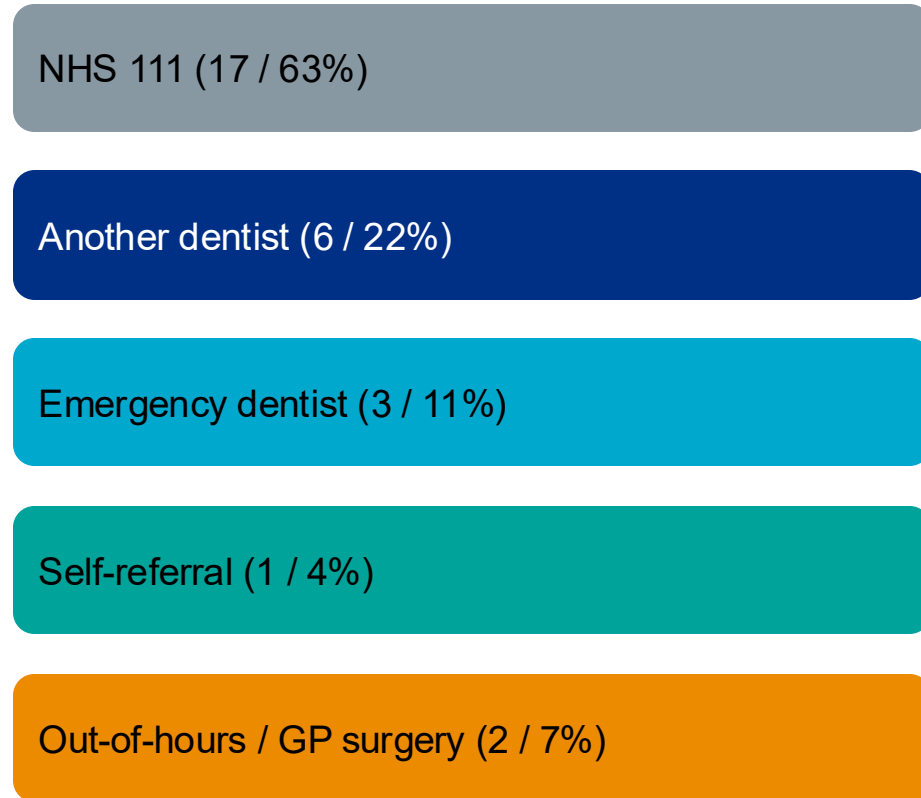
Please tell us where you went to use the service. *Base: 161 (engagement survey responses)*

Please explain why you decided to visit this service. *Base: 170 (engagement survey responses)*

