TOGETHER WE'RE BETTER

Transforming health and care for Staffordshire & Stoke-on-Trent

Urgent and emergency care involvement

Summary of feedback

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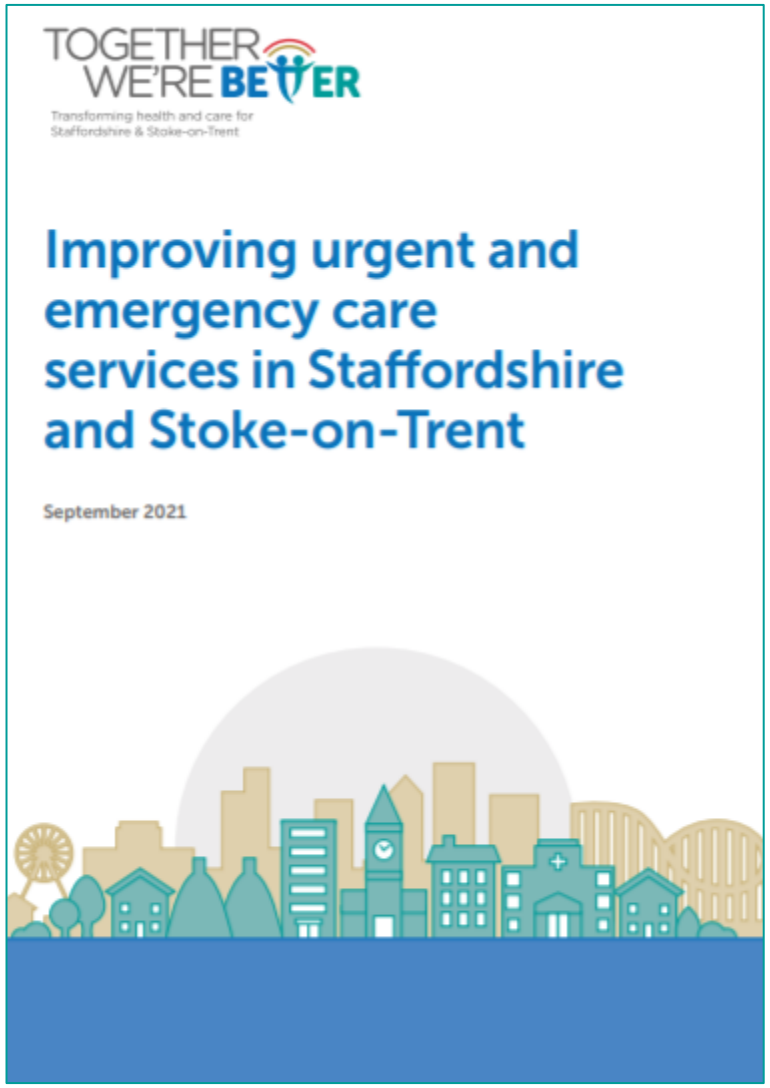
Transforming health and care for Staffordshire & Stoke-on-Trent

Introduction and background

Introduction

- This report presents the findings from the **urgent and emergency care** involvement survey and events.
- Together We're Better is aiming to simplify urgent and emergency care to help people who are seriously ill, or at risk of becoming seriously ill, to access high-quality care locally, at the right time and with the right professional.
- Across England, local areas need to set up a network of urgent treatment centres (UTCs) to replace the services currently provided by walk-in centres and minor injuries units. Walk-in centres and minor injuries units will then cease to exist. These UTCs aim to reduce confusion for people who need treatment quickly, usually within 24 hours, but do not need an emergency department (ED).
- The report is produced by NHS Midlands and Lancashire Commissioning Support Unit (MLCSU).



Background to the involvement

- Over the past few years, Together We're Better has been working to make Staffordshire and Stoke-on-Trent the healthiest places to live and work.
- Below is a summary of the engagement that has taken place so far:

Summer 2019:

Public conversation to understand what is working well and what could be improved in health and care services

March 2020:

Involvement work paused to allow partners to respond to COVID-19

Autumn 2021:

With COVID-19 cases reducing, now is the right time for this transformation programme to progress

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Communications and engagement

Channels

Social media
Survey
Emails
Phone calls
Websites
Local media
Issues paper
Videos
Events

Stakeholder engagement

- Stakeholders were targeted and contacted to promote the survey and engagement events
- Stakeholders included voluntary organisations, service providers, local councils, support groups and religious organisations.

783

stakeholders engaged with

3,014

emails sent

85

phone calls made

Collateral and promotion

- The survey and events were promoted on the Together We're Better website and social media
- A video was produced explaining the model of care
- An Issues Paper was created to describe the proposed changes
- An easy read Issues Paper was also created.

Social media

- Both paid and organic social media were utilised
- Twitter: 24 posts with 22 likes and 43 retweets
- Facebook: 24 posts with 10 likes and 26 shares
- Posts were scheduled from the TWB accounts and posted by partner organisations, including:
  - Staffordshire and Stoke-on-Trent CCGs
  - Stoke-on-Trent City Council
  - Support Staffordshire
  - Stoke-on-Trent Community Health Champions.

Social media advert analytics

	Clicks	Reach	Impressions
Ad 1	846	32,767	103,588
Ad 2	110	8,645	15,103

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Reporting methodology

Methodology

- Feedback was gathered by a survey and three events
- The survey and events were promoted via the Together We're Better website and social media
- Local stakeholders were contacted by email and telephone to encourage participation.

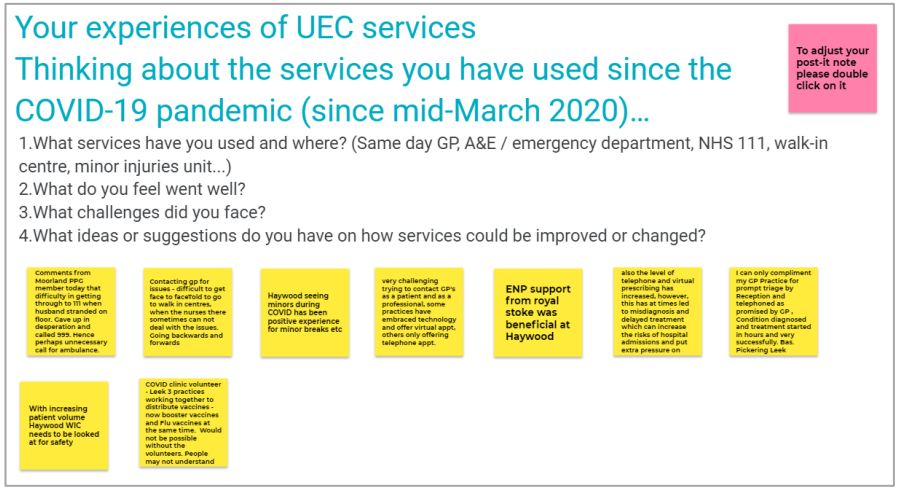
The survey was hosted online between 23 September and 31 October 2021. Paper versions were available on request. **428 responses were received**.

3 online workshop events were held on 5, 6 and 13 October. **There were 34 participants in total.**

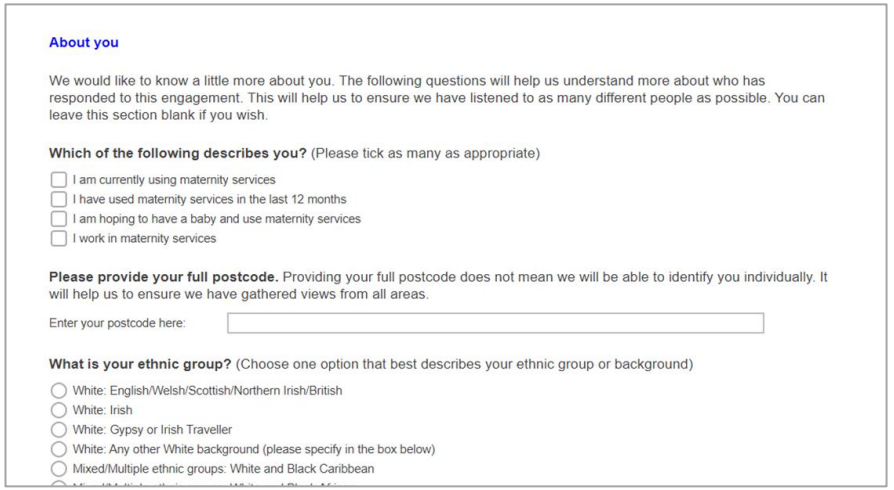
Event methodology

- The workshops were held on Microsoft Teams
- Participants registered in advance through an online form
- The workshops began with all participants viewing a presentation
- Feedback was collated on a Jamboard during the event. This acted as a virtual ‘flipchart’ with participants able to add their feedback directly to the board
- Participants were also asked to complete a demographic profiling survey.

Jamboard:



Demographic profiling survey:



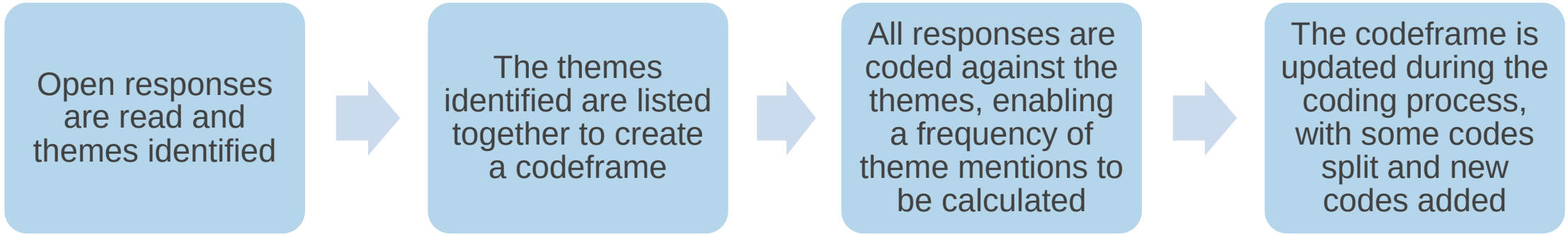
Structure of the survey and events

Section	Survey	Events
Transforming urgent and emergency care services		✓
Your experiences of urgent and emergency care services	✓	✓
Your views on our proposed model of care for urgent and emergency care services in the future	✓	✓
Your views on the location of urgent and emergency care services in the future	✓	✓
Sense check of desirable criteria		✓
Demographic profiling	✓	✓

Approach to analysis: survey

- The survey used a combination of ‘open text’ questions for respondents to make written comments, and ‘closed’ questions where respondents ‘ticked’ their response from a set of pre-set responses
- Open responses received to the survey have been read and coded into themes. These themes include overarching ‘main themes’ and more detailed themes
- Coding is a subjective process.

Our coding process is summarised below:



Presentation of findings

- Responses to the survey are broken down by the following variables:
  - CCG area
  - Respondent type
- For some questions, not all variables are shown. This is because:
  - Some questions were only asked of specific groups within the survey
  - There were limited responses to the questions.
- Percentages may not add up to 100% due to rounding or where respondents could choose multiple responses.

Variable	Source
CCG	Profiled from postcode question
Respondent type	Questions: As an individual responding to this questionnaire, which of the following best applies to you? As an organisation responding to this questionnaire, which of the following best applies to you?

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Demographic profiling

Demographic profiling: survey and events

Ethnicity	Age	Sex	Gender reassignment	Sexual orientation	Relationship status
423 (95%) were White British	194 (44%) were aged 40-59	341 (78%) were female	3 (1%) were transgender or non-binary	379 (87%) were heterosexual	284 (65%) were married

Religion	Pregnancy	Maternity	Disability or long-term condition	Armed forces	Carer
254 (58%) were Christian	6 (1%) were pregnant	7 (2%) had recently given birth	167 (38%) had a disability or condition limiting day-to-day activities	11 (3%) had served in the armed services	144 (33%) were carers

Base: 229-443

Demographic profiling: ethnicity

Ethnicity	Survey no.	Survey %	Event no.	Event %	Total no.	Total %
White British	402	96%	21	88%	**423**	**95%**
Black/Black British: Caribbean	2	1%	-	-	**2**	**1%**
White: Irish	2	1%	1	4%	**3**	**1%**
White: Gypsy or Irish Traveller	1	0.2%	-	-	**1**	**0.2%**
White: Other White background	1	0.2%	-	-	**1**	**0.2%**
Mixed: White and Black Caribbean	1	0.2%	-	-	**1**	**0.2%**
Mixed: White and Asian	1	0.2%	-	-	**1**	**0.2%**
Mixed: Any other mixed group	1	0.2%	-	-	**1**	**0.2%**
Asian/Asian British: Indian	-	-	1	4%	**1**	**0.2%**
Black/Black British: African	-	-	1	4%	**1**	**0.2%**
Any other ethnic group	1	0.2%	-	-	**1**	**0.2%**
Prefer not to say	7	2%	-	-	**7**	**2%**
Base	*419*		*24*		***443***	

Demographic profiling: age

Age	Survey no.	Survey %	Event no.	Event %	Total no.	Total %
16 – 19	1	0.2%	-	-	**1**	**0.2%**
20 – 24	-	-	-	-	**-**	**-**
25 – 29	15	4%	-	-	**15**	**3%**
30 – 34	20	5%	-	-	**20**	**5%**
35 – 39	41	10%	-	-	**41**	**9%**
40 – 44	41	10%	2	8%	**43**	**10%**
45 – 49	44	11%	1	4%	**45**	**10%**
50 – 54	61	15%	1	4%	**62**	**14%**
55 – 59	42	10%	2	8%	**44**	**10%**
60 – 64	50	12%	4	17%	**54**	**12%**
65 – 69	44	11%	6	25%	**50**	**11%**
70 – 74	33	8%	1	4%	**34**	**8%**
75 – 79	18	4%	6	25%	**24**	**5%**
80 and over	1	0.2%	-	-	**1**	**0.2%**
Prefer not to say	6	1%	1	4%	**7**	**2%**
Base	*417*		*24*		***441***	

Demographic profiling: religion

Religion	Survey no.	Survey %	Event no.	Event %	Total no.	Total %
No religion	150	36%	6	25%	**156**	**35%**
Christian	238	57%	16	67%	**254**	**58%**
Buddhist	1	0.2%	-	-	**1**	**0.2%**
Hindu	-	-	-	-	**-**	**-**
Jewish	-	-	-	-	**-**	**-**
Muslim	-	-	-	-	**-**	**-**
Sikh	-	-	1	4%	**1**	**0.2%**
Any other religion	5	1%	1	4%	**6**	**1%**
Prefer not to say	23	6%	-	-	**23**	**5%**
Base	*417*		*24*		***441***	

Demographic profiling: sex / gender reassignment

Sex and gender reassignment	Survey no.	Survey %	Event no.	Event %	Total no.	Total %
Male	75	18%	10	42%	**85**	**19%**
Female	327	79%	14	58%	**341**	**78%**
Trans-Man	1	0.2%	-	-	**1**	**0.2%**
Trans-Woman	1	0.2%	-	-	**1**	**0.2%**
Non-binary	1	0.2%	-	-	**1**	**0.2%**
Gender-non-conforming	-	-	-	-	**-**	**-**
Other (please specify)	1	0.2%	-	-	**1**	**0.2%**
Prefer not to say	8	2%	-	-	**8**	**2%**
Base	*414*		*24*		***438***	

Demographic profiling: relationship status

Relationship status	Survey no.	Survey %	Event no.	Event %	Total no.	Total %
Married	267	64%	17	74%	**284**	**65%**
Civil Partnership	1	0.2%	-	-	**1**	**0.2%**
Single	47	11%	2	9%	**49**	**11%**
Divorced	21	5%	-	-	**21**	**5%**
Lives with Partner	40	10%	3	13%	**43**	**10%**
Separated	5	1%	-	-	**5**	**1%**
Widowed	17	4%	1	4%	**18**	**4%**
Other (please specify)	3	1%	-	-	**3**	**1%**
Prefer not to say	16	4%	-	-	**16**	**4%**
Base	*417*		*23*		***440***	

Demographic profiling: sexual orientation

Sexual orientation	Survey no.	Survey %	Event no.	Event %	Total no.	Total %
Heterosexual	355	86%	24	100%	**379**	**87%**
Lesbian	5	1%	-	-	**5**	**1%**
Gay	5	1%	-	-	**5**	**1%**
Bisexual	7	2%	-	-	**7**	**2%**
Asexual	1	0.2%	-	-	**1**	**0.2%**
Other	5	1%	-	-	**5**	**1%**
Prefer not to say	35	9%	-	-	**35**	**8%**
Base	*413*		*24*		***437***	

Demographic profiling: pregnancy and maternity

Currently pregnant	Survey no.	Survey %	Event no.	Event %	Total no.	Total %
Yes	6	2%	-	-	**6**	**1%**
No	394	96%	23	100%	**417**	**96%**
Prefer not to say	10	2%	-	-	**10**	**2%**
Base	*410*		*23*		***433***	

Recently given birth	Survey no.	Survey %	Event no.	Event %	Total no.	Total %
Yes	7	2%	-	-	**7**	**2%**
No	396	96%	23	100%	**419**	**97%**
Prefer not to say	8	2%	-	-	**8**	**2%**
Base	*411*		*23*		***434***	

Demographic profiling: disability

Disability or long-term health condition limiting day-to-day activities	Survey no.	Survey %	Event no.	Event %	Total no.	Total %
Yes, limited a lot	56	14%	8	33%	**64**	**15%**
Yes, limited a little	100	24%	3	13%	**103**	**23%**
No	260	63%	13	54%	**273**	**62%**
Base	*416*		*24*		***440***	

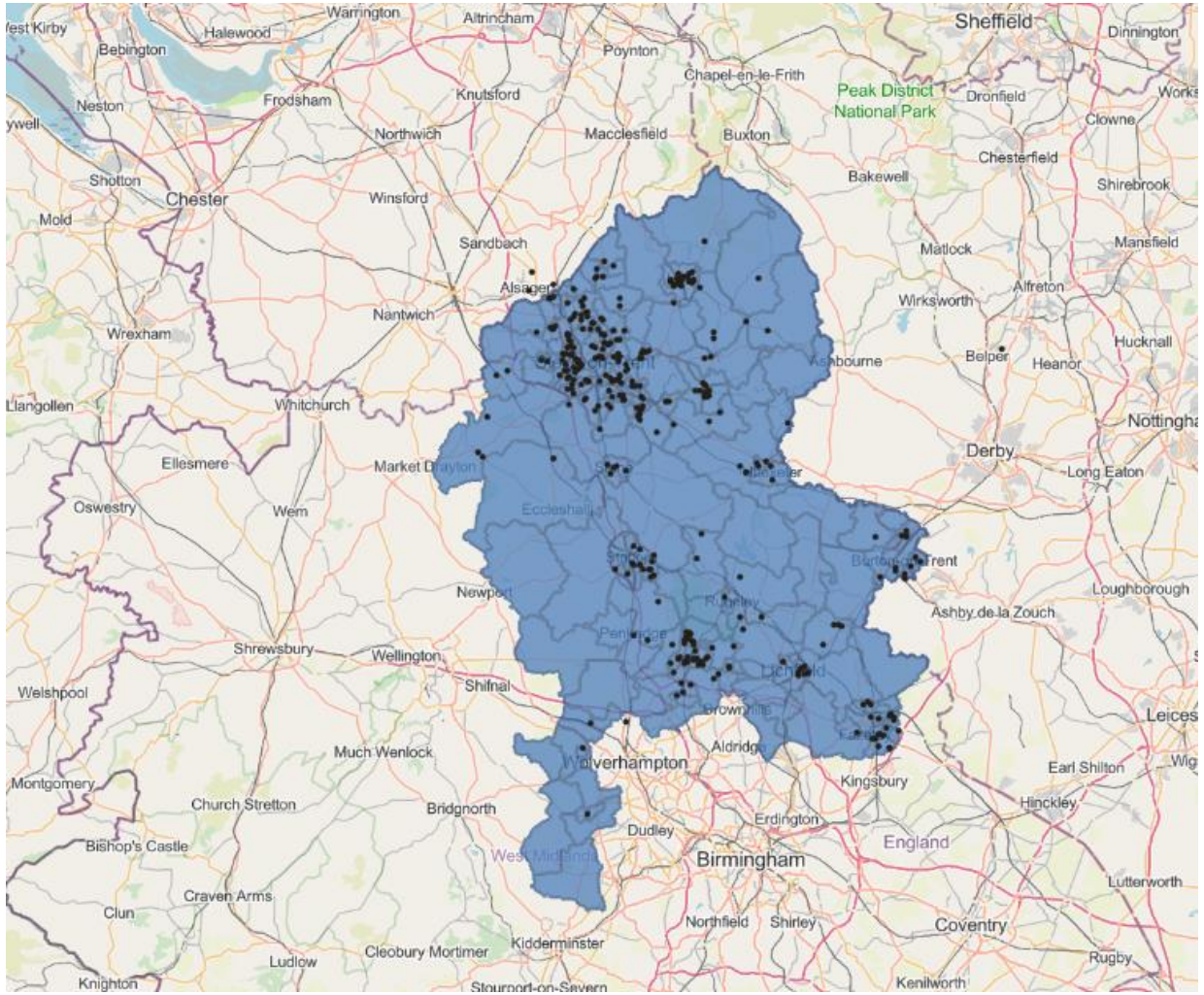
Disability or long-term health condition	Survey no.	Survey %	Event no.	Event %	Total no.	Total %
Mental health need	32	15%	4	31%	**36**	**18%**
Long-term illness	53	25%	7	54%	**60**	**26%**
Physical disability	62	29%	7	54%	**69**	**30%**
Sensory disability	19	9%	1	8%	**20**	**9%**
Learning difficulty or disability	5	2%	-	-	**5**	**2%**
Other	22	10%	1	8%	**23**	**10%**
Prefer not to say	70	32%	2	15%	**72**	**31%**
Base	*216*		*13*		***229***	

Demographic profiling: armed forces and carers

Armed forces veteran	Survey no.	Survey %	Event no.	Event %	Total no.	Total %
Yes	11	3%	-	-	**11**	**3%**
No	388	94%	24	100%	**412**	**94%**
Prefer not to say	13	3%	-	-	**13**	**3%**
Base	*412*		*24*		***436***	

Carer	Survey no.	Survey %	Event no.	Event %	Total no.	Total %
Yes: person(s) aged under 24	46	11%	3	13%	**49**	**11%**
Yes: person(s) aged 25–49	15	4%	2	8%	**17**	**4%**
Yes: older person(s) aged over 50	72	18%	6	25%	**78**	**18%**
No	254	63%	14	58%	**268**	**62%**
Prefer not to say	22	5%	-	-	**22**	**5%**
Base	*406*		*24*		***430***	

Location of respondents



CCG	No.	%
NHS North Staffordshire CCG	118	28%
NHS Stoke-on-Trent CCG	91	21%
NHS Cannock Chase CCG	43	10%
NHS South East Staffordshire and Seisdon Peninsula CCG	37	9%
NHS Stafford and Surrounds CCG	34	8%
NHS East Staffordshire CCG	29	7%
NHS South Cheshire CCG	4	1%
NHS Derby and Derbyshire CCG	1	0.2%
NHS Wolverhampton CCG	1	0.2%
No postcode provided	67	16%
Postcode unable to be profiled	3	1%
Base	*428*	

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About you

About you questions

This section presents the feedback from the following questions:

- Are you responding as:
- As an individual responding to this questionnaire, which of the following best applies to you?
- As an organisation responding to this questionnaire, which of the following best applies to you?
- Please provide the name of your organisation.

Respondent types: survey

99%

Responding as an individual (patient, member of the public or NHS employee) (420)

1%

Responding on behalf of an organisation (formal organisational response) (5)

Base: 425

As an individual responding to this questionnaire, which of the following best applies to you?

88%

Patient or member of the public (366)

2%

Carer (9)

8%

NHS employee (33)

1%

From another public sector organisation (3)

1%

From a health-related group, charity or organisation (5)

0.2%

From a non-health voluntary group, charity or organisation (1)

Base: 417

Organisations responding to the involvement

Organisational survey respondents
University Hospitals of North Midlands
Sodexo
University Hospitals Derby and Burton
Midlands Partnership Foundation Trust
Wirral Community Health and Care NHS Trust
Approach Dementia Support
East Staffordshire Borough Council
Staffordshire County Council
Royal Derby Hospital
15 Square (formal response)
DEAFvibe (formal response)
Asha North Staffordshire (formal response)
Moorlands Community and Voluntary Transport
Strokes R Us
CACH Communities Against Crimes of Hate (formal response)
North Staffs LMC (formal response)
BVS

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Experiences before COVID-19

Experiences of UEC services

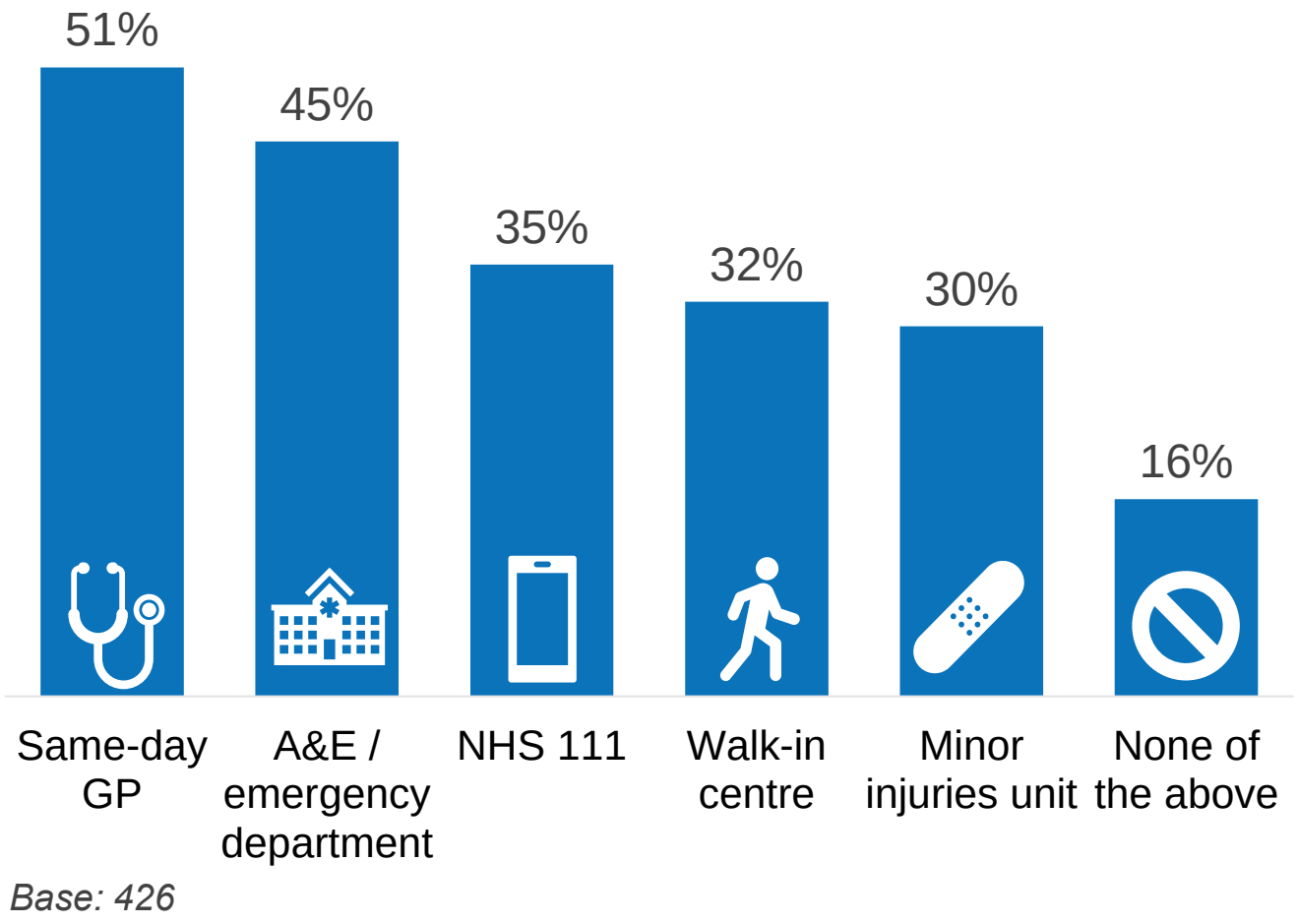
This section presents the feedback from the following questions:

- Survey: Which of the following urgent and emergency care services have you used?
- Survey: Tell us the location of the same-day GP that you used in the space below.
- Survey: Thinking about the same-day GP, what do you feel went well and what challenges did you face?
- Survey: Tell us the location of the A&E / emergency department that you used.
- Survey: Thinking about the A&E / emergency department service, what do you feel went well and what challenges did you face?
- Survey: Thinking about NHS 111, what do you feel went well and what challenges did you face?
- Survey: Tell us the location of the walk-in centre that you used.
- Survey: Thinking about the walk-in centre, what do you feel went well and what challenges did you face?
- Survey: Tell us the location of the minor injuries unit that you used.
- Survey: Thinking about the minor injuries unit, what do you feel went well and what challenges did you face?
- Survey: Do you have any recommendations for improvements or changes to urgent and emergency care services?
- Events: What services have you used and where?
- Events: What do you feel went well?
- Events: What challenges did you face?
- Events: What ideas or suggestions do you have on how services could be improved or changed?

Services used (before COVID-19)

Survey

Which of the following urgent and emergency care services have you used?



Base: 426

Top service used by CCG

Cannock Chase:
Same-day GP (21 / 50%)

East Staffordshire:
Same-day GP (19 / 66%)

North Staffordshire:
Same-day GP (54 / 46%)

SES and Seisdon Peninsula:
Same-day GP (23 / 62%)

Stafford and Surrounds:
Same-day GP (20 / 59%)

Stoke-on-Trent:
Walk-in centre (52 / 58%)

Location of same-day GP (before COVID-19)

Survey

Top three locations

GP surgery
(e.g. medical practice, medical centre, health centre)
(135 / 64%)

Leek Moorlands Hospital
(e.g. Leek)
(9 / 4%)

Tamworth
(3 / 7%)
Newcastle-under-Lyme
(3 / 7%)

Top location by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
GP surgery (14 / 70%)	GP surgery (11 / 59%)	GP surgery (28 / 54%)	GP surgery (17 / 74%)	GP surgery (11 / 55%)	GP surgery (31 / 74%)

Base: 212 (overall); 19-52 (CCG areas)

Same-day GP services (before COVID-19)

Survey

What do you feel went well and what challenges did you face?

Main themes

- Access
- Communication
- Cost and efficiency
- General
- Integration
- Quality of care
- Specific groups
- Staff
- Technology

Base: 210

Key themes

Negative: Access: Appointment booking process requires improvement
(e.g. calls not answered quickly)
(77 / 37%)

Positive: Access: Same-day appointments were available to access
(67 / 32%)

Observation: Access: Consider increasing availability of appointments
(e.g. difficult to access, extended access)
(39 / 19%)

12 positive themes

14 negative themes

5 observation themes

Same-day GP services (before COVID-19): by CCG

Survey

What do you feel went well and what challenges did you face? Top themes by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Negative: Access: Appointment booking process requires improvement (e.g. calls not answered quickly) (6 / 30%)	**Negative: Access:** Appointment booking process requires improvement (e.g. calls not answered quickly) (8 / 42%)	**Positive: Access:** Same-day appointments were available to access (27 / 52%)	**Observation: Access:** Consider increasing availability of appointments (e.g. difficult to access, extended access) (9 / 39%)	**Negative: Access:** Appointment booking process requires improvement (e.g. calls not answered quickly) (11 / 58%)	**Negative: Access:** Appointment booking process requires improvement (e.g. calls not answered quickly) (15 / 35%)

Base: 19–52

Same-day GP services (before COVID-19): quotes

Survey

"Getting the appointment was the challenge, not able to book"

"Call system was queue but reasonable. Calls answered within 10 mins and receptionists just asked for a brief reason. They would fit you in if needed."

"Able to book on day Immediate response to illness Action taken straight away to prevent decline in health and further treatment"

"Good to see a GP on the day, but took a long time to access an appointment on the phone"

Location of A&E / ED used

Survey

Top three locations

Royal Stoke University Hospital (e.g. Stoke-on-Trent)
(107 / 57%)

County Hospital (e.g. Stafford)
(21 / 11%)

Queen's Hospital (e.g. Burton upon Trent)
(16 / 9%)

Top location by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
County Hospital (7 / 41%) New Cross Hospital (7 / 41%)	Queen's Hospital (e.g. Burton upon Trent) (9 / 75%)	Royal Stoke University Hospital (e.g. Stoke-on-Trent) (39 / 91%)	Good Hope Hospital (e.g. Sutton Coldfield) (10 / 56%)	Royal Stoke University Hospital (8 / 57%) County Hospital (8 / 57%)	Royal Stoke University Hospital (39 / 91%)

Base: 187 (overall); 12–49 (CCG areas)

A&E / ED (before COVID-19)

Survey

What do you feel went well and what challenges did you face?

Main themes

- Access
- Communication
- Cost and efficiency
- Estates and facilities
- General
- Quality of care
- Service provision
- Specific groups
- Staff

Base: 185

Key themes

Negative: Access: Long waiting times for care and treatment
(117 / 63%)

Positive: Quality of care: Quality of care provided was good
(48 / 26%)

Positive: Staff: Staff were helpful and knowledgeable
(31 / 17%)

11 positive themes

16 negative themes

7 observation themes

A&E / ED (before COVID-19): by CCG

Survey

What do you feel went well and what challenges did you face? Top themes by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Negative: Access: Long waiting times for care and treatment (11 / 69%)	**Negative: Access:** Long waiting times for care and treatment (8 / 67%)	**Negative: Access:** Long waiting times for care and treatment (27 / 55%)	**Negative: Access:** Long waiting times for care and treatment (12 / 67%)	**Negative: Access:** Long waiting times for care and treatment (11 / 73%)	**Negative: Access:** Long waiting times for care and treatment (31 / 72%)

Base: 12–49

A&E / ED (before COVID-19): quotes

Survey

"The staff were great, but the wait was awful, the room was crowded and cold (it was winter). We were there late at night and we didn't feel 100% safe."

"I was triaged very quickly and given a likely treatment plan which was very helpful, I was then able to make a decision as to whether this was treatment I could likely complete myself at home."

"Once seen by a doctor things moved quickly but the first wait to see a doctor was too long. Should be a larger waiting area, too many people mixing. Also older vulnerable people should not have to wait with intoxicated adults."

"Clear direction of where to go when arrived, process explained well. Saw professionals that knew their jobs and reassured us as a family and issue dealt with."

NHS 111 (before COVID-19)

Survey

What do you feel went well and what challenges did you face?

Main themes

- Access
- Communication
- Cost and efficiency
- General
- Quality of care
- Specific groups
- Staff
- Technology

Key themes

Negative: Access: Consider poor access to NHS 111
(e.g. no call-backs, long waits for calls to be answered)
(46 / 32%)

Positive: Quality of care: NHS 111 provides useful advice and information
(e.g. on self-management)
(25 / 17%)

Positive: General: Service worked well
(25 / 17%)

8 positive themes

12 negative themes

5 observation themes

Base: 144

NHS 111 (before COVID-19): by CCG

Survey

What do you feel went well and what challenges did you face? Top themes by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Negative: Access: Consider poor access to NHS 111 (e.g. no call-backs, long waits for calls to be answered) (4 / 31%)	**Negative: Access:** Consider poor access to NHS 111 (e.g. no call-backs, long waits for calls to be answered) (4 / 40%)	**Negative: Access:** Consider poor access to NHS 111 (e.g. no call-backs, long waits for calls to be answered) (11 / 30%)	**Negative: Access:** Consider poor access to NHS 111 (e.g. no call-backs, long waits for calls to be answered) (4 / 40%)	**Negative: Access:** Consider poor access to NHS 111 (e.g. no call-backs, long waits for calls to be answered) (6 / 46%)	**Negative: Access:** Consider poor access to NHS 111 / **Cost and efficiency:** NHS 111 complicates patient pathway (11 / 26%)

Base: 10–42

NHS 111 (before COVID-19): quotes

Survey

"NHS111 – long wait for the telephone to be answered; long wait for anyone to call back; feel that this service is a waste of time as they usually suggest you go to A&E"

"The initial call was answered quickly and we went through a lot of questions to be told a medical professional would call back shortly and it took a few hours for them to call back and then we had to answer the same questions again."

"Useful for sign posting and advice, quite responsive, don't use that often as fairly familiar with services available in local area."

"They ask all the standard questions to build a good picture and then advise you based on that. Call back from a nurse is usually within a reasonable time frame and they've been good at booking out of hours appointments."

Location of walk-in centre (before COVID-19)

Survey

Top three locations

Haywood (e.g. Haywood Hospital, Burslem)
(74 / 56%)

Hanley Primary Care Access Hub
(21 / 16%)

Leek Moorlands Hospital (e.g. Leek)
(9 / 7%)

Top location by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Cannock Chase Hospital (e.g. Cannock) (2 / 50%)	Samuel Johnson Community Hospital (2 / 40%)	Haywood (e.g. Haywood Hospital, Burslem) (30 / 64%)	Sir Robert Peel Community Hospital (3 / 75%)	Hanley Primary Care Access Hub (3 / 50%)	Haywood (e.g. Haywood Hospital, Burslem) (32 / 65%)

Base: 132 (overall); 4–49 (CCG areas)

Walk-in centre (before COVID-19)

Survey

What do you feel went well and what challenges did you face?

Main themes

- Access
- Communication
- Cost and efficiency
- Estates and facilities
- General
- Quality of care
- Service provision
- Staff

Key themes

Negative: Access: Long waiting times for care and treatment
(45 / 34%)

Positive: Access: Waiting times were short
(35 / 27%)

Positive: Staff: Staff are helpful and knowledgeable
(25 / 19%)

10 positive themes

11 negative themes

4 observation themes

Base: 131

Walk-in centre (before COVID-19): by CCG

Survey

What do you feel went well and what challenges did you face? Top themes by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Positive: Access: Waiting times were short (35 / 27%)	**Positive: Access:** Waiting times were short (4 / 80%)	**Negative: Access:** Long waiting times for care and treatment (20 / 44%)	**Positive: Access:** Walk-in centre provided access to care (e.g. out of hours) (2 / 50%)	**Positive: General:** Service works well (e.g. good service) (2 / 33%)	**Negative: Access:** Long waiting times for care and treatment (16 / 33%)

Base: 4–49

Walk-in centre (before COVID-19): quotes

Survey

"Able to be seen, long wait but less than 4 hours, challenges were I was then referred to A&E for further treatment"

"Even though there was a wait, when I did get to see a nurse was treated really quickly."

"Walk in centre went really well and trialed me to A&E. Without the walk in centre service I would not have attended A&E and would not have been diagnosed with multiple sclerosis"

"Helpful and professional staff. Appropriate treatment. Overnight wait to gain access was not good."

Location of minor injuries unit (before COVID-19)

Survey

Top three locations

Leek Moorlands Hospital (e.g. Leek)
(41 / 33%)

Cannock Chase Hospital (e.g. Cannock)
(22 / 18%)

Haywood Hospital (e.g. Haywood)
(21 / 17%)

Top location by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Cannock Chase Hospital (e.g. Cannock) (17 / 90%)	Samuel Johnson Community Hospital (e.g. Lichfield) (4 / 80%)	Leek Moorlands Hospital (e.g. Leek) (30 / 75%)	Sir Robert Peel Community Hospital (e.g. Tamworth) (12 / 57%)	Limited responses received	Haywood Hospital (e.g. Haywood) (7 / 50%)

Base: 124 (overall); 5–40 (CCG areas)

Minor injuries unit (before COVID-19)

Survey

What do you feel went well and what challenges did you face?

Main themes

- Access
- Communication
- Cost and efficiency
- Estates and facilities
- General
- Quality of care
- Service provision
- Specific groups
- Staff

Base: 123

Key themes

Positive: Access: Waiting times were short
(52 / 42%)

Positive: Quality of care: Minor injuries unit provided good quality of care
(35 / 29%)

Positive: Staff: Staff are helpful and knowledgeable
(e.g. friendly)
(30 / 24%)

11 positive themes

11 negative themes

4 observation themes

Minor injuries unit (before COVID-19): by CCG

Survey

What do you feel went well and what challenges did you face? Top themes by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Positive: Access: Minor injuries unit provided access to care (e.g. out of hours, avoided A&E) (7 / 37%)	**Positive: Access:** Waiting times were short (4 / 80%)	**Positive: Access:** Waiting times were short (20 / 50%)	**Positive: Access:** Waiting times were short (9 / 43%) / **Quality of care:** Minor injuries unit provided good quality of care (9 / 43%)	**Positive: Quality of care:** Minor injuries unit provided good quality of care (3 / 50%)	**Positive: Access:** Waiting times were short (5 / 39%)

Base: 5–40

Minor injuries unit (before COVID-19): quotes

Survey

“Everything went well. Excellent service, easy access, prompt attention, meant we did not need to go to A&E”

“Queue time 20 mins roughly Used twice, once for adult kidney infection and once for child second opinion on respiratory distress. Issued medicine/treatment plan instantly. Challenge of parking validation”

“Good professional staff. Treatment was good, caring and appropriate. Removed the need to travel to RSUH or MDGH. Opening times were limited.”

“Cannock, excellent service it supports the Triage at A&E without having to travel which is a concern if due to health issues you can no longer drive”

Ideas and suggestions (before COVID-19)

Survey

Thinking about your experiences before the COVID-19 pandemic, do you have any recommendations for improvements or changes to urgent and emergency care services?

Main themes

- Access
- Communication
- Cost and efficiency
- Estates and facilities
- Quality of care
- Service provision
- Specific groups
- Staff

Key themes

Observation: Access: Consider the need for access to urgent and emergency care locally
(51 / 16%)

Observation: Staff: Consider the need for adequate staffing
(e.g. training, more staff)
(47 / 14%)

Observation: Cost and efficiency: Consider improving triage and referrals
(35 / 11%)

Base: 330

Ideas and suggestions (before COVID-19): by CCG

Survey

Thinking about your experiences before the COVID-19 pandemic, do you have any recommendations for improvements or changes to urgent and emergency care services? Top themes by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Staff: Consider the need for adequate staffing / **Cost and efficiency:** Consider improving triage and referrals / **Quality of care:** Consider the need to provide a more immediate service / **Service provision:** Consider increased access to MIUs across the area (5 / 17%)	**Access:** Consider the need for access to urgent and emergency care locally (4 / 21%)	**Access:** Consider the need for access to urgent and emergency care locally / **Staff:** Consider the need for adequate staffing / **Quality of care:** Consider the need to provide a more immediate service (14 / 15%)	**Access:** Consider the need for access to urgent and emergency care locally (6 / 20%)	**Access:** Consider the need for access to urgent and emergency care locally (7 / 26%)	**Staff:** Consider the need for adequate staffing (e.g. training, more staff) (11 / 15%)

Base: 19–76

Ideas and suggestions (before COVID-19): by respondent type

Survey

Thinking about your experiences before the COVID-19 pandemic, do you have any recommendations for improvements or changes to urgent and emergency care services? Top themes by respondent type

Patients, public and carers	NHS employees	Organisation representative	Formal organisation response
Access: Consider the need for access to urgent and emergency care locally (44 / 15%)	**Access:** Consider the need for access to urgent and emergency care locally (4 / 14%) / **Cost and efficiency:** Consider improving triage and referrals (4 / 14%)	**Access:** Consider the need for access to urgent and emergency care locally (2 / 29%)	Limited responses received

Base: 4–289

Ideas and suggestions (before COVID-19): quotes

Survey

"Yes. Stafford area needs a WIC for minor injuries and needs a 24 hr AE. It is unreasonable to expect locals to travel 17 miles for their nearest AE especially the elderly who's carers may not be able to access transport easily."