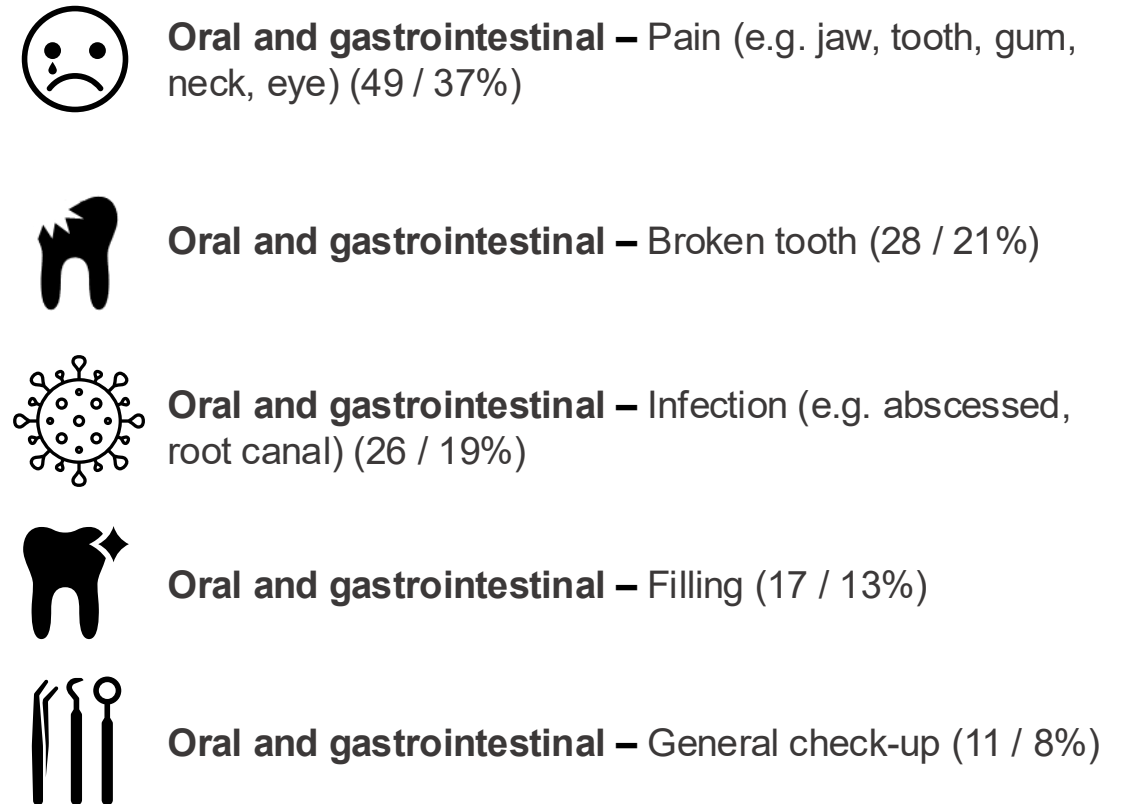


Referrals to a dentist or emergency dental clinic and why they were referred

Services referring respondent



Respondent symptoms

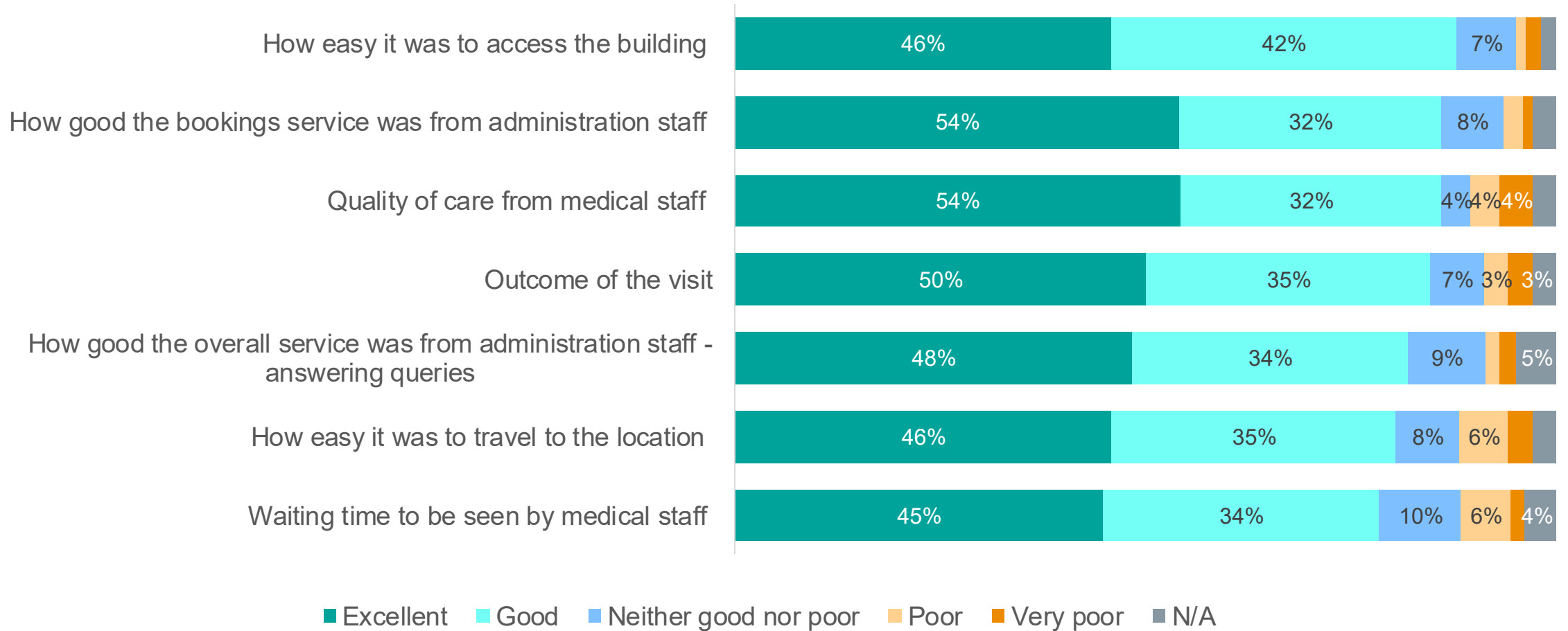


Which service directed or referred you to this service? *Base: 27 (engagement survey responses)*

What symptoms did you or the patient have, or if you knew the condition (illness or problem) you/they needed help for. *Base: 134 (engagement survey responses)*



Rating the service received at the dentist or emergency dental clinic



How would you rate the service you received against the following points (where 1 is excellent and 5 is very poor)? *Base: 165 – 170 (engagement survey responses)*



Reasons for rating

After sharing their rating of the service, respondents were asked to share more about their responses.

94
Number of responses

47
Number of themes

13
Positive themes

23
Neutral / other themes

11
Negative themes

Top themes:



Positive – Quality of care

Experience was positive (36 / 38%)



Positive – Quality of care

Seen in a timely manner (26 / 28%)



Positive – Quality of care

Appropriate treatment was given (24 / 26%)



Positive – Quality of care

Staff were professional, friendly and helpful (17 / 18%)