"The Hanley walk in centre is now closed. I have to go to the Haywood hospital.if I need access the care. I live the other side of the city and don't drive.. this is pathetic"

"More support staff for nurses for little tasks such as drinks or toilet trips, calling porters etc to give staff nurse or higher grade staff the chance to chase up results or doctors but equally staff need organising better so work is shared equally."

"If more facilities were available at Samuel Johnson I wouldn't have needed to go to A&E at Good Hope. Once triaged it would be better to be dealt with rather than returned to the waiting area."

Services used (before COVID-19): event feedback

Events

5 October	6 October	13 October
• NHS 111 • Cannock Minor Injuries Unit • Emergency care at Royal Stoke University Hospital • Haywood walk-in centre • Leek Minor Injuries Unit	• Leek Minor Injuries Unit • Royal Stoke University Hospital • Cannock Minor Injuries Unit	• GP • X-ray at Burton • NHS 111 • Walsall Manor or New Cross (due to no A&E at Stafford) • Haywood walk-in centre • Cannock to remove stitches • Samuel Johnson Hospital • Leek Minor Injuries Unit • Good Hope Hospital • Royal Stoke A&E • Rheumatology services • Emergency doctor

Positive experiences

Events

Key themes:

Good quality of care

Good service at walk-in centre and minor injuries units

5 October

- GP access was better before pandemic
- Quick access at Haywood walk-in centre
- Good care at Haywood

6 October

- Good care by staff
- Seen quickly
- Excellent service at minor injuries units

13 October

- Good care by GP practice
- Excellent surgery
- Good service at Haywood walk-in centre and Leek Minor Injuries Unit

Challenges

Events

Long waiting times for care and test results

Issues with NHS 111 signposting to services

Lack of access to services locally (e.g. Leek, Stafford, rural areas)

Difficulties accessing GPs pushing people to A&E

Poor communication with patients and carers

Problems accessing care outside the area

5 October

- Long waits at Haywood walk-in centre
- NHS 111 too risk-averse and signpost to services when self-care would be more appropriate
- Lack of access to Leek Minor Injuries Unit

6 October

- Long waits at A&E
- Had to go outside the area out of hours

13 October

- Distances to hospital and travel between sites
- Lack of A&E locally at Stafford
- Lack of services in the south of Stoke
- Lack of access to services in rural areas
- Lack of access to GP appointments meaning people use A&E
- Poor communication to carers on discharge
- Poor communication on reasons for referral
- Lack of reading notes (Walsall)
- Long waits at Haywood
- Issues with NHS 111 understanding symptoms / signposting to A&E
- Difficulties getting into hospital for elderly
- Disjointed health and social care system for carers and elderly
- Long waits for reviews and confusion over scan results

Ideas, suggestions and observations

Events

Need more clinics locally (e.g. south of Stoke)

Need improved communication and coordination of care for the elderly

Access to X-ray is required at Leek Minor Injuries Unit

Consider longer opening hours at Leek Minor Injuries Unit

TOGETHER WE'RE BETTER

Transforming health and care for Staffordshire & Stoke-on-Trent

Experiences since COVID-19

Experiences of UEC (since COVID-19)

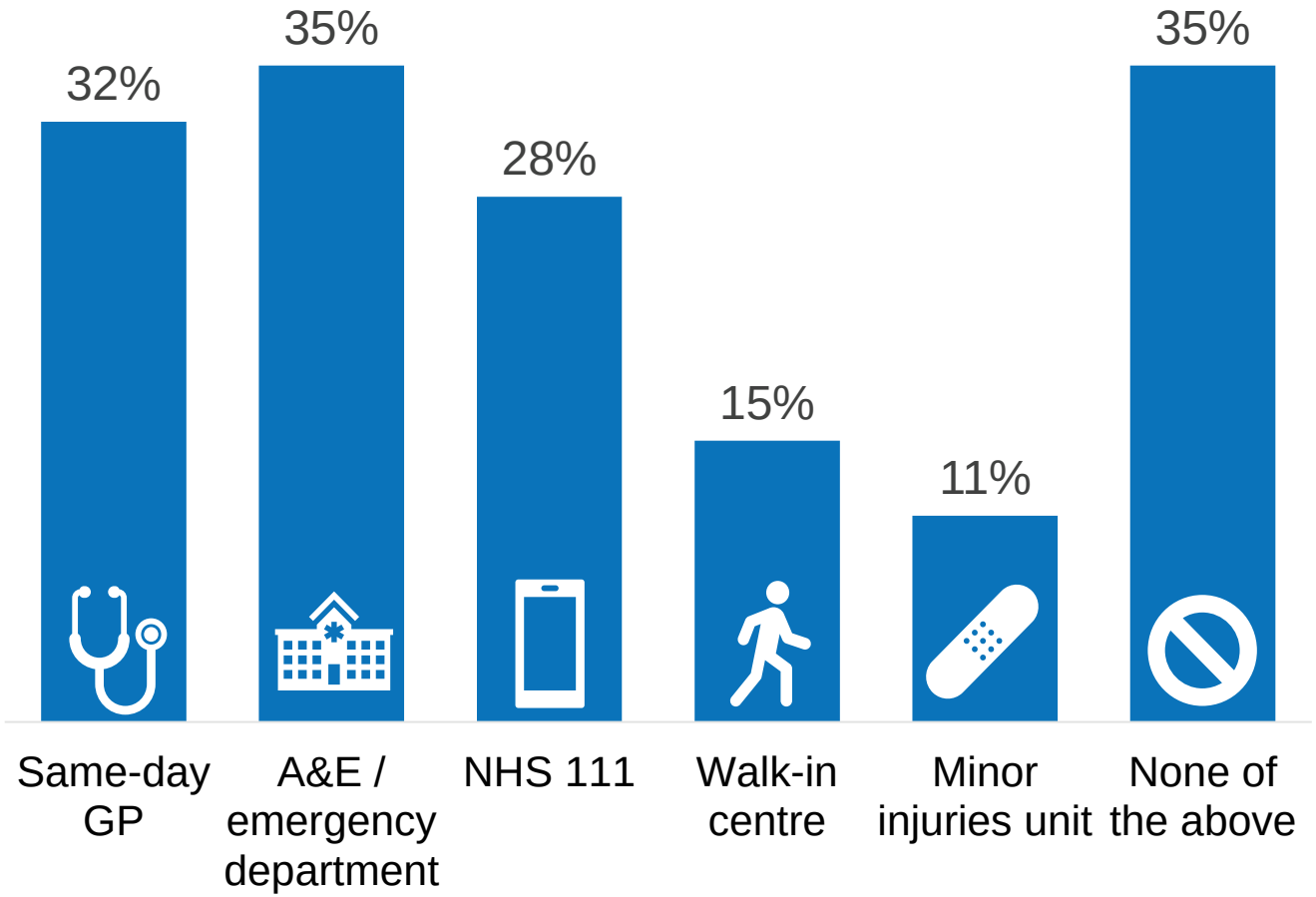
This section presents the feedback from the following questions:

- Survey: Which of the following urgent and emergency care services have you used?
- Survey: Tell us the location of the same-day GP that you used in the space below.
- Survey: Thinking about the same-day GP, what do you feel went well and what challenges did you face?
- Survey: Tell us the location of the A&E / emergency department that you used.
- Survey: Thinking about the A&E / emergency department service, what do you feel went well and what challenges did you face?
- Survey: Thinking about NHS 111, what do you feel went well and what challenges did you face?
- Survey: Tell us the location of the walk-in centre that you used.
- Survey: Thinking about the walk-in centre, what do you feel went well and what challenges did you face?
- Survey: Tell us the location of the minor injuries unit that you used.
- Survey: Thinking about the minor injuries unit, what do you feel went well and what challenges did you face?
- Survey: Do you have any recommendations for improvements or changes to urgent and emergency care services?
- Events: What services have you used and where?
- Events: What do you feel went well?
- Events: What challenges did you face?
- Events: What ideas or suggestions do you have on how services could be improved or changed?

Services used (since COVID-19)

Survey

Which of the following urgent and emergency care services have you used?



Base: 416

Top service used by CCG

Cannock Chase:
A&E / ED (17 / 40%)

East Staffordshire:
Same-day GP (11 / 38%)

North Staffordshire:
A&E / ED (34 / 30%)

SES and Seisdon Peninsula:
Same-day GP / A&E (11 / 30%)

Stafford and Surrounds:
Same-day GP / A&E (11 / 32%)

Stoke-on-Trent:
A&E / ED (34 / 40%)

Location of same-day GP (since COVID-19)

Survey

Top three locations

GP surgery
(e.g. medical practice, medical centre, health centre)
(89 / 69%)

Stoke-on-Trent (e.g. Norton in the Moors, Baddeley Green, Goldenhill, Tunstall)
(5 / 4%)

Technology: Consultation was provided by phone
(5 / 4%)

Top location by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
GP surgery (11 / 69%)	GP surgery (7 / 63%)	GP surgery (20 / 61%)	GP surgery (10 / 91%)	GP surgery (5 / 50%)	GP surgery (20 / 71%)

Base: 130 (overall); 10–33 (CCG areas)

Same-day GP services (since COVID-19)

Survey

What do you feel went well and what challenges did you face?

Main themes

- Access
- Communication
- Cost and efficiency
- COVID
- Quality of care
- Service provision
- Specific groups
- Staff
- Technology

Base: 128

Key themes

Negative: Access: Appointment booking process requires improvement
(e.g. calls not answered quickly**)**
(41 / 32%)

Observation: Access: Consider increasing availability of appointments
(e.g. difficult to access, extended access)
(35 / 27%)

Positive: Access: Same-day appointments were available to access
(23 / 18%)

11 positive themes

19 negative themes

3 observation themes

Same-day GP services (since COVID-19): by CCG

Survey

What do you feel went well and what challenges did you face? Top themes by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Negative: Access: Appointment booking process requires improvement (e.g. calls not answered quickly) (5 / 31%)	**Negative: Access:** Appointment booking process requires improvement (e.g. calls not answered quickly) (5 / 46%)	**Positive: Access:** Same-day appointments were available to access (11 / 33%)	**Negative: Access:** Appointment booking process requires improvement (e.g. calls not answered quickly) (6 / 55%)	**Observation : Access:** Consider increasing availability of appointments (e.g. difficult to access, extended access) (5 / 50%)	**Observation : Access:** Consider increasing availability of appointments (e.g. difficult to access, extended access) (10 / 39%)

Base: 10–33

Same-day GP services (since COVID-19): quotes

Survey

"The consultation went well on the phone. The challenges were getting through on the 'phone, explaining my need to the receptionist, and waiting for the call from the doctor."

"Patients now regularly report to me in the hospital clinic that they have been unable to access their GP and / or have had problems gaining repeat prescriptions and as a clinician it is much harder to ring and speak to a GP colleague due to long telephone waits."

"Initially it was a telephone consultation, no time given so was at work when the call came. Needed an examination and had to leave work to attend appointment immediately. So no consideration for working people."

"Getting an appointment was a problem. Then there was a phone consult before the dr wanted to see me, which was an in person appointment. This worked well"

Location of A&E / ED (since COVID-19)

Survey

Top three locations

Royal Stoke University Hospital (e.g. Stoke-on-Trent)
(81 / 56%)

Queen's Hospital (e.g. Burton upon Trent)
(16 / 11%)

County Hospital (e.g. Stafford)
(13 / 9%) /
New Cross Hospital
(13 / 9%)

Top location by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
New Cross Hospital (10 / 59%)	Queen's Hospital (e.g. Burton upon Trent) (8 / 100%)	Royal Stoke University Hospital (e.g. Stoke-on-Trent) (28 / 76%)	Good Hope Hospital (e.g. Sutton Coldfield) (5 / 46%)	Royal Stoke University Hospital (e.g. Stoke-on-Trent) (6 / 55%)	Royal Stoke University Hospital (e.g. Stoke-on-Trent) (32 / 94%)

Base: 144 (overall); 8–37 (CCG areas)

A&E / ED (since COVID-19)

Survey

What do you feel went well and what challenges did you face?

Main themes

- Access
- Communication
- Cost and efficiency
- COVID
- Estates and facilities
- General
- Quality of care
- Staff
- Specific groups

Base: 143

Key themes

Negative: Access: Long waiting times for care and treatment
(60 / 42%)

Positive: Quality of care: A&E provided good quality of care
(27 / 19%)

Positive: General: Service works well
(e.g. good service)
(22 / 15%)

9 positive themes

22 negative themes

3 observation themes

A&E / ED (since COVID-19): by CCG

Survey

What do you feel went well and what challenges did you face? Top themes by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Negative: Access: Long waiting times for care and treatment (8 / 47%)	**Positive: Access:** Waiting times were short (4 / 57%)	**Negative: Access:** Long waiting times for care and treatment (14 / 38%)	**Negative: Access:** Long waiting times for care and treatment (3 / 27%)	**Negative: Access:** Long waiting times for care and treatment (6 / 55%)	**Negative: Access:** Long waiting times for care and treatment (15 / 44%)

Base: 7–37

A&E / ED (since COVID-19): quotes

Survey

"My mum was seen straight away Had to wait many hours to be admitted to a bed. The ambulance service was excellent too"

"Exceptionally long wait times for children, told to wait in the car as waiting rooms were too busy and wait time too long."

"A five hour wait for my son to see a doctor whilst suffering from a burst appendix. Once he saw a doctor treated promptly and effectively."

"Poor information blocking by ambulances, discharge from ambulances and start again from main reception, lack of quality triage leading to potential infection, inability to deal effectively to a burns patient. Patients left A&E without treatment because wait was too long"

NHS 111 (since COVID-19)

Survey

What do you feel went well and what challenges did you face?

Main themes

- Access
- Communication
- Cost and efficiency
- General
- Quality of care
- Service provision
- Specific groups
- Staff

Key themes

Negative: Access: Consider poor access to NHS 111
(e.g. no call-backs, long waits for calls to be answered)
(43 / 38%)

Positive: Quality of care: NHS 111 provides useful advice and information
(e.g. on self-management)
(18 / 16%)

Negative: Cost and efficiency: NHS 111 referral process is ineffective
(13 / 11%)

7 positive themes

11 negative themes

5 observation themes

Base: 114

NHS 111 (since COVID-19): by CCG

Survey

What do you feel went well and what challenges did you face? Top themes by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Negative: Access: Consider poor access to NHS 111 (e.g. no call-backs, long waits for calls to be answered) (4 / 33%)	**Negative: Access:** Consider poor access to NHS 111 (e.g. no call-backs, long waits for calls to be answered) (5 / 50%)	**Negative: Access:** Consider poor access to NHS 111 (e.g. no call-backs, long waits for calls to be answered) (9 / 30%)	**Negative: Access:** Consider poor access to NHS 111 (e.g. no call-backs, long waits for calls to be answered) (4 / 44%)	**Negative: Access:** Consider poor access to NHS 111 (e.g. no call-backs, long waits for calls to be answered) (4 / 40%)	**Negative: Access:** Consider poor access to NHS 111 / **Cost and efficiency:** NHS 111 complicates patient pathway (10 / 42%)

Base: 114

NHS 111 (since COVID-19): quotes

Survey

“Wait is far too long. Call handlers don't always accurately record phone numbers. When a clinician visits they bring antibiotics with them – this is a huge help.”

“The time to answer was quite lengthy but they were so busy. When they did answer the response was excellent, weighing up the information and getting an ambulance dispatched very quickly”

“I tried to ring on 3 occasions before I spoke to anyone due to the call waiting time being over 20 mins. When I did get through I had 2 people call me back to ensure I got the best advice which was excellent.”

“Long wait for phone to be answered and felt like messages being played were trying to put me off waiting for the call to be answered”

Location of walk-in centre (since COVID-19)

Survey

Top two locations

Haywood (e.g. Haywood Hospital, Burslem)
(51 / 82%)

Hanley Primary Care Access Hub
(3 / 5%)

Limited responses received

Top location by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
No responses received	Haywood Hospital / Samuel Johnson Community Hospital (1 / 50%)	Haywood (e.g. Haywood Hospital, Burslem) (17 / 74%)	No responses received	No responses received	Haywood (e.g. Haywood Hospital, Burslem) (22 / 96%)

Base: 62 (overall); 2–23 (CCG areas)

Walk-in centre (since COVID-19)

Survey

What do you feel went well and what challenges did you face?

Main themes

- Access
- Communication
- Cost and efficiency
- COVID
- Estates and facilities
- General
- Quality of care
- Service provision
- Staff

Base: 62

Key themes

Negative: Access: Long waiting times for care and treatment
(26 / 42%)

Positive: Access: Waiting times were short
(11 / 18%)

Positive: General: Service works well
(e.g. good service)
(10 / 16%)

9 positive themes

12 negative themes

2 observation themes

Walk-in centre (since COVID-19): by CCG

Survey

What do you feel went well and what challenges did you face? Top themes by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
No responses received	**Positive: General:** Service works well / **Observation: Access:** Consider the need for access to urgent care locally (1 / 50%)	**Negative: Access:** Long waiting times for care and treatment (12 / 52%)	No responses received	No responses received	**Negative: Access:** Long waiting times for care and treatment (10 / 43%)

Base: 2–23

Walk-in centre (since COVID-19): quotes

Survey

“Was sent by gp who wouldn't see me so directed me to here, long waits, no drs so pointless, then directed to a&e.”

“They were great but they do not have specialist dressings there to dress Mum's ulcerative leg. Had to wait 4 more days to get into see a District Nurse.”

“Long wait but better than A&E which at the time nobody could use (may 2020) X-ray was fast then after that moved very quickly it was the initial wait time”

“It was a nightmare, overcrowded and a long long wait. The biggest challeng was getting there,no busses near my home I couldnt drive, my husband unwell a family member living 40 miles away came to take me”

Location of minor injuries unit (since COVID-19)

Survey

Top three locations

Haywood (e.g. Haywood Hospital)
(15 / 33%)

Leek Moorlands Hospital (e.g. Leek)
(14 / 31%)

Sir Robert Peel Community Hospital
(7 / 16%)
Samuel Johnson Community Hospital
(7 / 16%)

Top location by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Limited responses received	Limited responses received	Haywood (e.g. Haywood Hospital) (6 / 32%)	Sir Robert Peel Community Hospital (e.g. Tamworth) (5 / 56%)	Haywood (e.g. Haywood Hospital) (3 / 100%)	Haywood Hospital (e.g. Haywood) (5 / 83%)

Base: 45 (overall); 1–19 (CCG areas)

Minor injuries unit (since COVID-19)

Survey

What do you feel went well and what challenges did you face?

Main themes

- Access
- Communication
- Cost and efficiency
- Estates and facilities
- General
- Quality of care
- Service provision
- Staff

Key themes

Positive: Access: Waiting times were short
(13 / 30%)

Staff: Staff are helpful and knowledgeable
(e.g. caring)
(9 / 21%)

Negative: Access: Long waiting times for care and treatment
(8 / 19%)

7 positive themes

11 negative themes

3 observation themes

Base: 43

Minor injuries unit (since COVID-19): by CCG

Survey

What do you feel went well and what challenges did you face? Top themes by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Limited feedback received	Limited feedback received	**Positive: Access:** Waiting times were short (7 / 41%)	**Positive: Staff:** Staff are helpful and knowledge-able (e.g. caring) (4 / 44%)	Limited feedback received	**Negative: Access:** Long waiting times for care and treatment / **Cost and efficiency:** Triage and referral process requires improvement / **Quality of care:** Quality of care was poor (2 / 33%)

Base: 1–17

Minor injuries unit (since COVID-19): quotes

Survey

"Less than 20 minutes to get to MIU (injury I needed treating meant I could not drive far). Was seen within 1 hour of arrival, treated effectively and efficiently."

"I attended with my partner but had to wait outside - not ideal as he wasn't able to walk unaided at the time. He was seen quickly but the aftercare was not thorough enough."

"Seen qyickly, in and out within the hour includung x ray. Staff were friendly, knowledgeable and good communicators"

"efficient clean safe friendly appt in x-ray more or less on time no complaints at all"

Ideas and suggestions (since COVID-19)

Survey

Thinking about your experiences since the COVID-19 pandemic, do you have any recommendations for improvements or changes to urgent and emergency care services?

Main themes

- Access
- Carer
- Communication
- Cost and efficiency
- COVID
- Education
- Estates and facilities
- NHS 111
- Quality of care
- Service provision
- Specific groups
- Staff
- Technology

Base: 316

Key themes

Access: Consider the need to make it easier to book an appointment with a GP or see a doctor
(e.g. improve the telephone booking system, improved triage)
(58 / 18%)

Access: Consider improving access to face-to-face appointments
(42 / 13%)

Staff: Consider the need for adequate staffing
(e.g. training, more staff)
(37 / 12%)

Ideas and suggestions (since COVID-19): by CCG

Survey

Thinking about your experiences since the COVID-19 pandemic, do you have any recommendations for improvements or changes to urgent and emergency care services? Top themes by CCG area

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Service provision: Consider increased access to MIUs across the area (e.g. increase number across the area and opening hours) (8 / 24%)	**Access:** Consider improving access to face-to-face appointments (6 / 32%)	**Service provision:** Consider the need to increase the provision of services locally (13 / 15%)	**Service provision:** Consider increased access to MIUs across the area (e.g. increase number across the area and opening hours) (8 / 25%)	**Communication:** Consider the need for greater signposting to services (5 / 22%) **Service provision:** Consider increasing the provision of services at County Hospital (5 / 22%)	**Access:** Consider the need to make it easier to book appointments with a GP or see a doctor (e.g. improve the telephone booking system, improved triage) (13 / 19%)

Base: 19–67

Ideas and suggestions (since COVID-19): by respondent type

Survey

Thinking about your experiences since the COVID-19 pandemic, do you have any recommendations for improvements or changes to urgent and emergency care services? Top themes by respondent type

Patients, public and carers	NHS employees	Organisation representative	Formal organisational response
Access: Consider the need to make it easier to book an appointment with a GP or see a doctor (e.g. improve the telephone booking system, improved triage) (52 / 19%)	**Communication:** Consider the need for greater signposting to services (6 / 24%)	**Access:** Consider the need to make it easier to book an appointment with a GP or see a doctor (2 / 29%) **Access:** Consider keeping Leek MIU open (2 / 29%)	Limited responses received

Base: 3–278

Ideas and suggestions (since COVID-19): quotes

Survey

"Gp needs to have better booking system than calling up at 830am Longer opening hours Shorter waiting times Better triage Face to face appointments to be allowed Support to be allowed"

"Actually seeing a medical practitioner to have an examination and tests rather than be sent to hospital, on the prearranged visit it was as the result of a blood test which placed me at risk."

"Since the move to phone appointments & with all the calls to book vaccinations the phone lines are blocked up and you can't get through to the gp to even be assessed as to the level of urgency"

"More staff, more GP's actually doing their job, more access to prescribers outside of GP/walk in centres… for example within the pharmacy, I cannot find one near me, I only needed antibiotics."

Services used (since COVID-19): event feedback

Events

5 October	6 October	13 October
• ENP support from Royal Stoke at Haywood • GP practice • Haywood • NHS111	• Robert Peel • Burton	• Haywood walk-in centre • A&E Royal Stoke • Leek Minor Injuries Unit

Positive experiences (since COVID-19)

Events

Key themes:

Good quality of care

Good use of virtual consultations

5 October

- Positive care at Haywood
- ENP support
- Prompt triage and treatment by GP practice
- Excellent support from volunteers with vaccines

6 October

- Good care at Burton
- GP referred based on photo
- Positive experience of ambulance service to Good Hope
- Good procedure at Robert Peel

13 October

- Promptly seen at Haywood
- Efficiently seen at Stoke A&E
- Quicker treatment at A&E
- Supportive staff
- Excellent care at Leek Minor Injuries Unit
- Good care
- Good treatment at Macclesfield A&E
- Good to use virtual consultation

Challenges (since COVID-19): key themes

Events

Lack of access to GP appointments

Difficulties getting through to NHS 111

Lack of clear patient pathway

Lack of access to minor injuries units

Long distances to travel to services

Difficulties with virtual consultations (e.g. privacy, ineffective)

Lack of access to services for those with long-term conditions

Lack of food choices for diabetics

Shortage of healthcare professionals

Lack of access to dentistry

Challenges (since COVID-19): event feedback

Events

5 October

- Difficulties getting through to NHS 111 leading to potentially unnecessary 999 calls
- Difficult to access face-to-face GP appointments
- Difficult to contact GP
- Going backwards and forwards through the system – no clear patient pathway
- Virtual consultations leading to misdiagnosis leading to pressure on other services

6 October

- Lack of access to Cannock Minor Injuries Unit
- Too far to travel to New Cross
- Call-back message on NHS 111 means patients go to A&E when a GP would be more suitable
- Difficulties with services for patients with long-term conditions
- Virtual consultations are ineffective if physical examination is required

13 October

- Difficulties accessing GP appointments
- Lack of access to dental appointments
- Wrong opening times advertised at Leek MIU and no X-ray facilities
- Ineffective service from NHS 111 – too keen to send an ambulance and do not listen to patients
- Patients moved around the system
- Restricted opening hours at Leek Minor Injuries Unit
- Poor food for diabetics – need better communication on dietary requirements
- Difficulties defining differences between urgent and emergency care
- Difficulties with virtual consultation not being confidential (e.g. needing someone to help upload pictures)
- Lack of access to services for people with long-term conditions
- Shortage of healthcare professionals

Ideas, suggestions and observations: key themes

Events

Ensure those without digital access are not excluded

Consider travel times to services for rural areas

Ensure people have access to GP surgeries and are not relying on urgent treatment centres

24-hour A&E is required in Stafford

Longer opening hours are required for Leek Minor Injuries Unit

Consider making online appointments available

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Transforming health and care for Staffordshire & Stoke-on-Trent

Feedback on the model of care

Model of care questions

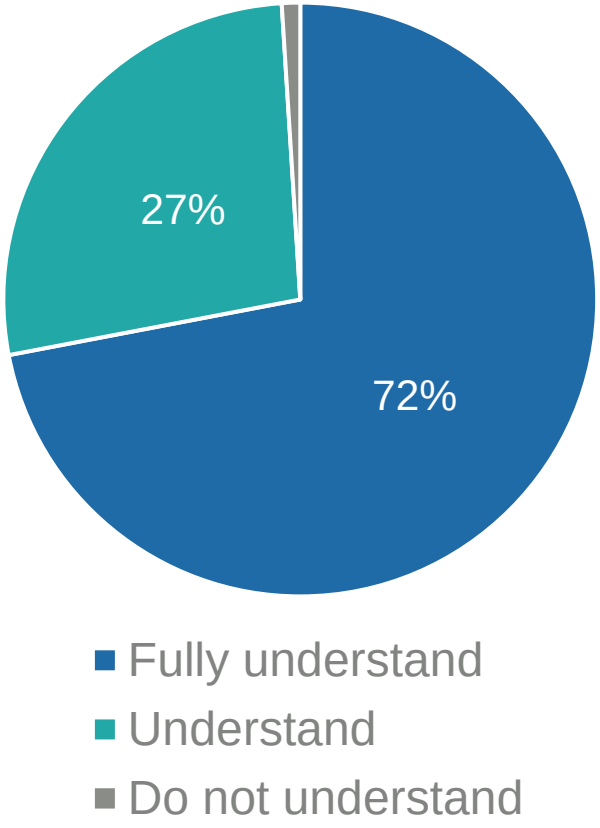
This section presents the feedback from the following questions:

- Survey: To what extent do you understand these challenges?
- Survey: What questions or comments do you have?
- Survey: To what extent do you understand how the new model of care will work?
- Survey: What questions or comments do you have?
- Events: Do you have any questions or comments on the new model of care?

Understanding of the challenges

Survey

To what extent do you understand these challenges?



Proportion that fully understand the challenges

61%	Cannock Chase
66%	East Staffordshire
69%	North Staffordshire
73%	SES and Seisdon Peninsula
82%	Stafford and Surrounds
76%	Stoke-on-Trent

72%	Patients, public and carers
82%	NHS employees
56%	Organisation representative
20%	Formal organisational response

Base: 425 (overall); 29–89 (CCG areas); 5–373 (respondent type)

Comments on the challenges

Survey

What questions or comments do you have?

Main themes

- Access
- Access to information
- Communication
- Cost and efficiency
- COVID
- Demographics
- Education
- General
- Integration
- Quality of care
- Service provision
- Specific groups
- Staff
- Technology

Base: 233

Key themes

Access: Consider improving access to alternatives to A&E
(e.g. primary care, walk-in centres)
(56 / 24%)

Service provision: Consider the need to increase availability of GP appointments
(e.g. face-to-face)
(29 / 12%)

Staff: Ensure appropriate staffing
(e.g. effective use of staff, improve recruitment)
(26 / 11%)

Comments on the challenges: by CCG

Survey

What questions or comments do you have?

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Service provision: Consider the need to increase availability of GP appoint-ments (e.g. face-to-face) (5 / 17%)	**Access:** Consider improving access to alternatives to A&E (e.g. primary care, walk-in centres) (5 / 39%)	**Access:** Consider improving access to alternatives to A&E (e.g. primary care, walk-in centres) (16 / 23%)	**Access:** Consider improving access to alternatives to A&E (e.g. primary care, walk-in centres) (7 / 35%)	**Staff:** Ensure appropriate staffing (e.g. effective use of staff, improve recruitment) (4 / 22%)	**Access:** Consider improving access to alternatives to A&E (e.g. primary care, walk-in centres) (13 / 29%)

Base: 13–69

Comments on the challenges: by respondent type

Survey

What questions or comments do you have?

Patients, public and carers	NHS employees	Organisation representative	Formal organisation response
Access: Consider improving access to alternatives to A&E (e.g. primary care, walk-in centres) (50 / 24%)	**Education:** Consider the need to educate public about appropriate use of healthcare services (e.g. difference between emergency and urgent care) (3 / 19%)	Limited feedback received	Limited feedback received

Base: 3-206

Comments on the challenges: quotes

Survey

“The services have been cut and deteriorated over the past years. The health and care services do not communicate. GP very difficult to get to see, minor injuries should be able to be treated by GP practice”

“Work needs to be done with local people to educate them - most people locally head to A&E when they can not get a GP appointment for example. Also, GPS need to open to thier patients.”

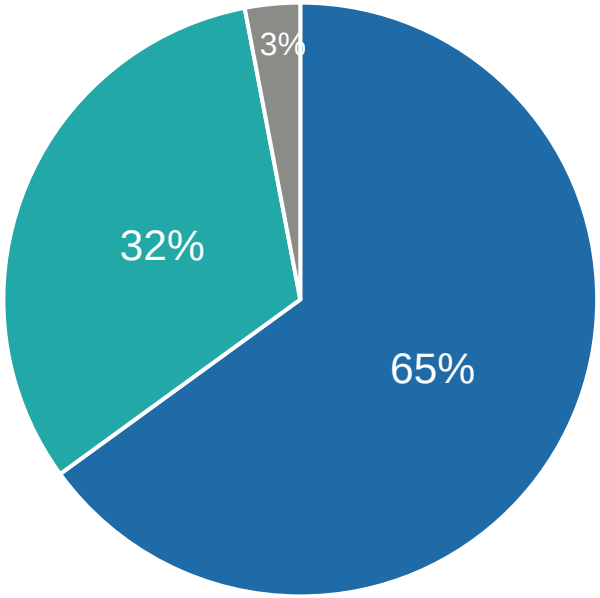
“I think the staff do a great job under the pressures they face. It would definitely ease pressure on a&e if there was a way to check wait times at local urgent care centres and walk ins”

“People need to understand what an emergency is however when you get doctors saying go to A and E or walk in centres because they wont see anyone face to face is causing the problem too”

Understanding of the model of care

Survey

To what extent do you understand how the new model of care will work?



Proportion that fully understand the model

52%	Cannock Chase
59%	East Staffordshire
70%	North Staffordshire
51%	SES and Seisdon Peninsula
71%	Stafford and Surrounds
78%	Stoke-on-Trent

63%	Patients, public and carers
82%	NHS employees
89%	Organisation representative
20%	Formal organisational response

Base: 424 (overall); 29–118 (CCG areas); 5–371 (respondent type)

Model of care

Survey

What questions or comments do you have?

Main themes

- Access
- Access to information
- Communication
- Cost and efficiency
- Education
- General
- Integration
- Quality of care
- Service provision
- Specific groups
- Staff
- Technology

Base: 240

Key themes

Quality of care: Consider the need for appropriate triage and navigation of patients
(e.g. by clinically trained staff at ED, NHS 111 and GP triage)
(34 / 14%)

Access: Concern over poor access to NHS 111
(e.g. hard to get through, long waiting time for call back)
(33 / 14%)

General: More details about a new model are required
(32 / 13%)

Model of care: by CCG

Survey

What questions or comments do you have?

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Quality of care: Consider the need for appropriate triage and navigation of patients (6 / 23%)	**General:** More details about a new model are required (6 / 38%)	**General:** More details about a new model are required / **Quality of care:** Consider the need to improve services provided by NHS 111 before implementing this model (10 / 16%)	**Access:** Concern over poor access to NHS 111 / **Quality of care:** Concern over effectiveness of phone triage / **Education:** Consider the need to educate public about appropriate use of healthcare services (3 / 14%)	**Staff:** Ensure appropriate staffing (e.g. effective use of staff, improve recruitment) (4 / 19%)	**Access:** Consider improving access to alternatives to A&E (e.g. primary care, walk-in centres) (5 / 10%)

Base: 16–50

Model of care: by respondent type

Survey

What questions or comments do you have?

Patients, public and carers	NHS employees	Organisation representative	Formal organisational response
Access: Concern over poor access to NHS 111 (e.g. hard to get through, long waiting time for call back) (31 / 15%)	**General:** More details about a new model are required (4 / 24%)	Limited feedback received	**Specific groups:** Consider the needs of vulnerable groups of patients (e.g. elderly, disabled) (2 / 50%)

Base: 4–210

Model of care: quotes

Survey

"NHS 111 advisors follow pathways which sometimes do not direct people in the right direction. Trained advisors I.e. nurses, doctors are more effective both with knowledge and faster correct response to patient's problems."

"111 staff are not equipped to signpost effectively. This will quite probably push more people to A&E. Recruitment and retention alongside GP overhaul are not in your plan, why?"

"NHS 111 appears to be referring people into urgent and emergency care most of the time...perhaps even increasing workload unnecessarily"

"After ringing NHS 111 more local knowledge would be helpful. When I rang it was early morning and they wanted me to attend a GP that was the other side of the city, and I was in no state to drive."

Feedback on the model of care: key event themes

Events

Consider access for rural areas

Consider carers

Consider the needs of specific groups (e.g. elderly, dementia patients)

Consider access out of hours

Need access locally and equitably across Staffordshire

Consider transport to urgent treatment centres

Consider access to GP appointments

Consider car parking

Utilise existing buildings

Patient education programme is required

Need to have walk-in access to urgent treatment centres

Consider ambulance transport and referrals

Feedback on the model of care: event feedback

Events

5 October

- Query over whether NHS estate will be used
- Confusion over what UTCs are
- Where will centres be?
- Need to consider rural areas
- Need to consider the needs of different groups, e.g. mobility issues for frail elderly
- Need to consider what happens outside of opening hours

6 October

- Consider centrally located walk-in centre like the one in Boots in central Birmingham
- NHS 111 not effective for complicated long-term conditions
- Model seems to contradict NHS 111 first
- Unacceptable for there to be no appointments left for an injured child. Need to have access to prescriber
- Need to have equity of access across Staffordshire
- Good idea – need to stratify A&E alongside UTC
- Limited access to Stafford and closure of Cannock means accessing care outside the area
- Need to consider transport links and access for rural areas
- Need to retain walk-in services
- Consider Tamworth – need A&E in Tamworth

Feedback on the model of care: event feedback

Events

13 October

- Need access to UTCs for rural areas
- Consider support for paid carers to access UTCs for clients
- Need patient education to explain changes to the public
- Need to consider care outside the county, e.g. access to equipment and being able to use services outside the county that are nearer
- Consider walk-in appointments at UTCs
- Need to improve access to GP appointments
- No need for new buildings – use Cannock Hospital
- Consider process to be admitted to hospital after attending a UTC
- Trying to get the public to not attend A&E is a lost cause – attendances keep rising
- Improvements are required to NHS 111 as the digital questions are confusing
- More staff required for NHS 111 as it is difficult to get through with long waits for call-backs
- Consider experienced patients acting as volunteers to advise on minor childhood ailments
- Consider car parking
- Need UTC in Leek as there are too few GP appointments in the area and the Minor Injuries Unit is well used
- Consider location for elderly and poorer communities without transport or IT access
- Consider impact on GP practice staffing
- Positive idea
- Consider ambulance transport to UTCs
- Consider the need for patients to use services appropriately
- Consider ambulance handover issues
- Consider the need for more community prescribers and upskilling practice nurses
- Consider support for those with dementia
- Consider Haywood and Samuel Johnson for a UTC

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Transforming health and care for Staffordshire & Stoke-on-Trent

Feedback on delivering urgent and emergency care services at urgent treatment centres

Urgent treatment centres (UTCs)

This section presents the feedback from the following questions:

Survey: How concerned are you about the move to UTCs?

Survey: Tell us why you are concerned or unconcerned.

Survey: When developing UTCs for the Staffordshire and Stoke-on-Trent local population, are there any groups or individuals that you think may be negatively impacted who we need to consider?

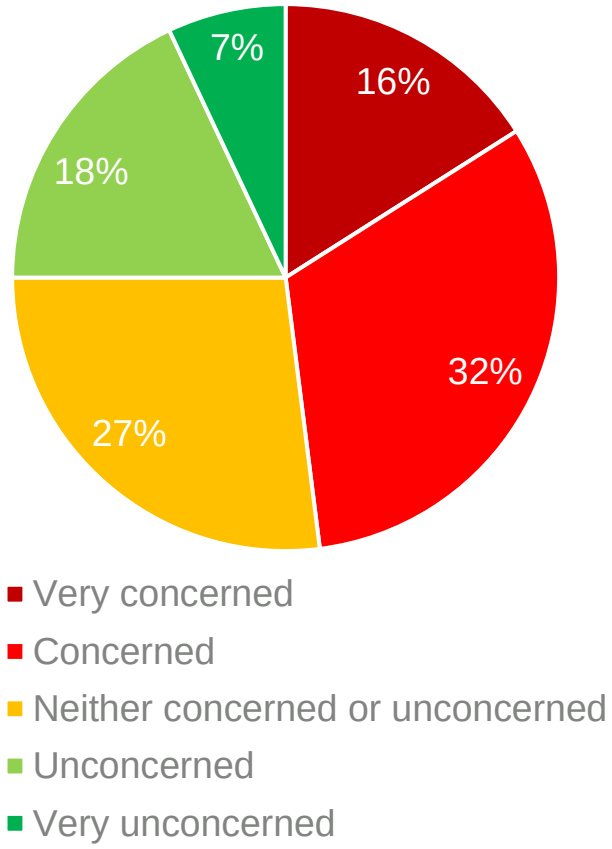
Events: Please tell us why you are concerned or unconcerned about the move to UTCs?

Events: When developing UTCs locally, do you think there are any groups or individuals who may be negatively impacted, who we need to consider?

The move to urgent treatment centres (UTCs)

Survey

How concerned are you about the move to urgent treatment centres?



Proportion that are very concerned or concerned

55%	Cannock Chase
44%	East Staffordshire
55%	North Staffordshire
60%	SES and Seisdon Peninsula
33%	Stafford and Surrounds
37%	Stoke-on-Trent

48%	Patients, public and carers
42%	NHS employees
56%	Organisation representative
40%	Formal organisational response

Base: 421 (overall); 27–116 (CCG areas); 5–368 (respondent type)

The move to UTCs

Survey

Tell us why you are concerned or unconcerned.

Main themes

- Access
- Communication
- Cost and efficiency
- Demographics
- Education
- General
- Integration
- Quality of care
- Service provision
- Specific groups
- Staff

Base: 358

Key themes

Staff: Ensure appropriate staffing of urgent treatment centres
(e.g. qualified staff, concern over staffing level and lack of GPs)
(69 / 19%)

General: Agreement with provision of urgent treatment centres
(e.g. good idea)
(62 / 17%)

Service provision: Consider the need to provide urgent care services locally
(e.g. close to where people live, at Cannock, UTC in each town, rural area, Leek, Tamworth)
(52 / 15%)

The move to UTCs: by CCG

Survey

Tell us why you are concerned or unconcerned.

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Staff: Ensure appropriate staffing of urgent treatment centres (8 / 22%)	**Staff:** Ensure appropriate staffing of urgent treatment centres (8 / 32%)	**Staff:** Ensure appropriate staffing of urgent treatment centres (23 / 22%)	**General:** Agreement with provision of UTCs / **Service provision:** Consider the need to provide urgent care services locally (8 / 24%)	**General:** Agreement with provision of UTCs (e.g. good idea) (8 / 29%)	**General: Agreement** with provision of UTCs (e.g. good idea) (14 / 20%)

Base: 25–107

The move to UTCs: by respondent type

Survey

Tell us why you are concerned or unconcerned.

Patients, public and carers	NHS employees	Organisation representative	Formal organisational response
Staff: Ensure appropriate staffing of urgent treatment centres (e.g. qualified staff, concern over staffing level and lack of GPs) (56 / 18%)	**Staff:** Ensure appropriate staffing of urgent treatment centres (e.g. qualified staff, concern over staffing level and lack of GPs) (10 / 35%)	**Staff:** Ensure appropriate staffing of urgent treatment centres (e.g. qualified staff, concern over staffing level and lack of GPs) (2 / 25%)	Limited feedback received

Base: 5–310

The move to UTCs: quotes

Survey

"I can see that something needs to change, so this structure may work better than the current one. There needs to be actual follow through though and not just another way to pass patients from service to service."

"Sounds like a better idea, as long as these centres are local. Concern would be from outlying areas for non drivers."

"Concerned there still won't be anywhere local to me and people will still need to use ED when they could be seen at an urgent care centre. Not everyone has transport or is well enough to travel"

"If these centres were in you local town that would be good however like blood tests are at cobridge not everyone drives or feels confident to go on public transport"

Groups who may be negatively impacted

Survey

When developing urgent treatment centres for the Staffordshire and Stoke-on-Trent local population, are there any groups or individuals that you think may be negatively impacted who we need to consider?

Main themes

- Access
- Communication
- Cost and efficiency
- Demographics
- Education
- General
- Quality of care
- Service provision
- Specific groups
- Staff
- Technology

Base: 305

Key themes

Specific groups: Consider the needs of the elderly
(109 / 36%)

Specific groups: Consider the needs of people without car access or non-drivers
(e.g. rely on public transport)
(74 / 24%)

Access: Ensure that UTCs are accessible for residents of the whole county
(e.g. local, accessible locations, public transport, parking)
(49 / 16%)

Groups who may be negatively impacted: by CCG

Survey

When developing urgent treatment centres for the Staffordshire and Stoke-on-Trent local population, are there any groups or individuals that you think may be negatively impacted who we need to consider?

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Specific groups: Consider the needs of elderly (16 / 52%)	**Specific groups:** Consider the needs of elderly (8 / 36%)	**Specific groups:** Consider the needs of elderly (32 / 34%)	**Specific groups:** Consider the needs of elderly (10 / 31%)	**Specific groups:** Consider the needs of people without car access or non-drivers (e.g. rely on public transport) (12 / 55%)	**Specific groups:** Consider the needs of elderly (19 / 33%)

Base: 22-94

Groups who may be negatively impacted: by respondent type

Survey

When developing urgent treatment centres for the Staffordshire and Stoke-on-Trent local population, are there any groups or individuals that you think may be negatively impacted who we need to consider?