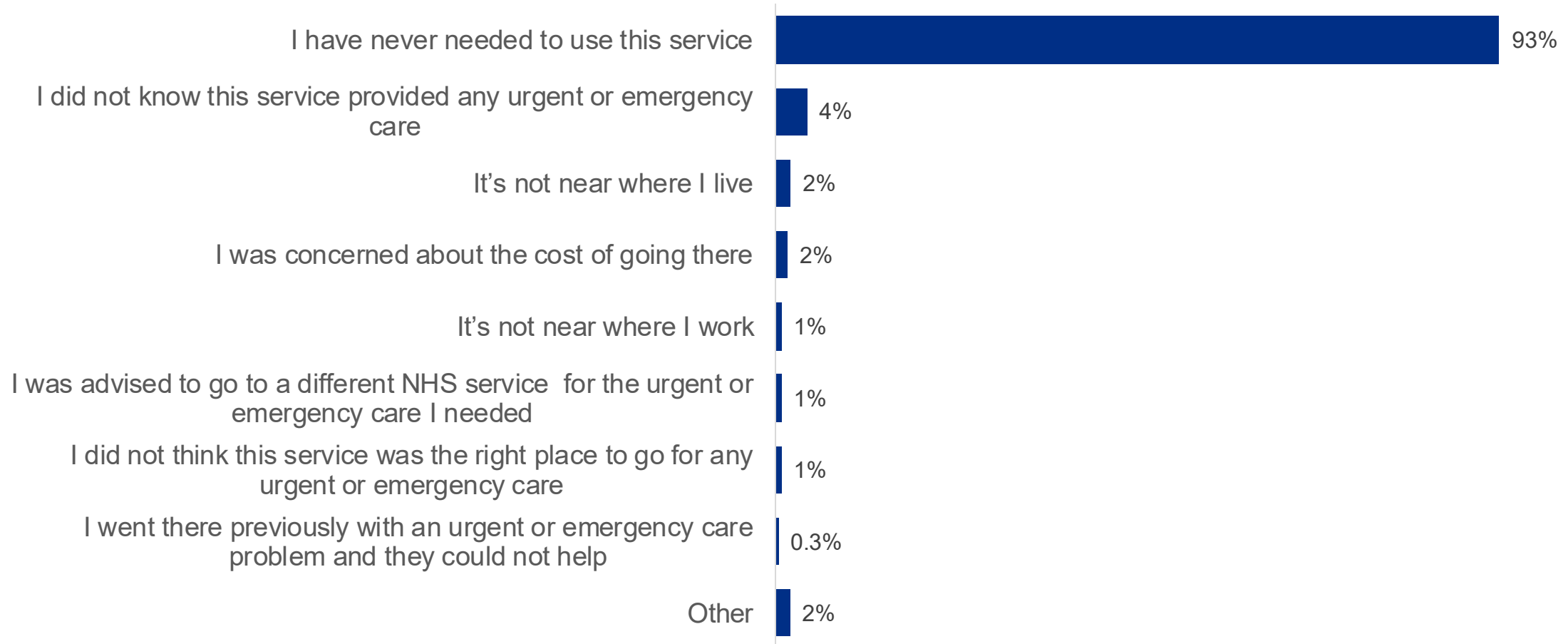
Negative – Access

Consider how those with no transport could access emergency services (e.g. transport needed to access services) (14 / 15%)

Please explain your experience in more detail. *Base: 94 (engagement survey responses)*



Why respondents didn't choose a dentist or emergency dental clinic to access urgent or emergency care services