Patients, public and carers	NHS employees	Organisation representative	Formal organisational response
Specific groups: Consider the needs of elderly (96 / 36%)	**Specific groups:** Consider the needs of elderly (6 / 30%)	**Specific groups:** Consider the needs of elderly (5 / 63%)	**Specific groups:** Consider the needs of ethnic minority groups (e.g. cultural sensitivity, language barrier) (2 / 50%) / **Specific groups:** Consider the needs of asylum seekers and refugees (2 / 50%)

Base: 4–270

Groups who may be negatively impacted: quotes

Survey

"Elderly people who do not understand how to use these centres or not be able to get to them. Locations should be easy to get to."

"The Homeless, ethnic minority groups, refuges, low income families (who do not have access to own transport). The elderly with no family to support."

"People with mental health needs People who are very old or very young People with underlying health needs People with limed transportation or poor transport links"

"Single people who have nobody to take them, elderly people in the same position, young families - particularly those on low incomes. Local must mean the town I live in - not the nearest city."

The move to UTCs: key event themes

Events

Consider access for rural areas

Consider impact on workforce

Consider disadvantaged and vulnerable groups

Improved access to GP appointments is required

More than 3–5 urgent treatment centres are required

Consider support for patients with additional needs (e.g. dementia, disabilities)

Consider patients whose first language is not English

Consider growing populations when planning locations

Utilise existing buildings

Consider cross-border care

Consider mental health issues

Consider home visits

The move to UTCs: event feedback

Events

5 October

- Consider the multiple ways of using primary care
- Consider workforce issues
- Consider issues for rural populations accessing urgent care due to lack of public transport in villages
- Consider clinical support for advanced health practitioners
- Consider whether GPs are the best solution for minor injuries

6 October

- Consider how UTCs will cater for those with mental health needs
- Consider access to UTCs for those with additional needs e.g. LD, physical disabilities
- Consider disadvantaged groups
- Consider home visits
- Need to consider cross-border care, e.g. access to notes
- Consider growing population and new housing developments when planning location

13 October

- Need more community prescribers as GP services are at breaking point
- Need to improve access to GP appointments
- Utilise existing buildings – use Cannock for a UTC
- Concern over the use of NHS 111 kiosks due to the lack of face-to-face contact being difficult for vulnerable patients and patients where English is not a first language
- Need more than 3–5 for Staffordshire
- Trying to get the public to not attend A&E is a lost cause – attendances keep rising
- Walk-in centres work well in other parts of the country
- Need to consider support for dementia patients
- Positive idea for younger people but need a different system for the elderly, e.g. home visits

Groups who may be negatively impacted: key themes

Events

Rural communities

People without car access

Areas with poor public transport

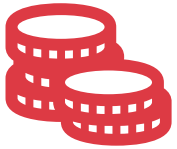
People accessing care across the border

Elderly people

Dementia patients

Disabled people and those with mobility issues

Pregnant women



Low-income groups and those in poverty

Groups who may be negatively impacted: event feedback

Events

5 October

- Rural communities

6 October

- No feedback

13 October

- Rural communities and those with no car access
- Need to consider the time to get there rather than the distance
- Lack of public transport
- Consider care across the border to avoid lack of access to equipment
- Consider dementia patients
- Elderly people may need a different model
- Disabled people with mobility issues
- Need to consider public transport and car parking
- Pregnancy
- Poverty, e.g. expensive car parking

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Feedback on location of urgent treatment centres

Locating urgent treatment centres (UTCs)

This section presents the feedback from the following questions:

Survey: When thinking about where UTCs should be located – what do you think are the most important things to consider?

Survey: How far (in miles) would you be willing to travel to a UTC?

Survey: How long (in minutes) would you be willing to travel to a UTC?

Survey: Do you think there are any other things we should consider when we decide how we could deliver urgent and emergency care services at UTCs across Staffordshire and Stoke-on-Trent?

Events: When thinking about where UTCs should be located – what do you think are the most important things to consider?

Events: Do you think there are any other things we should consider when we decide how we could deliver urgent and emergency care services at UTCs across Staffordshire and Stoke-on-Trent?

Locating UTCs

Survey

When thinking about where urgent treatment centres should be located – what do you think are the most important things to consider?

Main themes

- Access
- Communication
- Cost and efficiency
- Demographics
- Environment
- Estate and facilities
- Integration
- Location
- Parking
- Service provision
- Specific groups
- Staff
- Technology

Base: 392

Key themes

Access: Ensure that locations of urgent treatment centres are accessible for all residents of the county
(e.g. public transport, transport link)
(224 / 57%)

Parking: Ensure appropriate parking
(e.g. free parking)
(108 / 28%)

Demographics: Consider demographics of different areas
(e.g. density of population, social deprivation, population age)
(51 / 13%)

Locating UTCs: by CCG

Survey

When thinking about where urgent treatment centres should be located – what do you think are the most important things to consider?

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access: Ensure that locations of urgent treatment centres are accessible for all residents of the county (27 / 64%)	**Access:** Ensure that locations of urgent treatment centres are accessible for all residents of the county (19 / 70%)	**Access:** Ensure that locations of urgent treatment centres are accessible for all residents of the county (62 / 54%)	**Access:** Ensure that locations of urgent treatment centres are accessible for all residents of the county (14 / 41%)	**Access:** Ensure that locations of urgent treatment centres are accessible for all residents of the county (21 / 70%)	**Access:** Ensure that locations of urgent treatment centres are accessible for all residents of the county (44 / 56%)

Base: 27-115

Locating UTCs: by respondent type

Survey

When thinking about where urgent treatment centres should be located – what do you think are the most important things to consider?

Patients, public and carers	NHS employees	Organisation representative	Formal organisational response
Access: Ensure that locations of urgent treatment centres are accessible for all residents of the county (201 / 58%)	**Access:** Ensure that locations of urgent treatment centres are accessible for all residents of the county (15 / 52%)	**Access:** Ensure that locations of urgent treatment centres are accessible for all residents of the county (4 / 50%)	**Access:** Ensure that locations of urgent treatment centres are accessible for all residents of the county (3 / 75%)

Base: 4-347

Locating UTCs: quotes

Survey

"Ease of access by all methods – on foot, those using public transport and private transport. Must be substantial appropriate (ideally free) parking near by."

"Size of population, access links, type of population, parking availability as most people will have to drive"

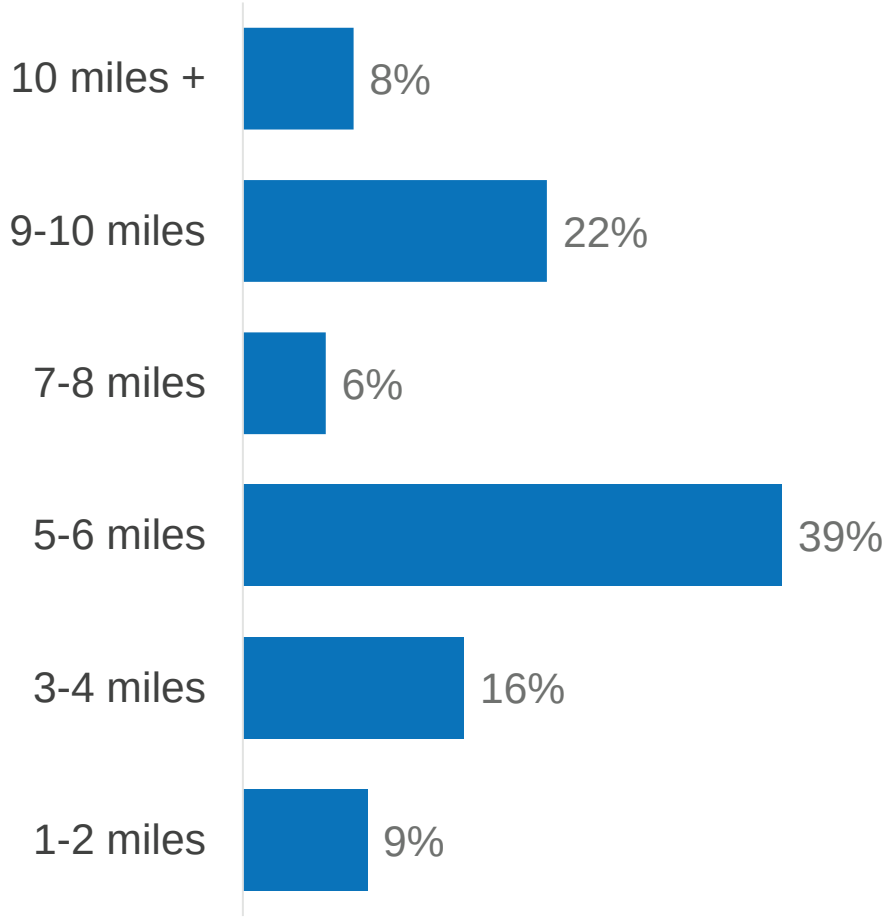
"Population ethnicity, culture, age variations, access, deprivation.....who is likely to access where simply."

"Distance of travel for people – staff and patients; good public transport links. Potentially existing health facilities could be used, or partially used, as a UTC – Bradwell Hospital?"

Locating UTCs: travel distance

Survey

How far (in miles) would you be willing to travel to a UTC?



Base: 417

Average (mean) distance in miles

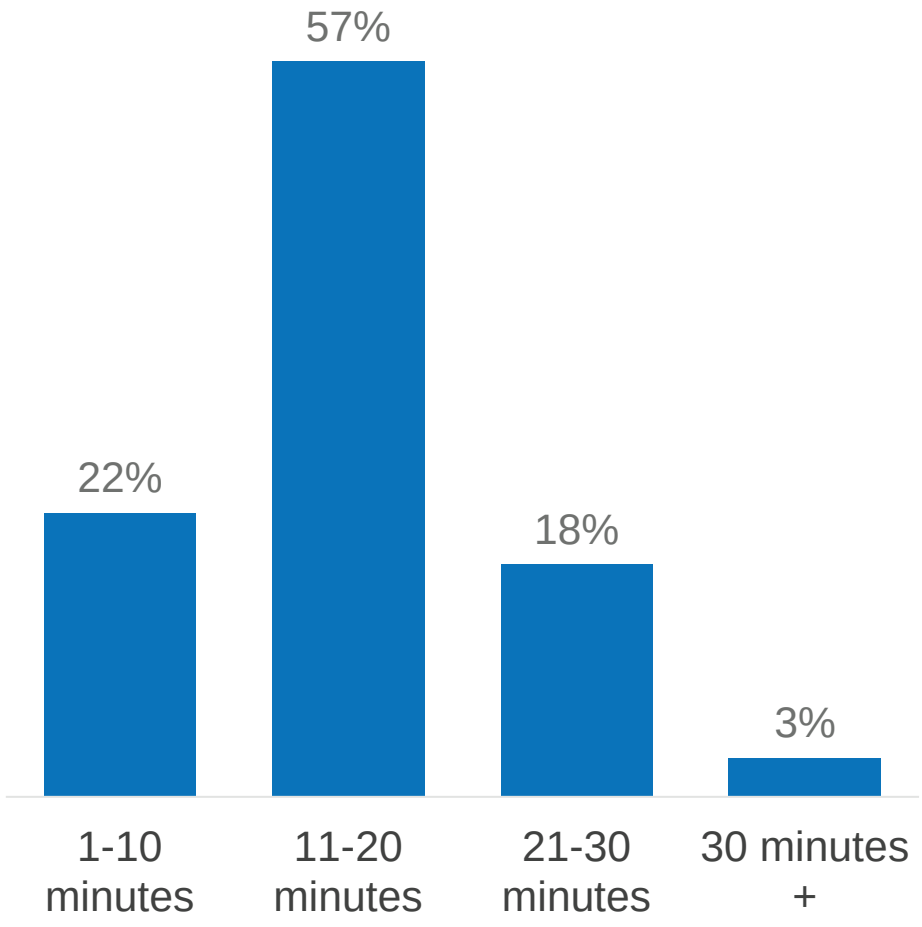
5.6 Cannock Chase	6.4 Patients, public and carers
7.5 East Staffordshire	7.5 NHS employees
7.3 North Staffordshire	7.5 Organisation representative
7.6 SES and Seisdon Peninsula	8 Formal organisational response
6.9 Stafford and Surrounds	
5.6 Stoke-on-Trent	

Overall average distance respondents would be willing to travel: 6.5 miles

Locating UTCs: travel time

Survey

How long (in minutes) would you be willing to travel to a UTC?



Base: 415

Average (mean) time in minutes

18 Cannock Chase	18 Patients, public and carers
18 East Staffordshire	21 NHS employees
20 North Staffordshire	18 Organisation representative
19 SES and Seisdon Peninsula	24 Formal organisational response
18 Stafford and Surrounds	
17 Stoke-on-Trent	

Overall average time respondents would be willing to travel: 18 minutes

Locating UTCs: key event themes

Events

Consider data on existing usage

Consider public transport access

Consider access for those with mobility issues

Consider process for patients to be admitted

Utilise existing estate (e.g. Leek, Haywood)

Consider travel time (rather than distance)

Co-locate with integrated care hubs

Ensure changes are communicated to patients

Concern over use of privatised services

Consider patients whose first language is not English

Consider the need for access to services locally

Consider rural areas

Locating UTCs: event feedback

Events

5 October

- Rural communities
- Public transport users
- People with English not a first language
- Mobility issues
- Utilise existing estate
- Co-location with integrated care hubs
- Population size
- Data on urgent care usage
- Travel accessibility
- South of the county
- Leek and Haywood
- Mapped to existing usage by GP practice

6 October

- No feedback

13 October

- Need to consider the time to get there rather than the distance
- Ease of access
- People with English as a second language
- Travel time from rural communities
- Concern over use of privatised services
- Query over whether UTCs will mean closure of GP practices
- Public transport
- Concern over the use of NHS 111 kiosks due to the lack of face-to-face contact being difficult for vulnerable patients and patients where English is not a first language
- Communication to patients
- Locating so that people do not have to travel for longer than 30 minutes
- Consider what happens if you need to be admitted

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Other considerations and feedback

Other considerations questions

This section presents the feedback from the following questions:

Survey: Do you think there are any other things we should consider when we decide how we could deliver urgent and emergency care services at UTCs across Staffordshire and Stoke-on-Trent?

Events: Do you think there are any other things we should consider when we decide how we could deliver urgent and emergency care services at UTCs across Staffordshire and Stoke-on-Trent?

Events: In light of COVID-19 and the pause in the programme, do you think that the three criteria and their domains require any adjustments?

Correspondence feedback

Other considerations

Survey

Do you think there are any other things we should consider when we decide how we could deliver urgent and emergency care services at urgent treatment centres across Staffordshire and Stoke-on-Trent?

Main themes

- Access
- Communication
- Cost and efficiency
- COVID
- Estates and facilities
- NHS 111
- Population
- Quality of care
- Service provision
- Specific groups
- Staff
- Technology

Base: 264

Key themes

Service provision: Consider the need to increase the provision of services locally
(44 / 17%)

Access: Consider the need for improved access by public transport
(32 / 12%)

Staff: Consider the need for adequate staffing
(e.g. training, more staff)
(31 / 12%)

Other considerations: by CCG

Survey

Do you think there are any other things we should consider when we decide how we could deliver urgent and emergency care services at urgent treatment centres across Staffordshire and Stoke-on-Trent?

Cannock Chase	East Staffordshire	North Staffordshire	SES and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access: Consider the need for improved access by public transport (6 / 23%)	Limited feedback received	**Service provision:** Consider the need to increase the provision of services locally (15 / 17%)	**Service provision:** Consider the need to increase the provision of services locally / **Specific groups:** Consider the needs of vulnerable groups (4 / 16%)	**Staff:** Consider the need for adequate staffing (4 / 19%) / **Communication:** Consider the need to increase public knowledge and awareness of services available (4 / 19%)	**Service provision:** Consider the need to increase the provision of services locally (5 / 11%)

Base: 15-91

Other considerations: by respondent type

Survey

Do you think there are any other things we should consider when we decide how we could deliver urgent and emergency care services at urgent treatment centres across Staffordshire and Stoke-on-Trent?

Patients, public and carers	NHS employees	Organisation representative	Formal organisational response
Service provision: Consider the need to increase the provision of services locally (42 / 18%)	**Staff:** Consider the need for adequate staffing (e.g. training, more staff) (4 / 17%)	Limited responses received	Limited responses received

Base: 2–231

Other considerations: quotes

Survey

"Ensure ALL of Staffordshire has equal services and local to each particular area i.e. Cannock stafford, Lichfield/Burton and Stoke. If not local, people will default to A & Es inappropriately."

"Not everyone has the ability or the money required to travel far. Public transport is poor, taxis are very expensive and prohibitively so for many people."

"The area they are located in, ease of access for travel, from any area expected to use them, especially rural areas. Extending access sevices locally."

"Centres should be centrally located, evenly distributed and be at a site where access and parking are not an issue that patients have to worry about."

Other considerations: key event themes

Events

Ensure co-location with existing services

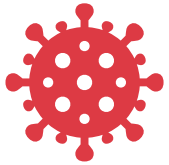
Ensure integration of services and health and social care

Hospital food requires improvement

Ensure services are not privatised

Link with George Bryan engagement

Ensure accessibility (e.g. changing places)



Ensure COVID measures are effective

Ensure changes are communicated to patients

Use community groups to spread messages

Consider digital poverty

Consider the cost of car parking

Consider access to services for rural areas

Other considerations: event feedback

Events

5 October

- Co-location
- Reducing duplication
- Integration with other services

6 October

- Need to improve hospital food
- Disjointed health and care system
- Ensuring COVID measures are effective
- Accessibility and facilities for changing
- Linking with George Bryan engagement
- Ensuring services are NHS not private

13 October

- Need to have access to services in rural areas
- Need public education programme
- Spread messages through community champions and organisations
- Digital poverty particularly for older people
- Cost of parking

Desirable criteria: key event themes

Events

Ensure access to services locally

More detail on the criteria is required

Consider budget and implementation

Utilise existing NHS estate

Consider the needs of vulnerable children

Awareness of NHS 111 has increased

Consider maternity care (e.g. in Stafford)

Improve access to GP appointments

Improve patient facilities (e.g. quiet spaces, toys for children)

Ensure integration of services

Consider improving community services

Use pharmacies for more services

Desirable criteria: event feedback

Events

5 October

- Need more detail – too high level
- Fragmentation in community services – lack of district nurses
- Need more substance to improving communication
- Need to consider how this will be implemented
- Too broad

6 October

- No feedback

13 October

- Patients are more used to using NHS 111
- Need to consider vulnerable children
- Access to food and drink if waiting a long time
- Need to ensure Cannock is not left out if locating services by population size
- More awareness of health since pandemic
- Use pharmacies for more services
- Consider pregnancy care and the need for maternity services in Stafford
- Utilise existing estate, e.g. Cannock
- Services need to be linked up
- Consider budget
- Agreement with criteria
- Need quiet spaces for people who need them
- Difficult access to care in Rugeley
- Car parking – too expensive
- Lack of access to GP surgery
- Integration a top priority
- Quality of care for children – ensure a special waiting area with toys and books
- Consider experienced patients as volunteers to advise on childhood ailments

Reach report

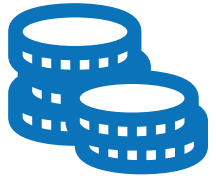
- Reach held two group meetings on Zoom to discuss the survey with members. They worked with 20 people in the two meetings to collect their thoughts on the involvement.
- Key themes:

- Lack of understanding on the difference between urgent and emergency care
- Long waits at walk-in centres
- Improved access to GP appointments is required
- More information is required on UTCs
- Need to ensure UTCs have good public transport access
- Difficulties with NHS 111 not having enough staff and signposting to 999.

Correspondence feedback

Two pieces of correspondence were received from members of the public:

One respondent commented that the minor injuries unit at Cannock Hospital should be retained, as it relieves pressure on A&E services and that having to travel further to access care would have a negative impact on the environment.



One respondent commented positively about the urgent and emergency care service. However, they also commented that management requires improvement with the involvement of local doctors. They also commented that public money needs to be spent responsibly.