We would like to understand why you may not have used this service for urgent or emergency care. Please explain why you have not used this service.
 Base: 673 (engagement survey responses)

Pharmacy

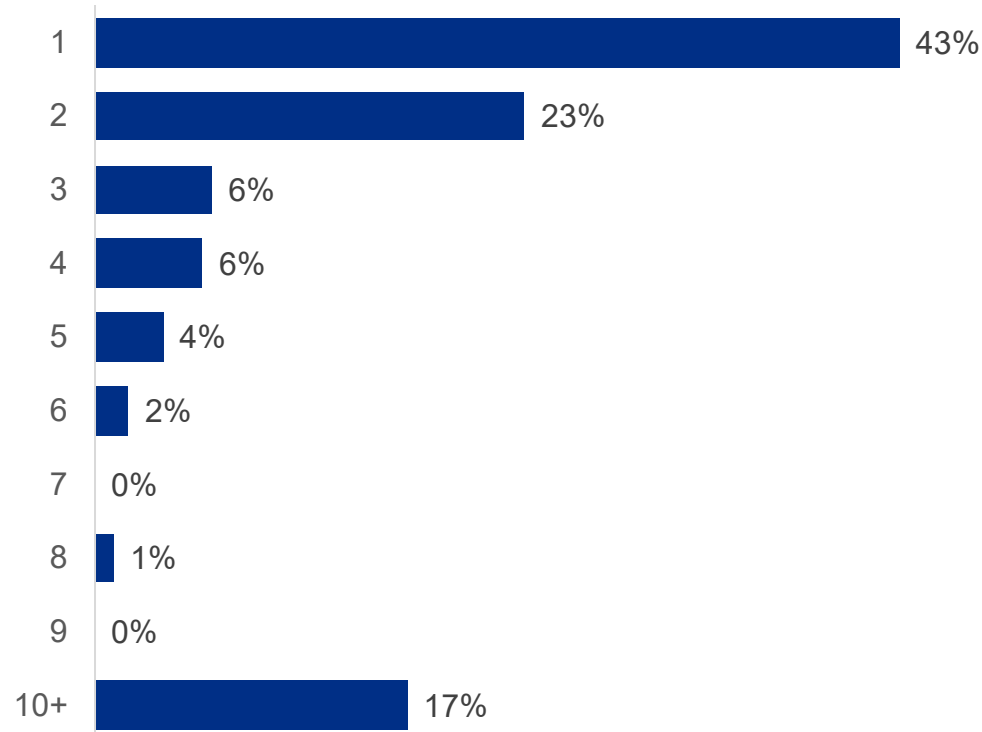
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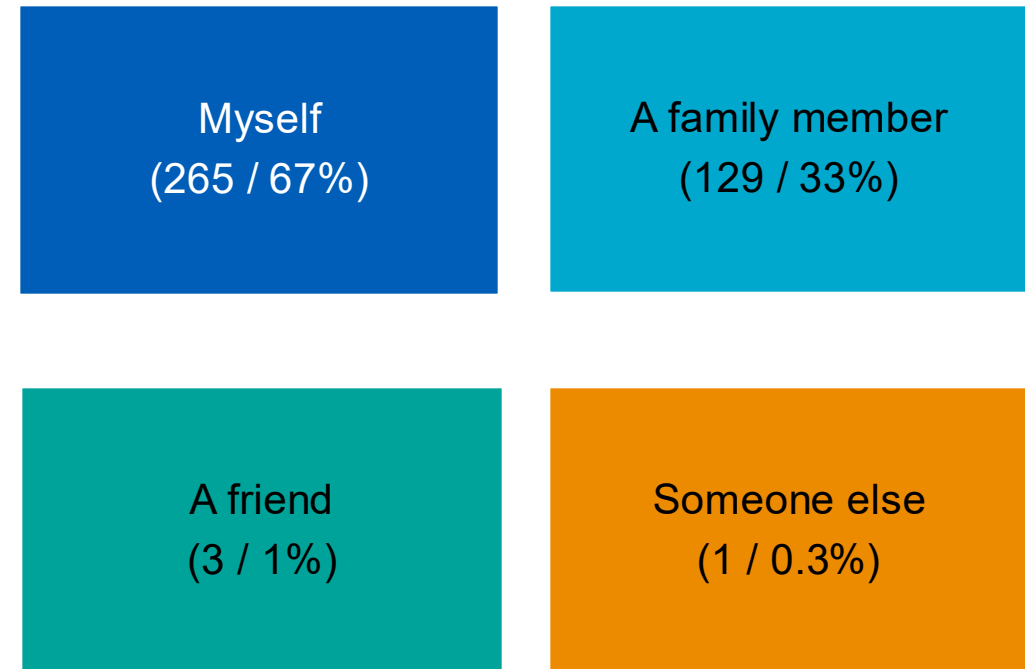