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Summary of findings

Experiences of urgent care services

Top themes before and since COVID-19

	Same-day GP	A&E / emergency department	NHS 111	Walk-in centre	Minor injuries unit
Before COVID-19	**Negative: Access:** Appointment booking process requires improvement (e.g. calls not answered quickly) (77 / 37%)	**Negative: Access:** Long waiting times for care and treatment (117 / 63%)	**Negative: Access:** Consider poor access to NHS 111 (e.g. no call-backs, long waits for calls to be answered) (46 / 32%)	**Negative: Access:** Long waiting times for care and treatment (45 / 34%)	**Positive: Access:** Waiting times were short (52 / 42%)
Since COVID-19	**Negative: Access:** Appointment booking process requires improvement (e.g. calls not answered quickly) (41 / 32%)	**Negative: Access:** Long waiting times for care and treatment (60 / 42%)	**Negative: Access:** Consider poor access to NHS 111 (e.g. no call-backs, long waits for calls to be answered) (43 / 38%)	**Negative: Access:** Long waiting times for care and treatment (26 / 42%)	**Positive: Access:** Waiting times were short (13 / 30%)

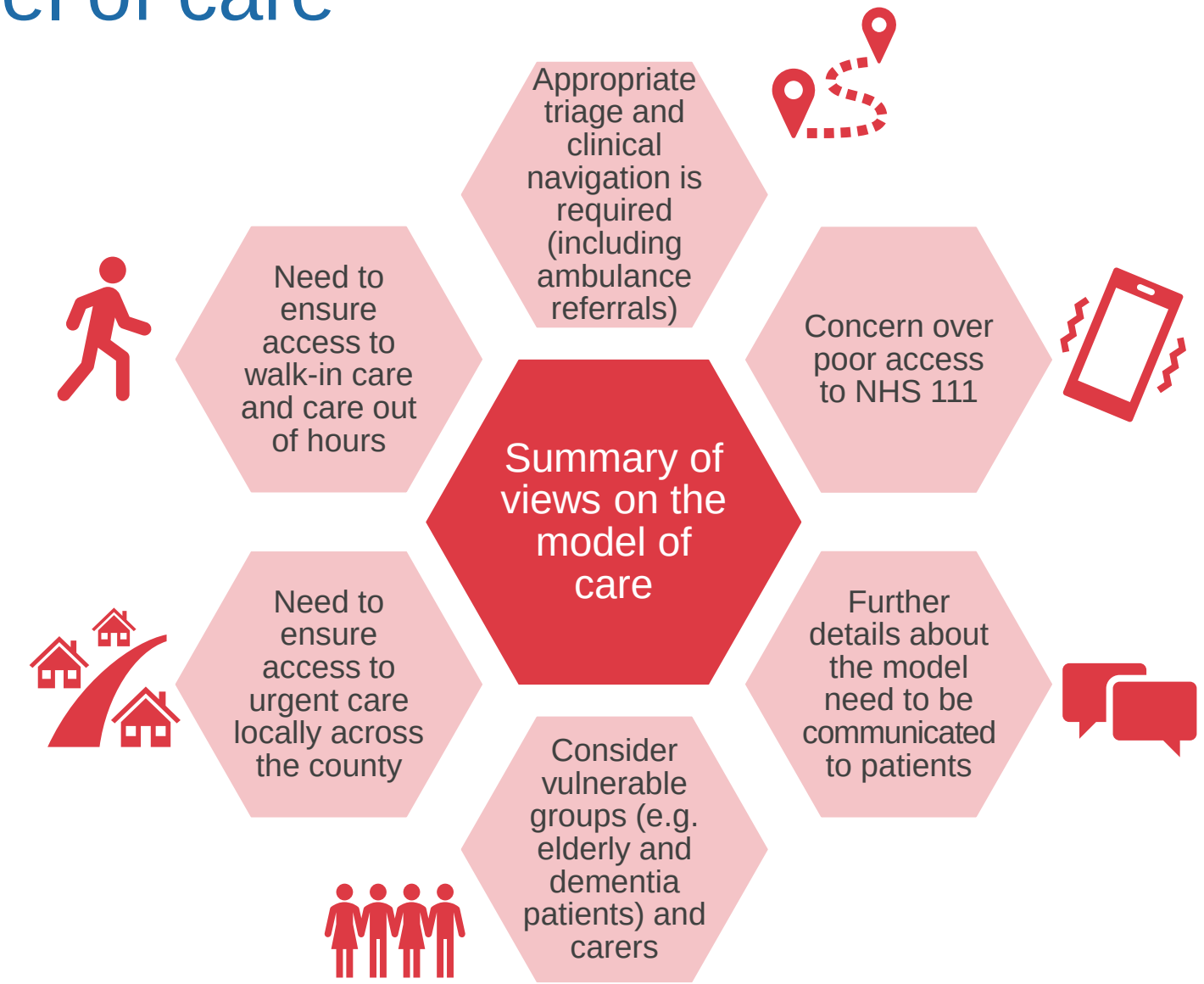
Views on the model of care

72% (304) indicated they fully understand the challenges facing urgent and emergency care

When considering the challenges, survey respondents highlighted the need for improved access to alternatives to A&E and GP appointments

Respondents also highlighted the need for adequate staffing

65% (275) indicated that they fully understand the model of care



Views on the move to urgent treatment centres

Views on urgent treatment centres:

- 48% (203) indicated that they were very concerned or concerned about the move to urgent treatment centres
- Ensure appropriate staffing and consider impact on workforce
- Consider groups that require additional support.

Locating urgent treatment centres:

- Overall average distance respondents would be willing to travel: 6.5 miles
- Overall average time respondents would be willing to travel: 18 minutes
- Need to ensure locations are accessible for the whole county, including rural areas
- Ensure appropriate parking
- Utilise existing buildings
- Consider demographics of different areas
- Consider communication with patients.

Groups who may be negatively impacted or need to be considered:

- Elderly
- Non-drivers
- Ethnic minority groups or non-English speakers
- Asylum seekers and refugees
- Rural areas and areas with poor public transport
- Dementia patients
- Pregnant women
- Disabled people and those with mobility issues
- People accessing care across the border
- Low-income groups and those in poverty
- People with mental health issues.

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Appendix

Tell us the location of the same-day GP that you used in the space below (before COVID)

	No.
Location - GP surgery (e.g. medical practice, medical centre, health centre)	135
Location - Leek Moorlands Hospital (e.g. Leek)	9
Location - Tamworth	7
Location - Newcastle-under-Lyme (e.g. Kidsgrove, Wolstanton)	7
Location - Hanley Primary Care Access Hub	5
General - Other	5
Location - Stoke-on-Trent	4
Location - Cannock Chase Hospital	4
Location - Out of hours centre	3
Location - Stafford	3
Location - Cannock	3
Location - Tunstall	3
Location - Burton upon Trent	3
Location - Biddulph	2
Location - Haywood Hospital	2
Location - Eccleshall	2
Location - Stone	2
Location - Uttoxeter	2
Location - Hednesford	2
Location - Yoxall	1

	No.
Technology - Consultation was provided by phone	2
Location - Chesterton	1
Location - Hospital (location not specified)	1
Location - Bradwell Hospital	1
Location - Audley	1
Location - Penkridge	1
Location - County Hospital, Stafford	1
Location - Burntwood	1
Location - Wolverhampton	1
Location - Rugeley	1
Location - Location outside of Staffordshire and Stoke-on-Trent	1
Location - Milton	1
Location - Cheadle	1
Location - Tean	1
Location - Basford	1
Location - Werrington	1
Location - Yoxall	1
Specific groups - Consider the needs of deaf people	1
Base	*212*

Same-day GP – what do you feel went well and what challenges did you face? (before COVID)

	No.
Negative - Access - Appointment booking process requires improvement (e.g. calls not answered quickly)	77
Positive - Access - Same-day appointments were available to access	67
Observation - Access - Consider increasing availability of appointments (e.g. difficult to access, extended access)	39
Positive - Quality of care - GP services provided good quality of care	24
Positive - General - Appointments worked well (e.g. good service)	23
Positive - Staff - Staff are helpful and knowledgeable	22
Positive - General - No issues or challenges	21
Positive - Access - GP provided easy access to prescriptions	11
Positive - Access - Waiting times were short	10
Negative - Access - Long waiting times to be seen	9
Negative - Quality of care - GP services provided poor quality of care	7
General - Other	6
Negative - Staff - Lack of access to named or known GP (e.g. with medical history)	5
Positive - Access - Access to referrals was timely	5
Negative - Staff - Staff are unhelpful	4
Negative - Technology - Virtual appointments may be ineffective (e.g. invisible conditions)	4
Observation - Staff - Access to nurse rather than GP	4

	No.
Negative - Access - Limited access to prescriptions	3
Negative - Communication - Communication with patients requires improvement (e.g. better explanations)	3
Negative - Access - Long travel distance to appointment	3
Negative - Cost and efficiency - Referral process requires improvement	2
Negative - Access - Parking requires improvement	2
Positive - Staff - Able to access known or named GP	2
Observation - General - Comment about questionnaire	1
Positive - Integration - Good communication between services	1
Observation - Technology - Consider greater use of telephone consultation (e.g. instead of home visits)	1
Negative - Access - Consider the need for more accessible buildings	1
Positive - Technology - Virtual appointments are effective	1
Positive - Quality of care - Good care and service provided by pharmacy	1
Negative - Access - Lack of access to GP for minor injuries	1
General - No comment / N/A	1
Observation - Specific groups - Consider the needs of deaf and blind people	1
Negative - General - Nothing went well	1
Base	*210*

Tell us the location of the A&E / emergency department that you used in the space below (before COVID)

	No.
Location - Royal Stoke University Hospital (e.g. Stoke-on-Trent)	107
Location - County Hospital (e.g. Stafford)	21
Location - Queen's Hospital (e.g. Burton upon Trent)	16
Location - Good Hope Hospital (e.g. Sutton Coldfield)	13
Location - New Cross Hospital (e.g. Royal Wolverhampton NHS Trust, Wolverhampton)	11
Location - Haywood Walk-in Centre (e.g. hospital)	5
Location - Newcastle-under-Lyme	5
Location - Macclesfield District General Hospital (e.g. Macclesfield)	3
Location - Walsall Manor Hospital (e.g. Walsall)	3
Location - Leek Moorlands Hospital (e.g. Leek MIU)	3
General - Other	3
Location - Royal Derby Hospital (e.g. Derby)	2
Location - Cannock Chase Hospital (e.g. Cannock)	2
Location - Sir Robert Peel Community Hospital	2
Quality of care - County Hospital provided good quality of services	1
Location - Samuel Johnson Community Hospital (e.g. Lichfield)	1
Location - Russells Hall Hospital (e.g. Dudley)	1
Location - Heartlands Hospital	1
Base	*187*

A&E / emergency department – what do you feel went well and what challenges did you face? (before COVID)

	No.
Negative - Access - Long waiting times for care and treatment	117
Positive - Quality of care - Quality of care provided was good	48
Positive - Staff - Staff were helpful and knowledgeable	31
Positive - General - Service worked well	25
Positive - Access - Waiting times were short	19
Positive - Cost and efficiency - Triage process was effective	17
Negative - Estates and facilities - Patient waiting facilities were poor (e.g. no access to food)	14
Negative - Staff - Consider the need for adequate staffing (e.g. training, more staff)	13
Negative - Communication - Communication with patients requires improvement	13
Negative - Quality of care - Quality of care received was poor	11
Negative - Access - Concerns about parking (e.g. inadequate, charges)	10
Negative - Cost and efficiency - Triage and referral process requires improvement	9
Negative - Staff - Staff were unhelpful or unfriendly	8
Negative - General - Service was poor (e.g. nothing went well)	8
Negative - Access - Long travelling distances to access A&E	8
Negative - Specific groups - Consider the needs of vulnerable patients (e.g. elderly patients, patients with learning difficulties)	7
Observation - Access - Consider the need for access to urgent care locally (e.g. Stafford, Cannock)	7
Positive - General - No challenges or issues	6
Observation - Access - Consider accessibility of locations of A&E services (e.g. distance, public transport links)	5

	No.
Negative - Access - Consider the need for patients to use A&E appropriately	4
Negative - Communication - Consider the need to improve communication between services and departments	3
Observation - Service provision - Consider extending provision at minor injuries units (e.g. X-ray, longer opening hours)	3
Negative - Communication - Communication with families and carers requires improvement	3
Observation - Access - Consider that lack of access to other services increases pressure on A&E (e.g. GP)	3
Observation - Cost and efficiency - Consider improving systems to speed-up patient flow (e.g. appointment times)	2
Observation - Specific groups - Consider patient safety when treating intoxicated patients (e.g. security in place, older and vulnerable patients in same department)	2
Positive - Access - Positive to access care without an appointment	2
Positive - Access - A&E is in an accessible location	2
Negative - Staff - Consider the need for staff to follow hand-washing and cleaning guidance	1
Observation - Estates and facilities - Consider the need to improve estates and facilities	1
Positive - Communication - Communication with patients was good	1
Positive - Specific groups - Positive that children were prioritised	1
Positive - Estates and facilities - Parking was easy	1
Negative - Cost and efficiency - Consider the need to improve discharge process	1
Base	*185*

NHS 111 – what do you feel went well and what challenges did you face? (before COVID)

	No.
Negative - Access - Consider poor access to NHS 111 (e.g. no call-backs, long waits for calls to be answered)	46
Positive - Quality of care - NHS 111 provides useful advice and information (e.g. on self-management)	25
Positive - General - Service worked well	25
Negative - Cost and efficiency - NHS 111 complicates patient pathway (e.g. told to go to A&E anyway)	22
Positive - Access - NHS 111 facilitated access to a healthcare appointment (e.g. out of hours GP)	17
Negative - Quality of care - Question script asked by call handlers requires improvement (e.g. too many questions)	16
Positive - Access - Response time was quick	15
Negative - Quality of care - Quality of advice provided was poor	11
Positive - Staff - Staff were friendly and helpful	11
Positive - General - No issues or concerns	7
Negative - Cost and efficiency - NHS 111 referral process is ineffective	4
Positive - Access - Able to access prescriptions	4
Negative - Staff - Staff were not helpful (e.g. rude)	4
Negative - General - Nothing worked well	4
Observation - Access - Consider poor access to other services (e.g. GP)	3

	No.
Negative - Quality of care - NHS 111 may miss important symptoms (e.g. misdiagnosis)	2
Observation - Staff - Consider the need for staff with a higher level of clinical training to answer calls	2
Positive - Access - NHS 111 organised emergency ambulance when required	2
Negative - Quality of care - Quality of care provided in hospital was poor	2
General - N/A / see above	2
Negative - Cost and efficiency - NHS 111 increases pressure on A&E services	1
Negative - Communication - Communication between services requires improvement	1
Observation - Specific groups - Consider the needs of patients with additional needs (e.g. hearing problems, dementia)	1
Observation - Access - Consider the need for access to GP out of hours locally (e.g. Tamworth)	1
Negative - Specific groups - NHS 111 is not appropriate for mental health patients	1
Observation - Technology - Consider the use of video calling	1
Base	*144*

Tell us the location of the walk-in centre that you used in the space below (before COVID)

	No.
Location - Haywood (e.g. Haywood hospital, Burslem)	74
Location - Hanley Primary Care Access Hub	21
Location - Leek Moorlands Hospital (e.g. Leek)	9
Location - Newcastle-under-Lyme (e.g. Midway Medical Walk in Centre)	4
General - No comment (e.g. as above, don’t remember)	3
Location - Stoke-on-Trent	3
Location - Cannock Chase Hospital (e.g. Cannock)	3
Location - Sir Robert Peel Community Hospital	3
Location - Samuel Johnson Community Hospital	2
Location - Walsall	2
Location - Derby	2
General - Other	2
Access - Tried to access Newcastle-under-Lyme walk-in centre, but was refused	1
Location - Wolverhampton	1
Location - Stafford	1
Location - Burntwood (e.g. Queens Hospital)	1
Location - Queen's Hospital (e.g. Burton upon Trent)	1
Location - Swadlincote Health Centre	1
Location - St Oswald's Hospital (e.g. Ashbourne)	1
Access - Concern over long waiting time at A&E	1
Access - Concern over lack of GP appointments	1
Base	*132*

Walk-in centre – what do you feel went well and what challenges did you face? (before COVID)

	No.
Negative - Access - Long waiting times for care and treatment	45
Positive - Access - Waiting times were short	35
Positive - Staff - Staff are helpful and knowledgeable	25
Positive - General - Service works well (e.g. good service)	24
Positive - Quality of care - Walk-in centre provided good quality of care	22
Positive - Access - Walk-in centre provided access to care (e.g. out of hours)	13
Negative - Service provision - Services provided at the walk-in centre are limited (e.g. no doctors)	12
Positive - General - No issues or challenges	10
Positive - Access - Walk-in centre is in an accessible location (e.g. local, parking)	9
Negative - Quality of care - Quality of care was poor	6
General - Other	6
Positive - Cost and efficiency - Triage and referral process was effective	6
Positive - Access - Walk-in centre provided access to prescriptions	5
Negative - Access - Car parking requires improvement (e.g. cost)	5
Negative - Cost and efficiency - Consider the need to improve triage and referral process	5

	No.
Negative - Cost of efficiency - Concern over lack of capacity to deal with level of patients (e.g. refused access)	4
Negative - Staff - Staff were unhelpful	4
Observation - Communication - Consider the need for clear communication on the services provided at the walk-in centre	4
Observation - Access - Consider the need to extend opening hours	4
Negative - Estates and facilities - Consider the need to improve patient facilities and security (e.g. in waiting areas)	4
Observation - Access - Consider the need for access to urgent care locally (e.g. Leek)	4
Negative - Staff - Consider the need for adequate staffing (e.g. training, more staff)	3
Observation - Access - Consider poor access to other services (e.g. GP)	2
General - N/A / no comment	2
Negative - Access - Walk-in centre is difficult to access	2
Positive - Estates and facilities - The walk-in centre is clean and well-maintained	1
Negative - General - Nothing worked well	1
Base	*131*

Tell us the location of the minor injuries unit that you used in the space below (before COVID)

	No.
Location - Leek Moorlands Hospital (e.g. Leek)	41
Location - Cannock Chase Hospital (e.g. Cannock)	22
Location - Haywood Hospital (e.g. Haywood)	21
Location - Sir Robert Peel Community Hospital (e.g. Tamworth)	18
Location - Samuel Johnson Community Hospital (e.g. Lichfield)	15
General - No comment (N/A, see above)	2
Location - County Hospital (e.g. Stafford)	2
Quality of care - Cannock Chase Hospital provided good services	2
Location - Bradwell Hospital	1
Communication - Consider provison of information on services provided by minor injuries unit	1
Location - Royal Stoke University Hospital	1
Location - Other location outside Staffordshire and Stoke-on-Trent	1
General - Other	1
Base	*124*

Minor injuries unit– what do you feel went well and what challenges did you face? (before COVID)

	No.
Positive - Access - Waiting times were short	52
Positive - Quality of care - Minor injuries unit provided good quality of care	35
Positive - Staff - Staff are helpful and knowledgeable (e.g. friendly)	30
Positive - General - Service works well (e.g. good service)	27
Positive - Access - Minor injuries unit is in an accessible location	23
Negative - Access - Long waiting times for care and treatment	20
Positive - Access - Minor injuries unit provided access to care (e.g. out of hours, avoided A&E)	14
Observation - Access - Consider the need to extend opening hours (e.g. of X-ray)	11
Positive - General - No issues or challenges	10
Positive - Cost and efficiency - Triage and referral process was effective	8
Observation - Access - Consider the need for access to urgent care locally (e.g. Leek)	8
Negative - Cost and efficiency - Triage and referral process requires improvement (e.g. had to go to A&E anyway)	6
General - N/A / no comment	6
Negative - Service provision - Services provided at the minor injuries unit are limited (e.g. no doctors)	4
General – Other	4
Negative - Staff - Staff are unhelpful	3

	No.
Positive - Access - Minor injuries unit provided access to prescriptions	3
Negative - Access - Car parking requires improvement (e.g. cost)	3
Negative - Estates and facilities - Consider the need to improve patient facilities (e.g. bigger waiting areas)	3
Negative - Staff - Consider the need for adequate staffing (e.g. training, more staff)	2
Positive - Estates and facilities - The minor injuries unit is clean and well-maintained	2
Observation - Access - Consider poor access to other services (e.g. GP)	2
Positive - Access - Parking was convenient (e.g. disabled spaces)	2
Negative - Communication - Consider the need to improve communication between services and departments	1
Negative - Specific groups - Consider the needs of elderly people and people with mobility difficulties	1
Negative - Communication - Communication with patients requires improvement	1
Observation - Communication - Consider the need for clear communication on the services provided at the minor injuries unit	1
Negative - General - Nothing went well	1
Base	*123*

Do you have any recommendations for improvements or changes to urgent and emergency care services? (before COVID)

	No.
Observation - Access - Consider the need for access to urgent and emergency care locally (e.g. increased provision)	51
Observation - Staff - Consider the need for adequate staffing (e.g. training, more staff)	47
General - N/A / no comment	41
Observation - Cost and efficiency - Consider improving triage and referrals	35
Observation - Quality of care - Consider the need to provide a more immediate service (e.g. reduce waiting times, quicker call backs)	34
Observation - Access - Consider the need to improve access to GP services (e.g. more appointments)	22
Observation - Communication - Consider the need to improve communication with patients	19
Observation - Communication - Consider the need for greater signposting to services	19
General - Other	18
Observation - Access - Consider the need to make it easier to book an appointment with a GP or see a doctor (e.g. improve the telephone booking system, improved triage)	18
Observation - Access - Consider increased access to walk-in centres across the area (e.g. increase number across the area and opening hours)	16
Observation - Service provision - Consider increased access to minor injuries units across the area (e.g. increase number across the area and opening hours)	16
Observation - Estates and facilities - Consider improving patient waiting facilities (e.g. food and drink facilities)	12
Observation - Specific groups - Consider the needs and requirements of vulnerable groups (e.g. children, cancer patients, hard of hearing, elderly)	12
Observation - Service provision - Consider the need to extend opening hours (e.g. of X-ray)	12
Observation - Service provision - Consider increasing the provision of services at County Hospital (e.g. full emergency services, increased opening times)	10
Observation - Service provision - Consider retaining existing services	7
Observation - Communication - Consider the need to inform patients on the appropriate use of A&E	7
Observation - Cost and efficiency - Consider the need to book appointments at walk-in facilities	7
Observation - Service provision - Consider increased service provision at Leek Moorlands Hospital (e.g. X-ray)	5

	No.
Observation - Access - Consider keeping the minor injuries unit at Leek Moorlands Hospital open	5
Observation - Cost and efficiency - Consider increasing the resources available to the NHS	4
Observation - Service provision - Consider increased service provision at minor injures units (e.g. X-ray)	3
Observation - Service provision - Consider co-location of services (e.g. at Royal Stoke)	3
Observation - NHS 111 - Consider the need to evaluate the benefit of NHS 111 and increase capacity to cope with demand	2
Observation - Service provision - Consider increasing the minor injuries service in Lichfield (Samuel Johnson)	2
Observation - Communication - Ensure services have access to medical records	2
Observation - Service provision - Consider the provision of an urgent care centre	2
Observation - Technology - Consider the need to improve telephone and IT systems	2
Observation - Service provision - Consider the need for consistency across Staffordshire (e.g. services GPs provide)	2
Observation - Communication - Consider the need to improve communication across the system	2
Observation - Demographics - Consider demographics of different areas in development of new healthcare model (e.g. variation of populations, increased population)	2
Observation - NHS 111 - Consider the need for staff with a higher level of clinical training to answer NHS 111 calls	1
Observation - Access - Consider the need for improved public transport to services	1
Observation - Estates and facilities - Utilise existing NHS estate for urgent care centres	1
Observation - Access - Remove / reduce parking charges	1
Observation - Cost and efficiency - Consider charging patients who use services inappropriately	1
Observation - Specfic groups - Consider the needs of ethnic minority groups	1
Observation - Quality of care - Consider the need to improve the quality of care provided to patients	1
Observation - Access - Consider the need to improve access for those in rural areas	1
Base	*330*

Tell us the location of the same-day GP that you used in the space below (since COVID)