How frequently respondents used a pharmacy for urgent or emergency care

Number of times service used for UEC in the last two years



Who the service was used for last time



How many times have you used this service for urgent or emergency care in the last two years? *Base: 388 (engagement survey responses)*
 Thinking about the last time you used this service, who did you use it for? *Base: 398 (engagement survey responses)*



Where respondents chose to go to a pharmacy and why they chose this service

Where respondents went to access the service

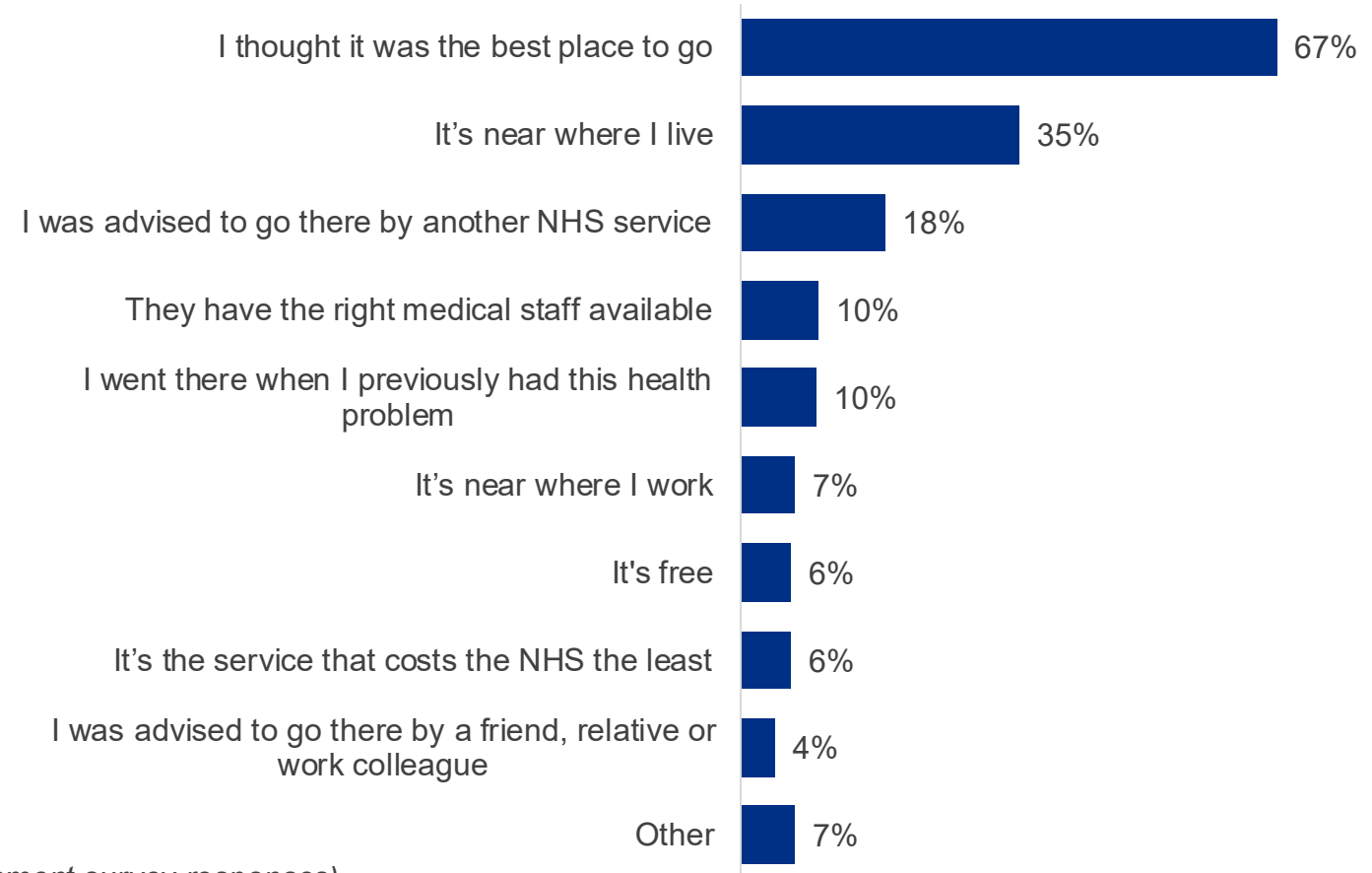


215 / 59%

Their local community pharmacy

Additionally, 49 / 14% shared the geographical location they went to, and 39 / 11% shared their reason for accessing this service.

Reason for accessing this service



Please tell us where you went to use the service. *Base: 364 (engagement survey responses)*

Please explain why you decided to visit this service. *Base: 389 (engagement survey responses)*



Referrals to a pharmacy and why they were referred

Services referring respondent

GP surgery / out-of-hours (32 / 57%)

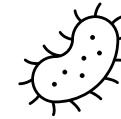
NHS 111 (15 / 27%)

Hospital (4 / 7%)

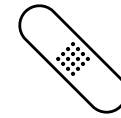
Another pharmacy (2 / 4%)

A&E (2 / 4%)

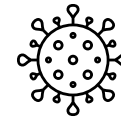
Respondent symptoms



Infection – Urinary tract infection (UTI) (39 / 13%)



Skin – Skin condition (e.g. eczema, dry, rash, dermatitis, hidradenitis suppurativa, hives) (37 / 12%)



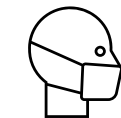
Inflammatory and immune system – Allergic reaction (e.g. insect bite, hayfever, milk, medication) (22 / 7%)



Infection – Conjunctivitis / eye infection (13 / 4%)



Infection – Skin infection (e.g. tattoo, insect bite, eczema) (10 / 3%)