	No.
Location - GP surgery (e.g. medical practice, medical centre, health centre)	89
Location - Stoke-on-Trent (e.g. Norton in the Moors, Baddeley Green, Goldenhill, Tunstall)	5
Technology - Consultation was provided by phone	5
Location - Cannock (e.g. Huntington, Hednesford, Heath Hayes)	4
Location - Newcastle-under-Lyme (e.g. Audley, Silverdale)	3
Location - Burton upon Trent (e.g. Alrewas, Branston)	3
Location - Leek Moorlands Hospital (e.g. Leek MIU)	3
General - Other	3
General - No comment (e.g. as above)	2
Location - Stone	2
Location - Biddulph	2
Location - Eccleshall	2
Location - Staffordshire	2

	No.
Location - Tamworth (e.g. Stonydelph)	2
Location - Stafford	2
Location - Haywood Hospital (e.g. Haywood)	2
Location - Wolstanton	1
Location - Rugeley	1
Location - Lichfield	1
Quality of care - Concern over poor quality of care provided by GP	1
Location - Milton	1
Location - Cheadle	1
Location - Werrington	1
Location - Uttoxeter	1
Location - Hanley Health Centre	1
Location - Longton Cottage Hospital	1
Location - A&E at Royal Stoke University Hospital	1
Service - NHS 111	1
Base	*130*

Same-day GP – what do you feel went well and what challenges did you face? (since COVID)

	No.
Negative - Access - Appointment booking process requires improvement (e.g. calls not answered quickly)	41
Observation - Access - Consider increasing availability of appointments (e.g. difficult to access, extended access)	35
Positive - Access - Same-day appointments were available to access	23
Negative - Access - Face-to-face appointments are not available	21
Negative - Technology - Virtual appointments may be ineffective (e.g. miss symptoms, technology issues)	20
Positive - Technology - Virtual appointments are effective (e.g. convenient)	19
Positive - Cost and efficiency - Triage and referral process works well (e.g. telephone triage)	12
Positive - General - Service works well (e.g. good service)	10
Negative - Quality of care - Lack of access to GP services worsened conditions or symptoms (e.g. delays the treatment)	10
Positive - Quality of care - GP services provided good quality of care	9
Negative - Staff - Staff are unhelpful (e.g. rude)	9
Negative - Access - Long waiting times to be seen	8
Negative - General - Service works poorly (e.g. nothing works well)	8
Negative - Cost and efficiency - Telphone triage process is inefficient	8
Negative - Staff - Lack of access to named or known GP (e.g. nurse instead)	8
Positive - Staff - Staff are helpful and knowledgeable	7
Negative - Quality of care - Quality of care was poor	7

	No.
Negative - COVID - Access to GP services has worsened since COVID-19	6
Negative - Cost and efficiency - Referral process requires improvement (e.g. follow-up)	6
Negative - Communication - Communication with patients requires improvement (e.g. better explanations)	6
Negative - Access - Access to prescriptions is difficult	5
General - Other	4
Positive - Access - GP provided easy access to prescriptions	4
Negative - Cost and efficiency - Lack of access to GP increases pressure on other services (e.g. A&E)	3
Positive - Access - Waiting times are short	3
Negative - Access - Lack of access to home visits	3
Positive - COVID - Access to GP services has improved since COVID	2
Observation - Access - Consider the need for access to urgent care locally (e.g. Stafford)	2
Negative - Service provision - NHS 111 is ineffective	2
Negative - Access - Long travel distance to appointment	1
Positive - COVID - COVID-19 safety measures are effective	1
Positive - Access - Home visits were available	1
Observation - Specific groups - Consider the needs of deaf and blind patients	1
Negative - COVID - Lack of adherance to COVID measures (e.g. masks)	1
Base	*128*

Tell us the location of the A&E / emergency department that you used in the space below (since COVID)

	No.
Location - Royal Stoke University Hospital (e.g. Stoke-on-Trent)	81
Location - Queen's Hospital (e.g. Burton upon Trent)	16
Location - County Hospital (e.g. Stafford)	13
Location - New Cross Hospital (e.g. Royal Wolverhampton NHS Trust, Wolverhampton)	13
Location - Good Hope Hospital (e.g. Sutton Coldfield)	6
Location - Haywood Hospital (e.g. Haywood, Haywood walk-in centre)	4
Location - Walsall Manor Hospital (e.g. Walsall)	3
Location - Newcastle-under-Lyme	3
Location - Macclesfield District General Hospital (e.g Macclesfield)	3
Quality of care - Concern over poor services provided by NHS 111	2
Location - Leek Moorlands Hospital	2
Location - Royal Derby Hospital (e.g. Derby)	2
Quality of care - Concern over limitted diagnostic facilities at Haywood walk-in centre	1
Communication - Consider the need to increase patients' awareness of available services locally	1
Service provision - Concern over lack of ophthalmologists at Stafford	1
Location - Russells Hall Hospital (e.g. Dudley)	1
Quality of care - Positive comment about quaity of care received at A&E	1
General - Other	1
Base	*144*

A&E / emergency department – what do you feel went well and what challenges did you face? (since COVID)

	No.
Negative - Access - Long waiting times for care and treatment	60
Positive - Quality of care - A&E provided good quality of care	27
Positive - General - Service works well (e.g. good service)	22
Negative - Access - Lack of access for family members or chaperones	22
Positive - Staff - Staff were helpful and knowledgeable	19
Positive - Access - Waiting times were short	19
Negative - Cost and efficiency - Triage and referral process requires improvement (e.g. follow-up)	15
Negative - Quality of care - Quality of care was poor	13
Negative - Estates and facilities - Patient waiting facilities were poor (e.g. no access to food)	12
Negative - Communication - Communication with patients requires improvement (e.g. ensure confidentiality)	10
Negative - Staff - Staff are unhelpful	9
Negative - Staff - Consider the need for adequate staffing (e.g. training, more staff)	8
Positive - Cost and efficiency - Triage process was effective	7
Negative - Communication - Consider the need to improve communication between services and departments	6
Positive - COVID - COVID-19 safety measures are effective	6
Negative - Cost and efficiency - Consider the need to improve discharge process	5
Negative - COVID - Lack of adherance to COVID measures (e.g. social distancing)	5
Negative - Communication - Communication with families and carers requires improvement	4

	No.
Observation - Access - Consider that lack of access to other services increases pressure on A&E (e.g. GP)	4
Negative - General - Service works poorly	4
General - Other	3
Negative - Access - Parking requires improvement (e.g. should be free)	3
Positive - COVID - Access to A&E has improved since COVID	2
Negative - Access - Unable to access care or treatment	2
Negative - Quality of care - Lack of access to A&E worsened conditions or symptoms (e.g. delays the treatment)	2
Positive - Access - Positive to access face-to-face care	2
Negative - Access - A&E was difficult to access (e.g. due to building work)	2
Negative - Access - Long travelling distances to access A&E	2
Negative - Access - Access to prescriptions was difficult	2
Negative - Access - Consider lack of access to ambulances	2
Observation - Access - Consider the need to extend opening hours	1
Negative - Access - Closure of local services increased travel time to access care	1
Observation - Specific groups - Consider the needs of patients with dementia	1
Negative - Access - Consider the need for patients to use A&E appropriately	1
Positive - Access - Able to access prescriptions	1
Base	*143*

NHS 111 – what do you feel went well and what challenges did you face? (since COVID)

	No.
Negative - Access - Consider poor access to NHS 111 (e.g. no call-backs, long waits for calls to be answered)	43
Positive - Quality of care - NHS 111 provides useful advice and information (e.g. on self-management)	18
Negative - Cost and efficiency - NHS 111 referral process is ineffective	13
Positive - General - Service works well (e.g. no issues or challenges)	12
Negative - Quality of care - Question script asked by call handlers requires improvement (e.g. too many questions, too focussed on COVID)	11
Positive - Access - Waiting times were short	10
Positive - Access - NHS 111 facilitated access to a healthcare appointment	10
Negative - Cost and efficiency - NHS 111 complicates patient pathway (e.g. told to go to A&E anyway)	9
Observation - Access - Consider poor access to other services (e.g. GP)	9
Positive - Access - NHS 111 organised emergency ambulance when required	8
Positive - Staff - Staff were helpful	7
Negative - Quality of care - Quality of advice provided was poor	5
Negative - Staff - Staff were not helpful (e.g. rude)	5
Negative - Quality of care - Lack of access to services worsened conditions or symptoms (e.g. delays the treatment)	4
Negative - General - Service works poorly (e.g. nothing works well)	4
Positive - Access - Able to access prescriptions	3
Negative - Communication - Communication with patients requires improvement	3
Observation - Access - Consider the need for access to urgent care locally (e.g. Lichfield)	3
Observation - Staff - Consider the need for staff with a higher level of clinical training to answer calls	2
Observation - Specific groups - Consider the needs of elderly or vulnerable patients (e.g. dementia)	2
Observation - Service provision - Consider the need for face-to-face care	2
Negative - Cost and efficiency - Consider the need for contact details to be accurately recorded by call handlers	1
Negative - Cost and efficiency - NHS 111 increases pressure on A&E services	1
Base	*114*

Tell us the location of the walk-in centre that you used in the space below (since COVID)

	No.
Location - Haywood Hospital (e.g. Haywood, Burslem)	51
Location - Hanley	3
General - Unsure	1
Location - Bilston	1
Location - Stoke-on-Trent	1
Location - Leek Moorlands Hospital (e.g. Leek)	1
Quality of care - Positive comment about quality of services received at walk-in centre	1
Location - Newcastle-under-Lyme	1
Location - Samuel Johnson Community Hospital	1
General - Other	1
Base	*62*

Walk-in centre – what do you feel went well and what challenges did you face? (since COVID)

	No.
Negative - Access - Long waiting times for care and treatment	26
Positive - Access - Waiting times were short	11
Positive - General - Service works well (e.g. good service)	10
Negative - Service provision - Services provided at the walk-in centre are limited (e.g. no doctors)	8
Positive - Staff - Staff are helpful and knowledgeable	7
Negative - Cost and efficiency - Consider the need to improve triage and referral process	6
Negative - Staff - Consider the need for adequate staffing (e.g. training, more staff)	5
Negative - Access - Long travelling distances to access walk-in centre	5
Positive - Quality of care - Walk-in centre provided good quality of care	5
Positive - Cost and efficiency - Triage and referral process was effective	4
General - Other	4
Negative - General - Service works poorly (e.g. nothing worked well)	4
Negative - Access - Walk-in centre is difficult to access (e.g. public transport)	3

	No.
Positive - COVID - COVID-19 safety measures are effective	3
Negative - Communication - Communication with patients requires improvement	3
Positive - Access - Walk-in centre provided access to care (e.g. out of hours)	3
Observation - Access - Consider the need for access to urgent care locally (e.g. Leek)	3
Negative - Staff - Staff were unhelpful	2
Negative - Access - Car parking requires improvement (e.g. cost)	2
Negative - Estates and facilities - Consider the need to improve patient facilities (e.g. in waiting areas)	1
Negative - Quality of care - Quality of care was poor	1
Observation - Service provision - Consider the need for a pharmacy on-site	1
Positive - Access - Walk-in centre is in an accessible location (e.g. local, parking)	1
Positive - Access - Walk-in centre provided easy access to prescriptions	1
Base	*62*

Tell us the location of the minor injuries unit that you used in the space below (since COVID)

	No.
Location - Haywood (e.g. Haywood Hospital)	15
Location - Leek Moorlands Hospital (e.g. Leek)	14
Location - Sir Robert Peel Community Hospital (e.g. Tamworth)	7
Location - Samuel Johnson Community Hospital (e.g. Lichfield)	7
Location - Royal Stoke University Hospital	1
Location - Cromer Minor Injuries Unit	1
General - Other	1
Base	*45*

Minor injuries unit– what do you feel went well and what challenges did you face? (since COVID)

	No.
Positive - Access - Waiting times were short	13
Positive - Staff - Staff are helpful and knowledgeable (e.g. caring)	9
Negative - Access - Long waiting times for care and treatment	8
Negative - Service provision - Services provided at the minor injuries unit are limited (e.g. no doctors)	6
Positive - Quality of care - Minor injuries unit provided good quality of care	6
Negative - Cost and efficiency - Triage and referral process requires improvement (e.g. had to go to A&E anyway)	5
Positive - General - Service works well (e.g. no issues)	5
Negative - Staff - Staff are unhelpful	4
General - Other	4
Negative - Estates and facilities - Consider the need to improve patient facilities (e.g. food in waiting areas)	3
Negative - Access - Lack of access for family members or chaperones	3
Positive - Access - Minor injuries unit is in an accessible location	2
Negative - Quality of care - Quality of care was poor	2
Positive - Cost and efficiency - Triage and referral process was effective	2
Observation - Access - Consider the need to extend opening hours (e.g. of X-ray)	2
Observation - Service provision - Consider the need to keep the minor injuries unit open	2
Positive - Estates and facilities - The minor injuries unit is clean and well-maintained	1
Negative - General - Service works poorly (e.g. nothing went well)	1
Negative - Communication - Communication with patients requires improvement	1
Negative - Staff - Consider the need for adequate staffing (e.g. more staff)	1
Negative - Access - Car parking requires improvement	1
Observation - Access - Consider poor access to other services (e.g. GP)	1
Base	*43*

Do you have any recommendations for improvements or changes to urgent and emergency care services? (since COVID) (1 of 2)

	No.
Observation - Access - Consider the need to make it easier to book an appointment with a GP or see a doctor (e.g. improve the telephone booking system, improved triage)	58
Observation - Access - Consider improving access to face-to-face appointments	42
Observation - Staff - Consider the need for adequate staffing (e.g. training, more staff)	37
General - No comment / not applicable	37
Observation - Communication - Consider the need for greater signposting to services	36
Observation - Service provision - Consider the need to increase the provision of services locally	33
Observation - Quality of care - Consider the need to provide a more immediate service (e.g. reduce waiting times, quicker call backs)	31
Observation - Service Provision - Consider the need to reduce the volume of patients presenting at A&E / urgent care settings	24
Observation - Service provision - Consider increased access to minor injuries units across the area (e.g. increase number across the area and opening hours)	20
Observation - Access - Consider increased access to walk-in centres across the area (e.g. increase number across the area and opening hours)	15
Observation - Specific groups - Consider the needs and requirements of vulnerable groups (e.g. children, cancer patients, hard of hearing, elderly)	13
Observation - Communication - Consider the need to improve communication across the system	10
Observation - Access - Consider keeping the minor injuries unit at Leek Moorlands Hospital open	10
Observation - Service provision - Consider increasing the provision of services at Stafford Hospital (e.g. full emergency services, increased opening times)	9
Observation - Quality of care - Consider the need to improve the quality of care provided to patients	9
Observation - NHS 111 - Consider the need to evaluate the benefit of NHS 111 and increase capacity to cope with demand	8
Positive - Quality of care - Good quality of care provided / services work well	8
Observation - Communication - Consider the need to increase public knowledge and awareness of services available	7
Observation - Service provision - Consider the need to extend opening hours	7
Observation - Technology - Consider making greater use of technology (e.g. phone, video, apps showing waiting times)	6
Observation - Service provision - Consider the need to increase the provision of X-ray services	6

Do you have any recommendations for improvements or changes to urgent and emergency care services? (since COVID) (2 of 2)

	No.
Observation - Cost and efficiency - Ensure the services provided are appropriately financed and offer value for money	6
Observation - Access - Consider the need for improved public transport to services	5
Observation - Service provision - Consider the need to improve ambulance services	5
Observation - COVID-19 - Continue following measures implemented for COVID-19 (e.g. social distancing, disinfecting)	5
General - Other	5
Observation - Service provision - Consider improving access to mental health services	4
Observation - Carer - Consider allowing partners / carers to stay with patients again	4
Observation - Cost and efficiency - Consider increasing the resources available to the NHS	3
Observation - Quality of care - Consider the need to improve continuity of care	3
Observation - Service provision - Consider keeping the minor injuries service in Lichfield (Samuel Johnson)	3
Observation - Education - Consider educating the public on how to treat and manage minor ailments (e.g. cuts, bruises, sprains)	2
Observation - Access - Consider increasing the provision of community care	2
Observation - Access - Consider increasing GP practice opening times	2
Observation - Service provision - Consider the provision of an urgent care centre (e.g. in Burton)	2
Observation - Access - Consider increasing the provision of services at Robert Peel Hospital (e.g. increased opening times)	2
Observation - Service provision - Consider returning services to how they operated before COVID-19	2
Observation - Technology - Consider the need to improve telephone and IT systems	1
Observation - Specific groups - Consider improving access for those with mobility issues	1
Negative - Carer - Carers not allowed to care for elderly patients received negatively	1
Observation - Estates and facilities - Consider improving access to food and drink (e.g. improve vending machines)	1
Observation - Service provision - Consider re-evaluating the services provided at Royal Stoke University Hospital (e.g. overwhelmed, overworked staff)	1
Observation - Access - Remove / reduce parking charges	1
Observation - Access - Consider the need to improve access for those in rural areas	1
Base	*316*

Challenges: What questions or comments do you have? (1 of 2)

	No.
Observation - Access - Consider improving access to alternatives to A&E (e.g. primary care, walk-in centres)	56
Observation - Service provision - Consider the need to increase availability of GP appointments (e.g. face-to-face)	29
Observation - Staff - Ensure appropriate staffing (e.g. effective use of staff, improve recruitment)	26
Observation - Education - Consider the need to educate public about appropriate use of healthcare services (e.g. difference between emergency and urgent care)	24
Observation - Service provision - Consider improving provision of urgent and emergency care services across the county (e.g. more local minor injuries units, walk-in centre in Burton on Trent)	19
Observation - Communication - Consider provision of information about services available and how to access them (e.g. communicate changes)	16
General - No comment (e.g. N/A)	15
Observation - Access - Consider provision of out of hours healthcare services locally (e.g. GP services, 24/7 A&E and urgent care at Cannock, Stafford, Lichfield)	15
Observation - Quality of care - Ensure appropriate triage and signposting of patients (e.g. NHS 111 triage)	14
General - Other	13
Observation - Cost and efficiency - Ensure appropriate use of A&E and ambulance services (e.g. triage, turn patients away)	12
Observation - Staff - Consider improving working conditions for staff (e.g. pay raise, flexible working)	12
Observation - General - More details are required to comment on this question	12
Observation - Education - Consider improving access and promotion of medical training and university courses (e.g. reduce cost, train more people)	12
Observation - Cost and efficiency - More investment in healthcare services is required	9
Neutral - General - Challenges are clear (e.g. same as before)	8
Negative - Access - Concern over travel distance to urgent and emergency care (e.g. to Stoke-on-Trent)	7
Neutral - Cost and efficiency - Underfunding and lack of long-term planning caused the challenges	7
Negative - Service provision - Concern over removal of services (e.g. A&E at Stafford, cottage hospitals, ambulance base in Uttoxeter)	7
Observation - Service provision - Consider reinstating the services provided previously (e.g. re-opening minor injuries unit at Cannock, re-opening all three A&E at full capacity)	6
Observation - Integration - Consider the need for greater integration between different care providers (e.g. healthcare and social care, voluntary sector, GP and pharmacies)	5
Negative - Cost and efficiency - Concern over ineffective use of NHS resources	5
Negative - Service provision - Concern that service provision is focused on larger towns and cities (e.g. Stoke-on-Trent, Burton)	4
Positive - General - NHS works well	4
Observation - Demographics - Consider demographics of different areas in development of new healthcare model (e.g. variation of populations, increased population)	4
Observation - Specific groups - Consider the needs of vulnerable patients (e.g. elderly, deaf people)	4
Neutral - General - There is no excuse for provision of poor healthcare (e.g. pandemic is not an excuse, people need help)	4
Negative - Access - Concern over poor access to healthcare services (e.g. long waiting time)	4

Challenges: What questions or comments do you have? (2 of 2)

	No.
Negative - Quality of care - Concern over poor quality of care (e.g. provided by GPs, at initial appointments)	3
Observation - Communication - Consider the need for further engagement and consultation (e.g. with services users, local community, third sector, local councils)	3
Observation - Cost and efficiency - Centralisation of services will improve their efficiency	3
Neutral - General - Consider the need for people to take ownership for their health	3
Negative - COVID - Concern over ineffective use of staff during pandemic (e.g. GPs)	2
Observation - Technology - Consider greater use of technology on provision of healthcare services (e.g. diagnostic app, telemedicine)	2
Observation - Service provision - Consider co-location of minor injuries services at GP practices (e.g. treat minor injuries at GP practices)	2
Observation - Cost and efficiency - Consider improving ambulance handover process	2
Negative - Technology - Concern over effectiveness of digital consultations (e.g. misdiagnosis)	2
Observation - Specific groups - Consider the needs of mental health patients	2
Observation - General - NHS requires a complete overhaul	2
Negative - Cost and efficiency - Concern over privatisation of NHS	2
Observation - Staff - COVID-19 vaccinations should be mandatory for all staff	2
Observation - Staff - Consider recruiting healthcare staff from overseas	2
Observation - General - These challenges should be addressed urgently	2
Observation - Service provision - Consider provision of services for children at A&E departments	1
Negative - COVID - Concern over lack of COVID safety and cleaning measures at Royal Stoke University Hospital	1
Observation - Cost and efficiency - Consider the experience of other countries in provision of urgent and emergency care	1
Observation - Cost and efficiency - Consider the need to control population growth	1
Observation - Education - Consider provision of first aid training for general public (e.g. at school)	1
Observation - Service provision - Consider provision of diagnostic facilities at urgent care or walk-in centres (e.g. X-rays)	1
Observation - Quality of care - Consider improving preventive care	1
Observation - Access to information - Ensure that information about urgent and emergency services is accessible for everyone (e.g. videos with BSL interpreters)	1
Observation - Cost and efficiency - Non-British citizens should pay for healthcare	1
Observation - Service provision - Consider provision of all emergency services on one site (e.g. Royal Stoke University Hospital)	1
Base	*233*

Model of care: What questions or comments do you have? (1 of 2)