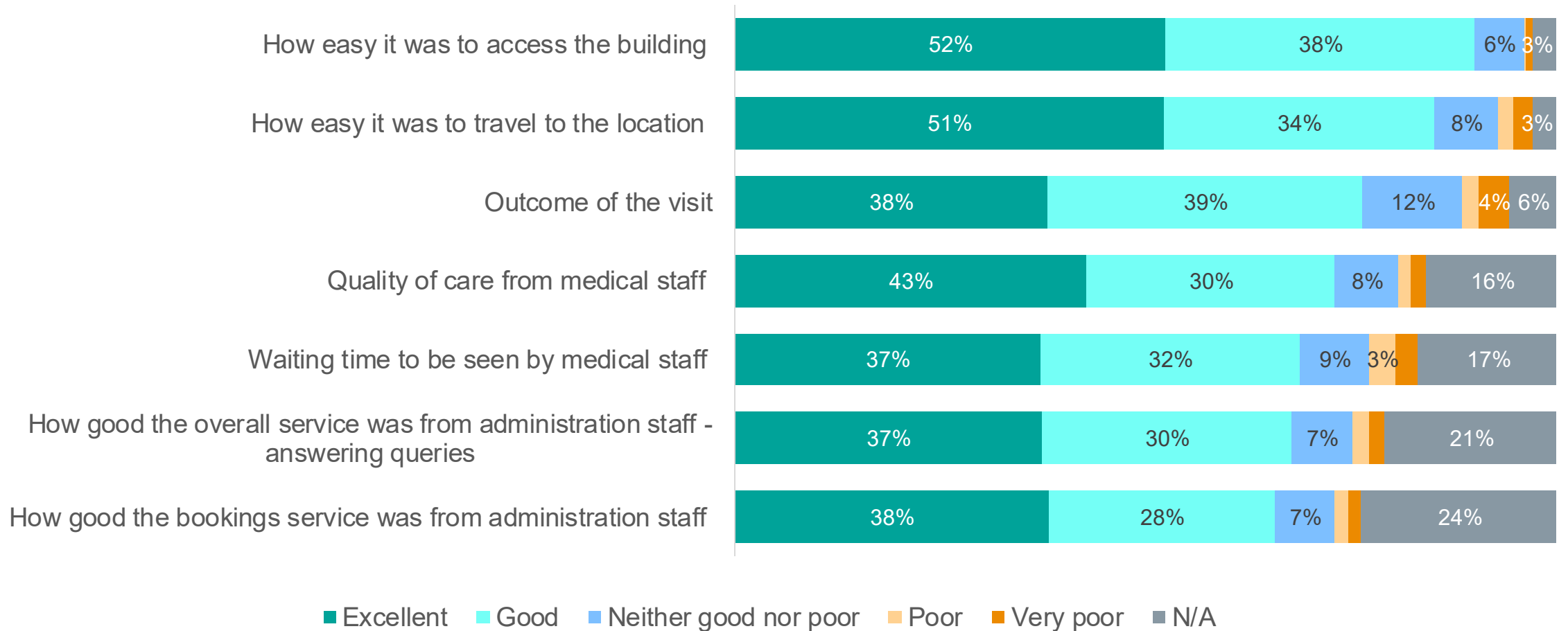
Infection – Chest infection (10 / 3%)

Which service directed or referred you to this service? *Base: 56 (engagement survey responses)*

What symptoms did you or the patient have, or if you knew the condition (illness or problem) you/they needed help for. *Base: 312 (engagement survey responses)*



Rating the service received at the pharmacy



How would you rate the service you received against the following points (where 1 is excellent and 5 is very poor)? *Base: 384 – 390 (engagement survey responses)*



Reasons for rating

After sharing their rating of the service, respondents were asked to share more about their responses.

203
Number of responses

70
Number of themes

19
Positive themes

28
Neutral / other themes

23
Negative themes

Top themes:



Positive – Quality of care

Experience was positive (39 / 19%)



Positive – Quality of care

Staff were reassuring, helpful and friendly (36 / 18%)



Positive – Quality of care

Services provided in a timely manner (34 / 17%)



Positive – Quality of care

Good advice was given (29 / 14%)