	No.
Observation - Quality of care - Consider the need for appropriate triage and navigation of patients (e.g. by clinically trained staff at ED, NHS 111 and GP triage)	34
Negative - Access - Concern over poor access to NHS 111 (e.g. hard to get through, long waiting time for call back)	33
Observation - General - More details about a new model are required	32
Negative - Quality of care - Concern over effectiveness of triage over the phone (e.g. not for all conditions and patients, symptoms could be missed)	29
Observation - Staff - Ensure appropriate staffing (e.g. more NHS 111 staff, more GPs, trained staff)	26
Observation - Education - Consider the need to educate public about appropriate use of healthcare services (e.g. difference between emergency and urgent care)	22
Observation - Access - Consider the need to improve access to other services locally (e.g. GP, walk-in centres)	21
Positive - General - Agreement with a new model	20
Observation - Quality of care - Consider the need to improve services provided by NHS 111 before implementing this model (e.g. improve response time)	19
Observation - Service provision - Consider improving provision of urgent care services across the county (e.g. more local services, walk-in centre in Stafford, rural area, MIU at Leek)	16
General - No comment (e.g. as above)	15
Negative - Quality of care - NHS 111 provided poor quality of services (e.g. not fit for purpose)	14
Negative - General - Concern that a new model will not change people's behaviour (e.g. will attend A&E)	14
Observation - Service provision - Consider the need to increase availability of face-to-face appointments (e.g. GP appointments)	11
Negative - Quality of care - Concern that a new model will have a negative impact on patient outcomes (e.g. put lives at risk)	8
General - Other	8
Negative - Cost and efficiency - Concern over NHS 111 capacity to meet demand (e.g. lack of back-up clinicians)	7
Observation - General - Consider the need to implement this model effectively (e.g. monitor success, quality of NHS 111 services)	7
Observation - Communication - Consider the need for wider advertising of this model	7
Observation - Integration - Consider greater integration between healthcare providers (e.g. GP, urgent and emergency care, NHS 111)	6
Negative - General - Disagreement with a new model	6
Observation - Access - Ensure that urgent care services are accessible (e.g. by public transport, free bus service between A&E and an urgent care centre)	6

Model of care: What questions or comments do you have? (2 of 2)

	No.
Observation - Cost and efficiency - Ensure appropriate use of A&E (e.g. only for real emergencies)	5
Observation - Access - Consider provision of out of hours services (e.g. urgent care services, GP, emergency dental care)	5
Observation - Specific groups - Consider the needs of vulnerable groups of patients (e.g. elderly, disabled)	5
Negative - Service provision - Concern that a new model will lead to removal of current services (e.g. hospital services)	4
Observation - Quality of care - Consider the need for continuity and consistency of care (e.g. provision of aftercare)	3
Negative - Cost and efficiency - Concern that a new model will increase pressure on A&E and 999	3
Observation - Service provision - First line service should be face-to-face	3
Observation - Access to information - Ensure that information about a new model is accessible for everyone (e.g. videos with BSL interpreters, hard copies, clear information)	3
Observation - Access - Consider the need to improve appointments booking system (e.g. GP appointments)	2
Observation - Communication - Consider the need to improve communication with service users (e.g. inform, update about waiting time)	2
Observation - Access - Urgent care should be available as drop-in service	2
Observation - Specific groups - Consider the needs of mental health patients	2
Observation - Service provision - Consider re-opening the services provided previously (e.g. A&E at Stafford, Cannock MIU)	2
Observation - Service provision - Consider co-location of UTC with acute services	2
Negative - Access - Concern that a new model will increase confusion on where to seek help	2
Observation - Service provision - Consider the need for pharmacists to prescribe prescription-only medicines (PMO)	1
Observation - Cost and efficiency - Consider the experience of other countries in provision of urgent and emergency care	1
Positive - Quality of care - NHS 111 is a good source of information	1
Negative - Staff - Concern over competency of pharmacists to provide medical advice	1
Negative - Technology - Concern over lack of access to technology or knowledge on how to use them	1
Observation - Service provision - Consider provision of video triage with clinician	1
Observation - Service provision - Urgent care should be provided by local GP or walk-in services	1
Observation - Cost and efficiency - More investment in healthcare services is required	1
Observation - Staff - Consider improving working conditions for staff (e.g. pay raise, flexible working)	1
Observation - Specific groups - Consider the need of people whose first language is not English	1
Base	*240*

Tell us why you are concerned or unconcerned (1 of 2)

	No.
Observation - Staff - Ensure appropriate staffing of urgent treatment centres (e.g. qualified staff, concern over staffing level and lack of GPs)	69
Positive - General - Agreement with provision of urgent treatment centres (e.g. good idea)	62
Observation - Service provision - Consider the need to provide urgent care services locally (e.g. close to where people live, at Cannock, UTC in each town, rural area, Leek, Tamworth)	52
Observation - Access - Urgent treatment centres should be available 24/7 (e.g. more than 12 hours)	37
Observation - Communication - More details about future provision of urgent care are needed (e.g. location of UTC, meaning of GP-led)	29
Observation - Access - Ensure that urgent treatment centres are accessible (e.g. central location, public transport, parking)	27
Negative - Service provision - Concern over removal or replacing services due to implementing of a new model (e.g. existing local services, MIU in Cannock and Leek, services at Moorlands Hospital)	24
Observation - Access - Consider improving access to alternatives to A&E and urgent treatment centres (e.g. out of hours GP appointments, walk-in centres, community services)	22
Positive - Cost and efficiency - Urgent treatment centres will reduce pressure on other services (e.g. A&E, GPs)	19
Negative - Access - Concern that new model will reduce access to healthcare services (e.g. longer waiting time, delay treatment, longer travelling)	16
Observation - Specific groups - Consider the needs of patients who cannot travel (e.g. too ill, non-drivers)	15
General - Other	15
Observation - Cost and efficiency - Ensure sufficient capacity and resources for urgent treatment centres to meet demand (e.g. concern over lack of capacity, equipment)	13
Negative - Service provision - Concern over lack of face-to-face appointments (e.g. GP appointments)	11
Negative - Quality of care - Concern that UTC will have negative impact on quality of care (e.g. reduce safety, don't meet patients' needs, lack of continuity of care)	10
Negative - Cost and efficiency - Concern that urgent treatment centres will not reduce pressure on services (e.g. increase pressure on GP surgeries)	10
Positive - Access - Urgent treatment centres will improve access to healthcare support (e.g. simplify access)	10
Negative - Cost and efficiency - Concern that urgent treatment centres will be used inappropriately (e.g. get faster access to GP)	10
Observation - Specific groups - Consider the needs of mental health patients (e.g. improve access to support)	9
Observation - Education - Consider the need to educate public about appropriate use of healthcare services (e.g. difference between emergency and urgent care)	9
Observation - Communication - Consider appropriate advertising of urgent treatment centres and new model (e.g. explain proposed changes, clear information, don't use abbreviation)	7
Observation - General - Consider the need to implement a new mode effectively (e.g. need for trial or pilot projects)	7

Tell us why you are concerned or unconcerned (2 of 2)

	No.
Neutral - General - No concerns	6
Observation - Cost and efficiency - Ensure appropriate use of A&E and ambulance services (e.g. for real emergencies, charge time-wasters)	6
Negative - Access - Concern that new model will increase confusion on where to ask help	5
Observation - Access - Ensure appropriate referral process provided by and to urgent treatment centres (e.g. quick referral to hospitals, GP and pharmacists referrals to UTC)	5
Observation - Integration - Ensure appropriate communication between healthcare providers (e.g. UTC, GPs, hospitals)	5
Observation - Quality of care - Ensure that urgent treatment centres provide appropriate quality of care and services (e.g. offer investigations, diagnostic services, X-ray, safety measures in place)	5
Negative - Access - Concern over poor access to NHS 111 (e.g. hard to get through, long waiting time for call back)	5
Positive - Quality of care - Urgent treatment centres will help to improve quality of urgent care (e.g. GP-led is better than nurse-led)	4
Negative - Quality of care - Concern over effectiveness of triage over the phone (e.g. not for all conditions and patients, symptoms could be missed)	4
Negative - Cost and efficiency - This model is not effective use of NHS money (e.g. spend it on staff)	4
General - No comment (e.g. as above, N/A)	3
Observation - Cost and efficiency - More investment in NHS is required (e.g. in community services)	3
Observation - Service provision - Consider increased provision of urgent and emergency care across the county	3
Observation - Demographics - Consider demographics of different areas in development of new healthcare model (e.g. variation of populations, increased population)	2
Negative - Quality of care - Concern that a new model will have a negative impact on patient outcomes (e.g. put lives at risk)	2
Observation - Specific groups - Ensure that urgent treatment centres are accessible for disabled people (e.g. deaf people)	2
Observation - Service provision - Consider increased provision of nurse-led services	2
Observation - Specific groups - Consider the needs of vulnerable groups (e.g. elderly, homeless)	2
Positive - Quality of care - Minor injuries unit in Cannock provided good quality of care	1
Negative - General - The introduction of a new system of kiosks was ineffective	1
Neutral - General - Consider the need for people to take ownership for their health	1
Negative - Cost and efficiency - Concern over privatisation of NHS	1
Observation - Cost and efficiency - Location of urgent treatment centres near to hospitals will improve service efficiency	1
Positive - Cost and efficiency - A new model will improve service efficiency	1
Observation - Service provision - Consider fast track service for people who present with life-threatening conditions	1
Base	*358*

Are there any groups or individuals that you think may be negatively impacted who we need to consider? (1 of 2)

	No.
Observation - Specific groups - Consider the needs of elderly	109
Observation - Specific groups - Consider the needs of people without car access or non-drivers (e.g. rely on public transport)	74
Observation - Access - Ensure that urgent treatment centres are accessible for residents of the whole county (e.g. local, accessible locations, public transport, parking)	49
Observation - Specific groups - Consider the needs of disabled patients (e.g. appropriate facilities at MIU)	34
Observation - Specific groups - Consider the needs of mental health patients (e.g. patients with anxiety)	30
Observation - Specific groups - Consider the needs of families with children	29
Observation - Technology - Consider those without access or knowledge of technology (e.g. unable to contact NHS 111)	27
Observation - Specific groups - Consider low income families (e.g. without means to travel)	25
Observation - General - There are no negatively affected groups	19
Observation - Specific groups - Consider the needs of housebound patients (e.g. restricted mobility)	18
Observation - Specific groups - Consider the needs of ethnic minority groups (e.g. cultural sensitivity, language barrier)	18
Observation - Specific groups - Consider the needs of patients with learning disabilities and autism	17
Observation - Specific groups - Consider the needs of rural residents (e.g. remote areas, Moorlands)	17
Observation - Communication - Consider the need for clear communication of changes (e.g. wide advertising, accessible information for everyone, BSL, braille)	16
Observation - Specific groups - Consider the needs of patients with sensory impairments	14
Observation - General - All groups of patients should be considered (e.g. everyone will be affected)	13
Observation - Specific groups - Consider the needs of people experiencing homelessness	10
Negative - Specific groups - Concern that a new model will disadvantage residents of the county outside of Stoke-on-Trent (e.g. residents of Leek, Tamworth, Lichfield, Burntwood)	9
Observation - Service provision - Consider patients who require face-to-face appointments (e.g. elderly, hearing problems)	7
General - Other	7
Observation - Specific groups - Consider the needs of working population (e.g. access to services out of working hours)	6
Observation - Access - Consider provision of out of hours services in urgent treatment centres (e.g. 24/7)	6
Observation - Access - Consider provision of patient transport service	5
Observation - Specific groups - Consider the needs of people with low literacy skills	5
Observation - Specific groups - Consider the needs of asylum seekers and refugees	4
Observation - Demographics - Consider demographics of different areas (e.g. social deprivation, growing population)	4

Are there any groups or individuals that you think may be negatively impacted who we need to consider? (2 of 2)

	No.
Observation - Staff - Ensure appropriate staffing (e.g. staffing level, qualified staff, diverse staff)	4
Observation - Education - Consider the need to educate public about appropriate use of healthcare services (e.g. what help and where available)	4
Observation - Specific groups - Consider the needs of patients under drug and alcohol influence (e.g. different location for them)	4
Observation - Specific groups - Consider the needs of patients with long-term conditions (e.g. chronic conditions, underlying health needs)	4
Observation - Specific groups - Consider patients that need to be supported by family or carers	3
Negative - Service provision - Concern over removal of existing services (e.g. Hanley walk-in centre)	3
Observation - General - More details about a new model are required (e.g. location of UTC)	3
Observation - Cost and efficiency - Consider greater utilisation of community hospitals (e.g. provision of UTC at Moorlands Hospital, Cannock hospital)	3
Observation - Service provision - Consider fast track service for people with life-threatening conditions (e.g. heart attack)	3
Negative - Quality of care - Concern over quality of care provided in urgent treatment centre (e.g. unfamiliar with patients and their conditions, lack of facilities for certain treatment)	3
Observation - Access - Ensure timely access to healthcare support	3
General - No comment (e.g. as above)	2
Observation - Specific groups - Consider the needs of carers	2
General - Unsure (e.g. don't know)	1
Observation - Specific groups - Consider the needs terminally ill patients	1
Observation - Specific groups - Consider the needs of cancer patients	1
Negative - Access - Concern that patients with moderate symptoms will be turned away by urgent treatment centres	1
Positive - Cost and efficiency - A new model will help to reduce pressure on other services (e.g. A&E, hospitals)	1
Observation - Service provision - Consider provision of consistent support across all urgent treatment centres	1
Positive - Access - A new model will improve access to face-to-face support	1
Observation - Cost and efficiency - Ensure appropriate use of urgent treatment centres (e.g. not for minor issues)	1
Observation - Communication - Consider consulting about this matter with charities	1
Observation - Access - Consider different pathways to access urgent treatment centres (e.g. self-referral)	1
Negative - Access - Concern over poor access to NHS 111 (e.g. hard to get through, long waiting time for call back)	1
Observation - Quality of care - Ensure appropriate navigation of patients	1
Base	*305*

When thinking about where urgent treatment centres should be located – what do you think are the most important things to consider? (1 of 2)

	No.
Observation - Access - Ensure that locations of urgent treatment centres are accessible for all residents of the county (e.g. public transport, transport link)	224
Observation - Parking - Ensure appropriate parking (e.g. free parking)	108
Observation - Demographics - Consider demographics of different areas (e.g. density of population, social deprivation, population age)	51
Observation - Service provision - Consider provision of urgent treatment centres locally (e.g. Leek, Tamworth, southern side of the city, Uttoxeter, Cheadle, Hednesford, Moorlands, Burton, Newcastle under Lyme)	50
Observation - Service provision - Ensure sufficient number of centres across the county (e.g. one in each town, equal geographic spread, not all in Stoke)	44
Observation - Access - Consider distance and time to travel to urgent treatment centres (e.g. not more than 30 min, reasonable distance)	37
Observation - Location - Consider central locations for urgent treatment centres (e.g. places like Hanley, town centres, Festival park)	28
Observation - Cost and efficiency - Consider utilisation of current NHS estate for urgent treatment centres (e.g. primary care centres, Leek, County, Cannock, Cheadle hospitals, existing MIU)	24
Observation - Specific groups - Ensure that urgent treatment centres are accessible for rural populations	17
Observation - Specific groups - Consider those without a car or non-drivers	17
Observation - Specific groups - Consider the needs of vulnerable groups of population (e.g. elderly, disabled, visually impaired, reduced mobility)	17
Observation - Service provision - Consider co-location of urgent treatment centres with emergency departments or hospitals (e.g. in case of emergency)	15
General - Other	11
Observation - Staff - Ensure appropriate staffing (e.g. staffing level)	10
Observation - Service provision - Consider distance from emergency services (e.g. time to get ambulance)	9
Observation - Access - Consider accessible opening hours of urgent treatment centres (e.g. out of hours, 24/7)	8
Observation - Location - Consider location away from city or town centres (e.g. outlying areas)	8
Observation - Access - Ensure sufficient number of appointments at urgent treatment centres (e.g. short waiting time, easy to be seen)	7
Observation - Location - Consider the need for safe environment (e.g. safe area)	7

When thinking about where urgent treatment centres should be located – what do you think are the most important things to consider? (2 of 2)

	No.
Observation - Cost and efficiency - Consider data of current urgent care usage (e.g. usage of MIU)	6
Observation - Estate and facilities - Available facilities at urgent treatment centres are important (e.g. available treatment, patient facilities)	6
Observation - Cost and efficiency - Consider utilisation of community locations for urgent treatment centres (e.g. existing buildings, shops)	4
Observation - Location - Consider various locations across Stoke-on-Trent (e.g. not only city centre, scattered throughout the city)	4
Observation - Specific groups - Ensure that a new model reflects the needs of children	4
Observation - Specific groups - Consider low-income families (e.g. without means to travel)	4
Observation - Location - Consider familiar locations for UTC (e.g. areas known for people)	3
Negative - Service provision - Concern over removal of existing services (e.g. MIU, Moorlands Hospital)	3
Observation - Estate and facilities - Ensure that urgent treatment centre buildings are accessible (e.g. clear signage)	3
Observation - Communication - Ensure that patients are aware about services provided by urgent treatment centres (e.g. well publicised)	2
Observation - Access - Consider provision of patient transport service	2
Negative - Access - Concern over poor access to Haywood (e.g. poor public transport)	1
Observation - Specific groups - Ensure that urgent treatment centres reflect the needs of ethnic minorities groups	1
Observation - Cost and efficiency - Haywood Hospital should be managed by University Hospitals of North Midlands	1
Observation - Environment - Consider environmental impact of travelling long distance	1
Observation - Service provision - Consider provision of mobile units of UTC in city centres	1
Observation - Cost and efficiency - Consider running cost of urgent treatment centres	1
Observation - Specific groups - Consider separate area for mental health patients at UTCs	1
Observation - Technology - Consider those without access or knowledge of technology	1
Observation - Integration - Ensure appropriate integration between primary and secondary care providers (e.g. joined up IT systems)	1
Observation - Service provision - Consider increased provision of mental health services	1
Base	*392*

Do you think there are any other things we should consider? (1 of 2)

	No.
Observation - Service Provision - Consider the need to increase the provision of services locally	44
Observation - Access - Consider the need for improved access by public transport	32
Observation - Staff - Consider the need for adequate staffing (e.g. training, more staff)	31
Observation - Specific groups - Consider the needs and requirements of vulnerable groups (e.g. housebound, elderly, disability)	26
Observation - Communication - Consider the need to increase public knowledge and awareness of services available	17
Observation - Access - Ensure adequate parking	17
General - Other	17
General - No comment / not applicable	15
Observation - Communication - Consider the need for greater signposting to services	11
Observation - Cost and efficiency - Ensure services provided are appropriately financed and offer value for money	9
Observation - Service provision - Consider increasing the provision of services at Stafford Hospital (e.g. full emergency services, increased opening times)	7
Observation - Quality of care - Consider the need to provide a more immediate service (e.g. reduce waiting times, quicker call backs)	7
Observation - Service provision - Ensure urgent treatment centres provide a broad range of services (e.g. blood tests)	7
Observation - Estates and facilities - Consider the need for buildings with appropriate facilities and in safe locations	7
Observation - Population - Consider the demographic profile of population	7
Observation - Service provision - Consider improving access to mental health services	6
Observation - Access - Consider the need for good transport services (e.g. similar to services offered patients discharged from A&E)	6
Observation - Communication - Consider the need to improve communication across the system	6
Observation - Access - Consider the need to make it easier to book an appointment with a GP or see a doctor (e.g. improve the telephone booking system, improved triage)	6
Observation - Access - Consider improving access to face-to-face appointments	5
Observation - Service provision - Consider improving the out of hours service (e.g. longer opening hours)	5
Observation - Access - Consider adequate access to medication	5
Observation - Access - Consider the need for an improved triage system (e.g. patients processed appropriately and quickly)	5
Observation - Service provision - Consider increased access to minor injuries units across the area (e.g. increase number across the area and opening hours)	5
Observation - Access - Consider the need to improve access for those in rural areas	5
Neutral - Access - Ensure services are easily accessible	5

Do you think there are any other things we should consider?(2 of 2)

	No.
Observation - Access - Remove / reduce parking charges	4
Observation - Service Provision - Consider the need to reduce the volume of patients presenting at A&E / urgent care settings	4
Observation - Access - Consider linking each urgent treatment centre to a hospital to allow for direct admissions	4
Neutral - Population - Consider the rate of population growth in Tamworth	4
Observation - Communication - Consider the need to engage with and listen to the views of the public	3
Observation - Service provision - Consider increasing the provision of community care	3
Observation - Service provision - Consider separating services for children and adults	3
Observation - Access - Consider increased access to walk-in centres across the area (e.g. increase number across the area and opening hours)	3
Observation - Quality of care - Consider the need to provide good quality of care	3
Observation - Access - Consider the creation of an appointment booking system for out of hours	2
Observation - Access - Consider increasing GP practice opening times	2
Observation - Estates and facilities - Consider future use of unused / under-used buildings	2
Observation - Service provision - Consider the need to improve ambulance services	2
Observation - Technology - Consider making greater use of technology (e.g. phone, video, apps showing waiting times)	2
Observation - Access - Consider keeping the minor injuries unit at Leek Moorlands Hospital open	2
Observation - NHS 111 - Consider the need to evaluate the benefit of NHS 111 and increase capacity to cope with demand	2
Observation - Estates and facilities - Consider the need to ensure staff have the required facilities to provide care	1
Observation - Service provision - Consider increasing the provision of urgent care centres	1
Observation - Service provision - Consider returning services to how they operated before COVID-19	1
Observation - COVID-19 - Continue following measures implemented for COVID-19 (e.g. social distancing, disinfecting)	1
Negative - Quality of care - Poor service provided by GP service	1
Observation - Service provision - Consider the need to increase the provision of X-ray services	1
Observation - Service provision - Consider the services available in South Staffordshire	1
Observation - Staff - Consider the provision of mobile healthcare staff	1
Observation - Service provision - Consider keeping the minor injuries service in Lichfield (Samuel Johnson)	1
Observation - COVID-19 - The need to consider COVID-19 treatment	1
Base	*264*