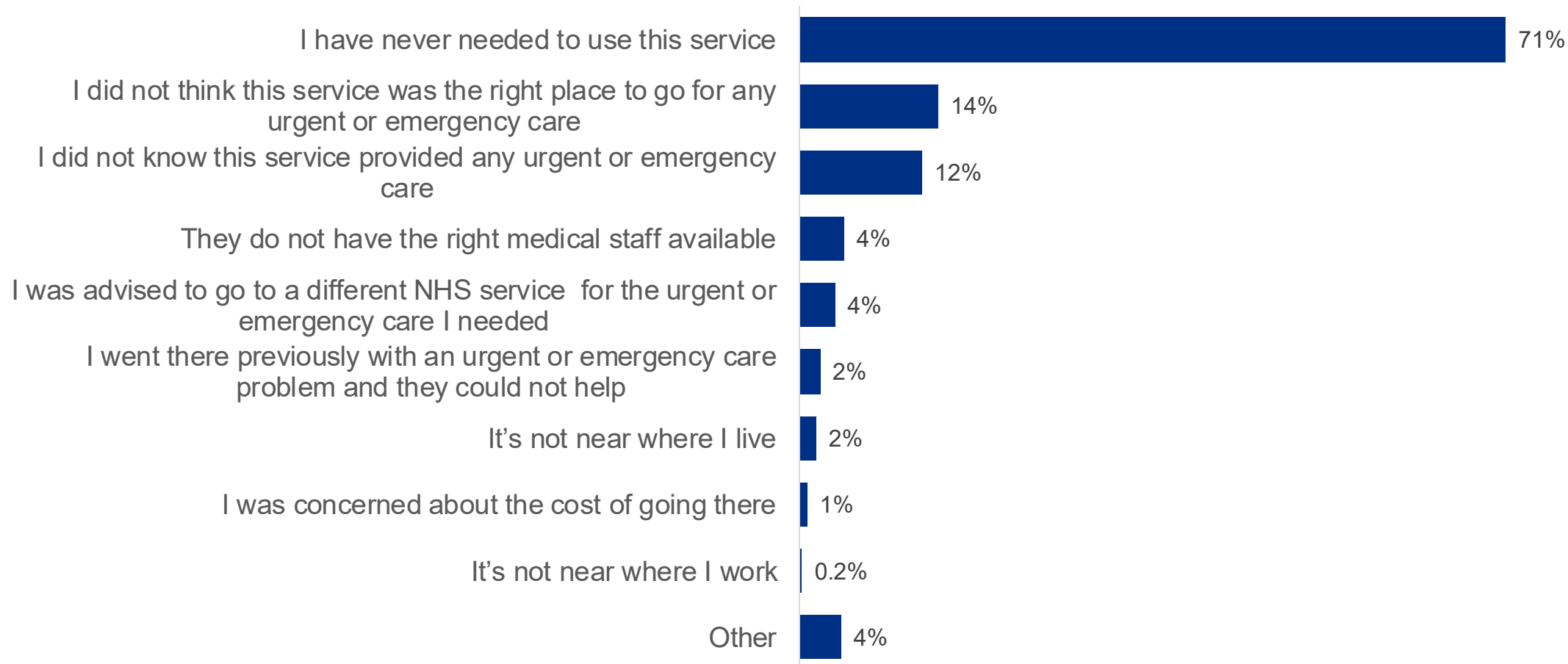
Positive – Quality of care

Signposted / referred to another service (e.g. if further help was required, NHS 111, GP, A&E) (23 / 11%)

Please explain your experience in more detail. *Base: 203 (engagement survey responses)*



Why respondents didn't choose a pharmacy to access urgent or emergency care services



We would like to understand why you may not have used this service for urgent or emergency care. Please explain why you have not used this service.
Base: 564 (engagement survey responses)



General feedback

26
Number of responses

42
Number of themes

6
Positive themes

4
Neutral themes

20
Consideration themes

12
Negative themes



Access – Consideration

Sharing information about available services and when it is appropriate to use them would be beneficial (e.g. signpost away from A&E, GPs could check before referring to another service such as X-ray) (5 / 19%)



Engagement – Consideration

Consider the best way to engage with the local population (e.g. the emergency department is not appropriate, paper copies of the survey should be readily available) (5 / 19%)



Quality of care – Consideration

Consider improved access to appointments at GP surgery and referrals to other services (e.g. more appointments, raised awareness of appointment availability, familiar to carers and families, longer appointments for multiple issues, GP out-of-hours, registering and transferring GP, homeless individuals who currently do not have an address) (4 / 15%)



Service provision – Consideration

Leek Moorlands Hospital should remain open (e.g. service of choice, avoids unnecessary travelling, provides services such as blood tests and X-rays) (4 / 15%)



Service provision – Consideration

Consider the location of services (e.g. local services, convenient, easy to get to, travel times, distance to travel, close for family, travelling in bad weather, GP home visits, paramedics) (4 / 15%)

General comments. *Base: 26 (facilitator feedback booklets)*



**Staffordshire and
Stoke-on-Trent**
Integrated Care System



**Staffordshire and
Stoke-on-Trent**
Integrated Care Board



**This report was produced by
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**The information it contains is accurate
at the time of creation.**